



*"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod SIPOCA/SMIS2014+: 618/127529*

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

### Output 1

# Proposed methodology for collecting data for a complex diagnosis of the situation of public social care residential centers for adult persons with disabilities

June 2020



*Proiect cofinanțat din Fondul Social European prin  
Programul Operațional Capacitate Administrativă 2014-2020!*





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<sup>1</sup> The project, initially implemented by the National Authority for Persons with Disabilities, has been 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.





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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
CITO	Integration center for occupational therapy
CPRRPH	Recovery and rehabilitation pilot center for adults with disabilities
CPVI	Independent living center for adults with disabilities
CRPD	Convention on the Rights of Persons with Disabilities
CRRN	Neuropsychiatric recovery and rehabilitation center
CRRPH	Recovery and rehabilitation center for adults with disabilities
EU	European Union
GDSACP	General Directorate for Social Assistance and Child Protection
ILS	Independent Living Skills
IRSIP	Individualized Rehabilitation and Social Integration Plan
ISP	Individualized Services Plan



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LmP	Minimum sheltered housing for adults with disabilities
LMP	Maximum sheltered housing for adults with disabilities
NAPD	National Authority for Persons with Disabilities
NARPDCA	National Authority for the Rights of Persons with Disabilities, Children and Adoptions
NGO	Non-Governmental Organization
PD	Persons with Disabilities
PP	Personalized Plan
PPA	Professional Personal Assistant
RAS	Reimbursable Advisory services
RC	Residential Center
ROF	Regulation on the organization and functioning
SSP	Social Service Provider
UN	United Nations
WB	World Bank
WHO	World Health Organization

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## 1. General overview

### 1.1. THE OBJECTIVE OF THE ASSESSMENT

The present document contains a detailed description of the methodology for collecting data necessary for a comprehensive assessment of the public residential institutions for adults with disabilities in Romania. The data will be used for the elaboration of a "Complex diagnosis report on the situation of public social care residential centers for adult persons with disabilities" (Output 3).

The task of collecting data for a diagnosis of the public residential institutions for persons with disabilities is in line with the requirements of the United Nation Convention for the Rights of Persons with Disabilities. Article 31 mandates state parties to undertake the collection of "appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention". As a state party to the UN Convention since March 2, 2011, Romania has assumed the obligation to take the necessary steps for the implementation of all articles in line with their normative content, including Article 19 on *Living independently and being included in the community*, which requires state parties to "[a]dopt clear and targeted strategies for de-institutionalization with specific timeframes and adequate budgets in order to eliminate all forms of isolation, segregation or institutionalization of persons with disabilities".<sup>2</sup>

The objective of the comprehensive assessment is to provide a thorough analysis of the residential system that can ground future policies needed to accomplish all stages of the process of deinstitutionalization. *The European Expert Group on the Transition from Institutional to Community-based Care* state that "assessing the situation is central to developing a comprehensive, effective deinstitutionalization strategy and action plan", while "[an] assessment helps to ensure that real needs and challenges are addressed and that resources are used efficiently".<sup>3</sup> For this reason, the

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<sup>2</sup> Committee on the Rights of Persons with Disabilities, General comment on article 19: Living independently and being included in the community, CRPD/C/18/1, 29 August 2017, para. 98(g), p.19.

<sup>3</sup> Bulic, I. and Grieco, S. (2012) *Common European Guidelines on the Transition from Institutional to Community-based Care*. Brussels: European Expert Group for the Transition from Institutional to Community-based Care, p.53; The Expert Group recommends the collection of data on residents and



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process of collecting data about the residential system is a necessary endeavor for providing a solid foundation for the future course the Government will assume, to ensure that all persons with disabilities enjoy all aspects of community living needed to reach their full human potential, in accordance with Article 19 of the UN CRPD.

**The report is structured in 4 sections.** *Section 1* presents the overview of the scope of the assessment - those aspects concerning the situation of persons with disabilities in public residential institutions deemed relevant for a comprehensive diagnosis, as well as the type of data that will be collected and the instruments that will be used for data collection. *Section 2* outlines the structure of the assessment of public residential institutions - namely, the dimensions each institution will be assessed against as well as a detailed description of how the data collected through each instrument will be analyzed for the assessment. *Section 3* describes in detail the practicalities of data collection for the external and administrative evaluation of residential centers, as well as regarding the deinstitutionalization plans at the local level and the situation of persons with disabilities in other types of specialized institutions. The ethical considerations and the limits of research are addressed in *Section 4*. The methodology is accompanied by the data collection instruments, included in the annexes.

## **1.2. THE SCOPE OF ASSESSMENT**

**The importance** of the process of collecting data on the situation of adult persons with disabilities who are currently in public residential centers of the protection system for persons with disabilities, as well as in other types of specialized institutions, emerges from the need to substantiate through a complex diagnosis of:

Accelerating the process of deinstitutionalization of persons with disabilities;  
Public policies and working tools for developing alternatives to support independent living and community integration and preventing re/institutionalization.

Thus, the data collection process has a **double meaning**:

- To provide the information necessary for a complex assessment of the specific aspects of the situation of adults with disabilities institutionalized temporarily and of working practices in institutions in accordance with respect for human rights and corresponding to an adequate process of rehabilitation, development and community inclusion of persons with disabilities;

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institutions, as well as on the available resources of the residential system - human, financial and material, aspects also covered by the data collection for this assessment.

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- To introduce the practice of regular and unitary use of working instruments in the field of social services for adults with disabilities.

The assessment of the situation of adults with disabilities who are in different types of institutions will cover the following aspects:

(1) the current situation of persons with disabilities living in public residential institutions, other than sheltered housing and respiro/crisis centers for adults with disabilities;<sup>4</sup>

(2) the future situation of persons with disabilities, from the perspective of the analysis of restructuring plans, reorganization processes and other local deinstitutionalization strategies, elaborated and/or implemented;<sup>5</sup>

(3) the situation of persons with disabilities who are temporarily in other types of specialized institutions, such as hospitals and psychiatric wards, medical and social units and psychiatric hospitals for protection measures.

The assessment will result from the analysis of **three types of data** that correspond to the three main aspects enumerated above:

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<sup>4</sup> The following types of centers are included: A. **Old-type centers**: (1) care and assistance centers; (2) integration centers for occupational therapy; (3) disabled persons recovery and rehabilitation pilot centers; (4) neuropsychiatric recovery and rehabilitation centers; and (5) disabled persons recovery and rehabilitation centers; B. **New-type centers** - types of centers included in Decisions no. 877 and 878 of October 30, 2018 or in the Order 82/2019 for the approval of the Minimum quality standards: CABR (Habilitation and Rehabilitation Center for Adults with Disabilities), CIA (Care and Assistance Center for Adults with Disabilities), CPVI (Center for Independent Living for Adults with Disabilities).

<sup>5</sup> The local restructuring plans are developed by GDSACPs for the public residential centers that house more than 50 residents, as required by the Emergency Ordinance no. 69 of July 16, 2018 (modifying the Law regarding the protection and promotion of the rights of persons with disabilities, no. 448/2006), and approved by NAPD/NARPDCA. Public residential centers with a maximum of 50 residents are reorganized, according to the same ordinance. The analysis will also cover data on other local projects of closing down old institutions developed or implemented locally (for instance, with European funds or as part of the National Interest Program for creating community services for persons with disabilities), as well as local deinstitutionalization strategies and measures.

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- (A) data about persons with disabilities living in all residential centers, with the exception of sheltered housing and respite/crisis centers for adults with disabilities, as well as data on public residential centers (283 institutions in March 2020);
- (B) data about restructuring plans, reorganization processes and other local deinstitutionalization strategies from the perspective of GDSACP Directors and County Councils representatives;
- (C) data about persons with disabilities temporarily staying in other types of specialized institutions (minimum 10 institutions such as psychiatric wards, medical and social units, psychiatric hospitals for protection measures).<sup>6</sup>

### 1.3. INSTRUMENTS AND DATA COLLECTION ACTIVITIES: OVERVIEW

The data collection instruments included in this methodology incorporate consistent feedback received from NARPDCA internal and external experts and from representatives of GDSACPs and the civil society who were consulted. Also, instruments have been piloted in four RCs from two counties (Buzău and Constanța) and two sectors of Bucharest Municipality (sector 1 and sector 3).

#### (A) Instruments for collecting data about adult persons with disabilities living in public residential centers

The process of collecting data about public residential centers will have two components: (i) an **external evaluation** of residential centers and (ii) an **administrative evaluation** of residential centers. Each data collection activity will be carried out by using a specific set of instruments relevant for the respective activity, as follows (see Figure 1). An online application will include all the instruments for collecting data about the residential centers.

(i) The **EXTERNAL evaluation** of residential centers requires the use of two types of instruments:

##### 1. Instruments for the external visits of residential centers

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<sup>6</sup> The following types of institutions will be covered by this analysis: (i) chronic psychiatric wards in the county emergency hospitals, (ii) external psychiatric wards of the county emergency hospitals, (iii) psychiatric hospitals for chronic patients, (iv) security measures psychiatric hospitals, and (v) social-medical units/centers with psychiatric beds (established by the County Councils and methodologically coordinated by the County Public Health Directorate).

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- *An observation fiche* (Annex 1) that will assess, among other things, the general state of the residential center and of various aspects related to accommodation, hygiene, food and clothing, restraints and seclusion, residents - staff interaction, general state of residents, daily activities, habilitation/rehabilitation services, support for maintaining and acquiring skills necessary for community living, privacy, complaints methods etc.
- *A document review fiche* (Annex 2) that will evaluate the presence/absence as well as the content of certain documents (procedures, registers etc.) that are needed to ensure an adequate standard of living and care for the residents.
- *A personal file review fiche* (Annex 3) that examines the content of a sample of personal files of residents to evaluate the type and level of care as evidenced by the documents contained in the files.
- *A guide for thematic groups (focus groups)/interviews with persons with disabilities from institutions* (Annex 4) that will document the experiences and needs of residents related both to their lives in institutions and to the prospects of living in the community.
- *A guide for thematic groups (focus groups)/interviews with staff from institutions* (Annex 5) that will record their experiences and difficulties in their daily activities with providing assistance and support to persons with disabilities from residential centers.

**2. Instruments for the photovoice technique**, that will provide in-depth information on how the residents themselves understand their experience in the institutions, their needs and preferences about service provision and living conditions, in a process of participatory need-assessment (more on the instruments for the photovoice technique in the following section and in Annex 6).

(ii) The **ADMINISTRATIVE evaluation** of residential centers requires the use of three types of instruments:

**1. Three questionnaires** for collecting data on residential centers for adults with disabilities, regarding:

- *Material resources* (Annex 7), which contains a series of factual questions such as the size of the residential center (RC), the localization relative to essential services and places in the community, the state of the buildings and facilities, living conditions, eating arrangements, leisure areas and resources for leisure activities, facilities for specific habilitation/rehabilitation activities and for learning/maintaining independent living skills.
- *Human resources* (Annex 8), which collects data, firstly, about all staff that currently work in the RC or who worked during 2019 but are not any longer, and, secondly, about each employee in the RC by filing in an individual fiche.

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- *Financial resources* (Annex 9), which collects data, firstly, about the medium annual expenditure per each resident and revenues, and, secondly, on the budget implementation in the RC.

**2. A fiche for collecting data on each adult person with disabilities from residential centers** (Annex 10), with information about the age at the moment of admission to the system of public protection for persons with disabilities, time spent in institutions, disability and level of support needed/autonomy, legal capacity status, relationship with the family, education level and work experience.

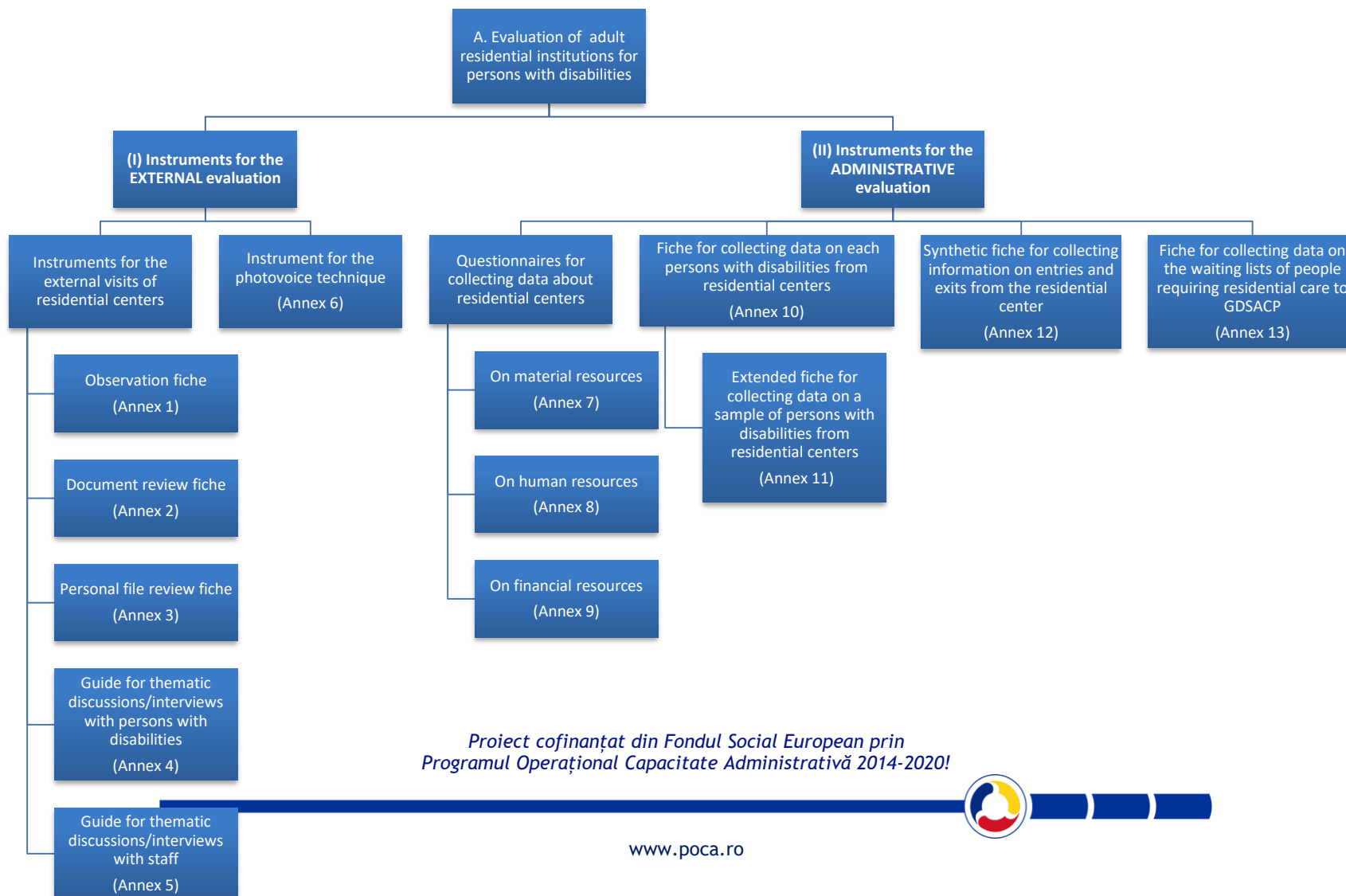
**3. An extended fiche for collecting data on a sample of adult persons with disabilities from residential centers** (Annex 11), with complementary information to the fiche on each beneficiary, with data on the needs for specific services and the level of access, health status and needs, social participation and relations, complaints etc.

**4. A fiche for collecting data on the entries and exits in the previous year from the residential centers included in the diagnosis** (Annex 12), which will in fact be a report generated automatically by the online application, at the level of each RC, based on data collected through the fiche for collecting information about each person with disabilities in residential centers. This fiche will summarize the profile of persons with disabilities who were admitted and those who left the RCs during 2019, providing data on the distribution of beneficiaries by various characteristics such as gender, age, type and degree of disability, legal status, environment of origin, family situation, duration of institutionalization etc.

**5. A fiche for collecting data about the waiting lists of persons with disabilities requiring residential care from the GDSACP** (Annex 13), which collects information about the profile of people requesting residential care - socio-demographic characteristics, type and level of disability, number of children in the child protection system to be transferred in the residential system for adults with disabilities etc.

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Figure 1. Instruments for the external and administrative evaluations



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## **(B) Instruments for collecting data about the deinstitutionalization process**

**(i) A guide for semi-structured interviews with GDSACP Directors** (Annex 14), that will collect qualitative data about the plans for restructuring the RCs with more than 50 residents at county level (or sector, in the case of Bucharest), as well as about the reorganization processes of those with less than 50 residents and about other local deinstitutionalization strategies. The interviews with the GDSACP Directors will cover (i) difficulties and bottlenecks in the process of restructuring and reorganizing the public residential institutions in the county/sector; (ii) the institutional collaborations between GDSACP and other relevant stakeholders; (iii) measures taken to ensure that the will and preferences of persons with disabilities are prioritized in the process of deinstitutionalization; and (iv) current and future measures to prevent re/institutionalization.

**(ii) A guide for semi-structured interviews with the representatives of County Councils/local councils of the sectors of Bucharest** (Annex 15), that will cover the contribution of these structures to the implementation of restructuring plans as well as their involvement in the assessment and development of community services for persons with disabilities that will transition from institutions to community living.

## **(C) Instruments for collecting data about the situation of adults with disabilities who are temporarily in other types of specialized institutions**

**(i) A synthetic fiche for collecting data about adults with disabilities** temporarily staying in other types of specialized institutions (Annex 16) based on the information existing in the patient's personal fiche/ file or from any other sources available to those in the hospital or social-medical unit. The information ranges from socio-demographic information, including the status of the restrictions on their legal capacity, type and level of disability (if they have a certificate), medical diagnosis. The data collected will provide an image of the situation of adults with disabilities, particularly of those with psychosocial and intellectual disabilities<sup>7</sup> or psychiatric diagnoses and the reasons for their long-term stay (at least 6 months) in other types of specialized institutions.

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<sup>7</sup> "Psychosocial disability" is an internationally recognized term in the context of the UN Convention on the Rights of Persons with Disabilities and is used to describe restrictions on the exercise of rights or barriers to equal participation in society by persons with a psychiatric diagnosis or who self-identify a mental health condition or problem. Sometimes, persons with psychosocial disabilities can be classified as having a psychological disability, and those with intellectual disabilities, a mental disability.

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(ii) A guide for semi-structured interviews with the heads of other types of specialized institutions (psychiatric wards, medical social units and high security-hospitals) where adults with disabilities are temporarily staying, with social workers and with psychologists (Annex 17), that will cover information on the situation of persons with disabilities, including psychosocial and intellectual disabilities, in the institutions in terms of (i) the relevance of their socio-economic status for the hospitalization and the length of it; (ii) previous institutional history; (iii) level and type of support needed; and (iv) difficulties in facilitating the transition to other specific services in the community.

#### **(D) Aspects of the diagnosis to which the collected data contribute**

A complex and comprehensive diagnosis of the residential social protection system for adults with disabilities that meets the relevance of the approach described above must, on the one hand, cover a wide variety of system-specific aspects - be comprehensive and, on the other hand, must articulate analytically these aspects in a way that highlights both the manner and the degree to which the system responds to the needs of persons with disabilities, as well as the difficulties and obstacles in ensuring all the necessary conditions for an independent and dignified life in the community.

Thus, the type of instruments chosen to collect the data needed to make the diagnosis meet both requirements, providing information on a large number of issues regarding the organization and operation of the system and the profile of persons with disabilities, and ensuring a level of detail for each aspect. The way in which the information from all the instruments is completed will later allow an in-depth analysis of the three aspects of the scope of the evaluation mentioned above:

(i) *The situation of adult persons with disabilities in public residential centers* will emerge from the analysis of several types of data collected, concerning:

The profile of persons with disabilities in residential centers, through the Fiches for collecting data on each person with disabilities from residential centers (Annexes 10 and 11). The data collected in this way offers the possibility to configure the profile of adults with disabilities from the perspective of complex aspects. For example, the analysis of residents' income indicates whether the financial resources available to them, including in relation to the income of the general population, are sufficient to ensure an independent life in the community.

- The entries and exits from the system - Fiche for collecting information on entries and exits from the residential center in the previous year (Annex 12).



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- The pressure on the system - Fiche for collecting data about the waiting lists of persons with disabilities requiring residential care from the GDSACP (Annex 13) and semi-structured interviews with GDSACP Directors (Annex 14).
  - The way in which the residential centers respond to the needs of the beneficiaries, by referring to the minimum quality standards<sup>8</sup> and the provisions of the Convention on the Rights of Persons with Disabilities, through the instruments related to the activity of external evaluation of the residential centers (Observation Fiche (Annex 1), Residential center's documents review fiche (Annex 2), Personal file review fiche (Annex 3), Guide for thematic groups/focus groups/interviews with persons with disabilities from institutions (Annex 4) and staff (Annex 5)), as well as other instruments part of the external and administrative evaluations, such as the Instruments for the photovoice technique (Annex 6), Questionnaires for data collection about residential centers for adults with disabilities regarding material resources (Annex 7), human resources (Annex 8) and financial resources (Annex 9), Fiches for collecting data on each person with disabilities from residential centers (Annexes 10 and 11). In particular, Annexes 1, 2, 3, 4 and 5, as instruments used during the external visits to residential centers, collect information on Living conditions and personal autonomy, Private life, Health Care, Staff, Privacy, Employment, including the report with public employment services, Education and training, Restrictions and isolation, Social participation, Complaints and settlement, Elements for verifying compliance with quality standards.
  - Residential center resources - material, human, financial, through the Questionnaires for data collection about residential centers for adults with disabilities regarding material resources (Annex 7), human resources (Annex 8) and financial resources (Annex 9). For example, data about staff structure collected through the human resources questionnaire is particularly relevant to assess the type of specific services that persons with disabilities in RCs receive, and the structure of positions and the fiches about vacancies could indicate the difficulties encountered in the process of providing the necessary services.
- (ii) *The future situation of persons with disabilities, from the perspective of the analysis of restructuring plans, reorganization processes and other local deinstitutionalization strategies, elaborated and/or implemented* - through the guides for interviews with DGASPC directors (Annex 14) and representatives of County Council/local councils of the sectors of Bucharest (Annex 15), which aim to collect data including on the capacity and institutional bottlenecks in the process of

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<sup>8</sup> Order no. 82/2019 for the approval of the mandatory minimum specific quality standards for social services for adults with disabilities.

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deinstitutionalization of persons with disabilities in public residential institutions of social assistance for adults with disabilities.

(iii) *The situation of persons with disabilities from other types of specialized institutions* - Synthetic fiche for collecting data about adults with disabilities temporarily staying in other types of specialized institutions (Annex 16) and Guide for interviews with management representatives of other types of specialized institutions where adults with disabilities are temporarily staying, with social workers and psychologists (Annex 17).

A number of aspects of the diagnosis are based on the analysis of data collected through several instruments. In particular, the way in which residential centers respond to the needs of residents with disabilities is an aspect that results from the analysis of the data collected by applying specific instruments to both evaluation activities - external and administrative. As described below in section 2.1.1, how and to what extent the support and care needs of residents are adequately met in residential centers according to their wishes and preferences are assessed on the basis of a number of dimensions, criteria and sub-criteria measured by corroboration of data obtained from applying the external evaluation tools, as well as from material and human resources questionnaires. At the same time, although they provide information necessary for the analysis of the same characteristic, the data collected through external and administrative evaluation activities, respectively, are different.

For example, Annex 3 - Personal file review fiche (one of the tools used in the external evaluation of residential centers) records, among others, the performance of specific activities - if they are carried out according to the objectives set by the multidisciplinary evaluation team in the Evaluation Fiche and on the schedule specified in the Personalized Plan, the information on the type of specific activities being collected through Annexes 10 and 11 - Fiches for collecting data on each person with disabilities from residential centers (instruments used in the administrative evaluation). This difference also derives from the different methodologies of applying the instruments specific to the two activities: the external evaluation activity is an approach carried out by independent evaluators (teams of WB experts and GDSACP specialists who do not carry out professional activities involving the evaluated RCs), while the completion of the administrative evaluation instruments is done at the level of the residential centers by employed personnel, and at county level - by officials from the GDSACP.

## 2. Assessing public residential institutions: the external and administrative evaluation

### 2.1. THE EXTERNAL EVALUATION OF RESIDENTIAL CENTERS

#### 2.1.1. The assessment structure

The external evaluation during the visits of residential centers will be carried out by using the aforementioned set of **four instruments** designed to assess living conditions and standards of care and support according to **five dimensions**:

- (1) An adequate standard of living;
- (2) The enjoyment of the highest attainable standard of physical and mental health;
- (3) The exercise of legal capacity and the right to personal liberty and the security of person;
- (4) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse;
- (5) Living independently and being included in the community.

The five dimensions are similar to those used by the *WHO Quality Rights toolkit to assess and improve quality and human rights in mental health and social care facilities* (Geneva, World Health Organization, 2012), together with the criteria, subcriteria and the scoring system. The sets of items for each subcriteria covered by each instrument used during the external visits are proposed by the WB team to ensure consistency in assessment.

#### Box 1. WHO toolkit

The WHO toolkit, the structure of which has also been taken over by the external evaluation instruments in this data collection methodology, is the most comprehensive toolkit used internationally for assessing living, care and support conditions in institutions for persons with disabilities, in order to improve them so as to ensure good quality services, which respect human rights and respond to the wishes and preferences of persons with disabilities. The instrument comprehensively assesses all aspects specific to life and care in institutions, from ensuring an adequate standard of living to

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protection against abuse. The toolkit can be used for the evaluation of a single institution or for the national evaluation of the mentioned institutions, such complex evaluation subsequently providing a solid basis necessary for the elaboration of public policies and the reform of the social protection system that respects and promotes human rights.

Each dimension corresponds to one or several human rights of the UN CRPD and covers relevant aspects that residential centers must observe in order to ensure adequate standards of living, assistance and support for residents<sup>9</sup> while they still reside in institutions (see Table 1).

**Table 1. The five dimensions for the assessment of residential centers**

Dimension				(1) An adequate standard of living
UN	CRPD	article(s)	it	Article 28: Adequate standard of living and social protection
corresponds to				
The dimension assesses the living conditions pertaining to the state of the building, the comfort and privacy of sleeping areas, sanitary and hygiene standards, access to food, water and clothing according to the needs and preferences of residents, as well as those that refer to an environment that is stimulating and conducive to participation and social interactions, while ensuring the conditions for privacy, home and family life.				
Dimension				(2) The enjoyment of the highest attainable standard of physical and mental health
UN	CRPD	article(s)	it	Article 25: Health
corresponds to				
The dimension assesses the level and quality of services offered to residents - general health services (including services regarding sexual and reproductive health), as well as specific services (habilitation/rehabilitation, support services, mental health				

<sup>9</sup> The external evaluation instruments use the term "resident" and not "beneficiary", as the objective of the external evaluation is to determine whether persons with disabilities in the centers benefit from the services provided in the residential centers and the extent to which they benefit. At the same time, the evaluation aims to determine whether the documents attesting the quality of person with disabilities of the residents are valid, this being the definition given to the term "beneficiary" in the specific mandatory minimum quality standards (i.e. "adult with a certified degree and type of disability").

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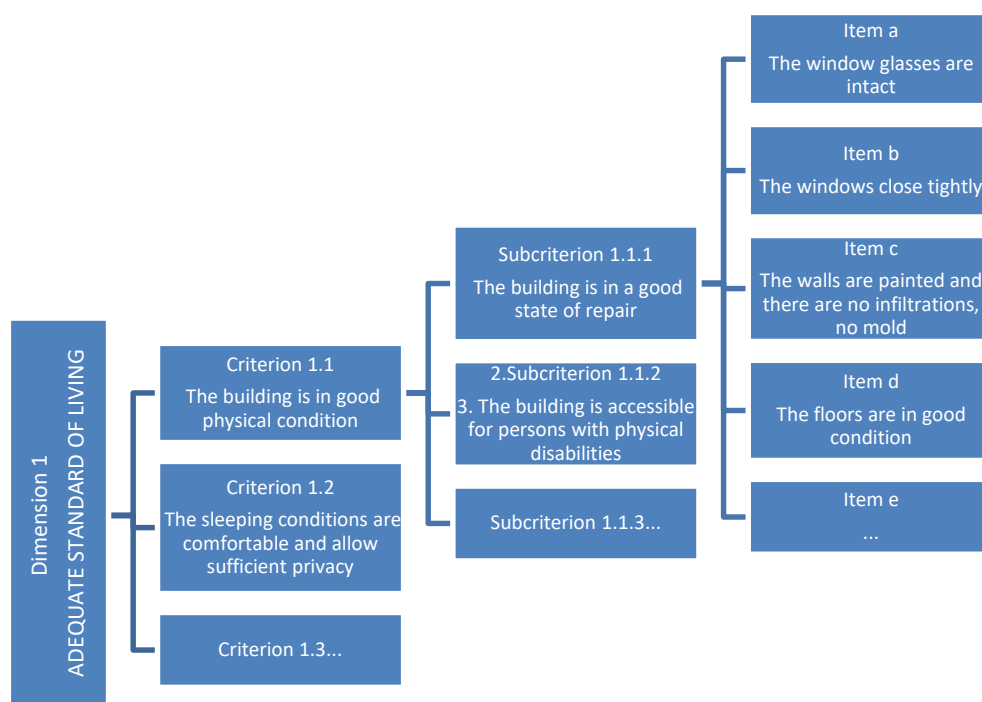
services etc.). The dimension also assesses the extent to which the services correspond to the expressed will and preferences of each resident.

<b>Dimension</b>	<b>(3) The exercise of legal capacity and the right to personal liberty and the security of person</b>
UN CRPD article(s) it corresponds to	Article 12: Equal recognition before the law Article 14: Liberty and security of the person
The dimension analyzes the conditions for the residents to fully exercise their legal capacity in all aspects related to their lives in the RCs, as well as the mechanisms for preventing any forced institutionalization, treatment and/or service provision without the residents' expressed consent.	
<b>Dimension</b>	<b>(4) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse</b>
UN CRPD article(s) it corresponds to	Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment) Article 16: Freedom from exploitation, violence and abuse
The dimension assesses the situation in each residential center regarding instances of abuse, restraint and seclusion, medical experiments, torture and degrading treatment, as well as steps taken to ensure that the occurrence of such situations regarding any resident is prevented (including complaint mechanisms in place, adequate training of staff and independent monitoring), and adequate services in the event thereof (such as legal support and rehabilitative care).	
<b>Dimension</b>	<b>(5) Living independently and being included in the community</b>
UN CRPD article(s) it corresponds to	Article 19: Living independently and being included in the community
The dimension evaluates the level of support the residents receive in the RCs to access the necessary adequate means for securing independent community living - housing, social benefits, employment, education, specific support services, access to active social and political participation and to other aspects of a substantial and inclusive community life.	

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Each dimension is broken down into several relevant criteria, each criterion is further broken down into several relevant subcriteria, and each subcriterion - into several measurable items (see Figure 2).

Figure 2. Evaluation structure of the public residential institutions for the Observation fiche



The overall evaluation of each institution is made by giving scores that measure the degree of achievement of each subcriteria, criteria, and, lastly, of each dimension, as they are presented in Annex 19.

The subcriteria are assessed by measuring specific items with each instrument, depending on the type of data each instrument is intended to collect: some subcriteria can be assessed through all instruments, through some instruments or only through one.



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There are subcriteria that can only be evaluated by measuring some items only with certain instruments. Therefore, some subcriteria can only be found in some of the instruments. For instance, **Subcriterion 1.2.1 - *The sleeping quarters are not overcrowded and provide sufficient living space per user***, will be assessed by measuring specific items from the **Observation fiche**, to be further supplemented by information gathered through **thematic discussions with the residents** - information that can *supplement and/or confirm* the former. **Subcriterion 2.3.1 - *Each resident has a comprehensive and individual personalized plan that includes general and specific social, medical, educational and labor market objectives*** cannot be assessed by measuring observable items or those that are specific to the RC's documents, but only through items specific to personal files, as well as through the data collected following interviews with residents and staff of residential centers.

Furthermore, the adequate assessment of some criteria requires supplementary data collected via the administrative questionnaires. For instance, the assessment of **Subcriterion 2.2.1 - *The residential center has staff with sufficiently diverse skills to provide counselling, habilitation/rehabilitation, information, education and support to residents and their families, friends or carers, in order to promote independent living and inclusion in the community***, will be made also by analyzing the data about the staff structure and professional training collected through the **Questionnaire on human resources** from residential institutions.

The final score for each subcriterion will be thus calculated by combining the items for the specific subcriterion from each instrument that assesses the specific subcriterion, including from the questionnaires used in the administrative evaluation of residential centers (see Table 2 for a detailed example).

**Table 2. Example of a combination of items from different instruments for the assessment of a single subcriterion**

Subcriterion 2.5.1. Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter						
<b>Observation fiche</b>						
<i>2.5.1 Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter</i>						
		Yes, totally	Generally, yes	Generally, no	Not at all	Observations

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a.	Residents seem to be in good physical health	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
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**Document review fiche**

**2.5.1 Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter**

	Yes	No	Observations
a. There is a document which states the obligation to perform a general physical health examination and/or for specific conditions upon admission to the RC and annually after admission	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b. There is a document which indicates the manner in which SSP provides support for each resident in the RC to have a full medical examination annually	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Personal file review fiche**

	YES	NO
4. The resident received a medical evaluation at the admission to the RC (2.5.1)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>
5. The resident received a complete annual medical evaluation in the last year (2.5.1) (2.5.2)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>

**Interview guide with staff**

Q2.5.1. Do residents benefit from regular medical examinations (including dental examinations)? What annual tests do residents undergo? What happens when a resident requests an examination? Is there permanent medical staff in the RC?

**Interview guide with residents**

Q2.5.1 Did any doctor see you before your admission to the RC? Did you have any check-ups, tests (Prompts: blood tests, dentist, cardiologist, gynecologist etc.)? How about this past year? Did the doctor come to the RC or you went to the city? Did you go altogether?



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**Fiche on each beneficiary in the RC - Questions E Set**

- |    |   |
|----|---|
| E. | Assistance for special medical needs (to be filled in with the support of the doctor/medical nurse of the RC) |
|----|---|

Part of the **items** measured for establishing whether a certain subcriteria has been met or for establishing the degree of its achievement, are the *minimum requirements* of the Mandatory minimum specific quality standards. The *minimum requirements* have been included in the instruments as items either in verbatim format from the normative act or operationalized accordingly for a more accurate measurement. The external evaluation instruments will simultaneously assess whether the national minimum quality standards are being implemented, while also determining the extent to which they are experienced as adequate standards of living, care and support by the people with disabilities living in institutions. For instance, to assess the **Subcriterion 4.1.4 - Appropriate steps are taken to prevent all instances of abuse**, the instrument that reviews the documents of the residential centers assesses both the presence/absence as well as the content of the "Procedure concerning the protection against negligence, exploitation, violence and abuse" that all residential centers ought to have and apply as a minimum standard requirement.

The data collected will also be used to support Output 13<sup>10</sup>, by providing:

- a novel set of indicators for assessing the observance of the standards, indicators modelled as subcriteria/criteria/dimensions;
- substantial and appropriate information required to evaluate, firstly, the extent to which the RCs observe the national minimum standards; and, secondly, the relevance of the standards for guaranteeing an adequate level of care, support and living conditions for persons with disabilities.

Out of the four types of instruments for the external visits, three of them use the assessment structure with the five dimensions and the corresponding criteria/subcriteria: (i) The observation fiche; (ii) The document review fiche; and (iii) The two guides for thematic groups/interviews with residents and staff. The *personal file review fiche* has a different structure, registering the absence/presence of items -

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<sup>10</sup> "Analysis report of the carrying out of the quality standards for residential center services including: (i) a proposed methodology and set of monitoring indicators for residential centers carrying out of a set quality standards; (ii) proposed instructions for using the tools needed to implement the quality standards; (iii) an analysis of the minimum requirements of the quality standards and of social service occupations related to adult persons with disabilities; and (iv) a report on the status of residential centers' carrying out of quality standards".

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meaning of documents or of the contents of documents that must be contained in a personal file to demonstrate an adequate level of care and support in accordance with the will and preferences of residents. Many of the items, however, will be used to assess the fulfillment of certain subcriteria that are measured by other instruments. For instance, item 27 from the **Personal file review fiche** - *The Personalized Plan of the beneficiary describes how the multidisciplinary team has involved the beneficiary, has listened and took into account his/her opinion during the elaboration and review phase of the plan* - is also used to assess the Subcriteria 2.3.2 - *Plans are driven by the resident, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the resident and a staff member*. Item 27 also assesses a minimum requirement for a quality standard for residential services - the mandatory involvement of the beneficiary by the multidisciplinary team when elaborating/reviewing the plan.

The final algorithm for calculating the scores for each sub-criterion will be decided after analyzing the distribution of the data collected, at this stage being able to outline only the principles that will underlie the way in which the scores will be calculated for dimensions and criteria. Thus, for each of the five dimensions of the evaluation, a score will be calculated representing the unweighted average of the values obtained by RC on the various criteria that make up that dimension, all criteria having equal weights in the final value of the score of a dimension. Both the criteria and the sub-criteria will take values from 0 to 3, where 0 means that a criterion is not met at all, and 3 that it is fully met. The score of the criteria will also be calculated as unweighted averages of the values of the sub-criteria, each sub-criterion being given an equal weight. The evaluation scores of the subcriteria, in principle, will be calculated as weighted averages of the values of the items by which they are measured. If certain sub-criteria are measured by items from separate instruments, all items will be taken into account in calculating the scores, the weight of each item will be decided based on data analysis. In the case of sub-criteria operationalized by questions in the interview guides, the evaluator will give a score from 0 to 3 to each of the sub-criteria based on the answers received, these scores being used similarly to those obtained from other instruments for calculating final scores on sub-criteria. In order to facilitate the presentation and interpretation of the results, these scores can be subsequently grouped into intervals, depending on the statistical distributions recorded.

The final scores for each RC will contribute to generating a list of problematic RCs in terms of ensuring the quality of life of persons with disabilities. The list will highlight

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the extent to which residential centers meet the evaluation criteria, i.e. the level of achievement of the subcriteria, criteria and dimensions for each RC.

### 2.1.2. Instruments for the photovoice technique

The photovoice technique is a method of participatory research which facilitates an understanding of the perspective of marginalized people on their daily realities. As part of the external evaluation process of residential centers, the technique is used as a method for shedding light on the seldom documented personal experiences of persons

with disabilities living in institutions by encouraging them to document certain aspects of their lives through photographs and by further discussing together among themselves and with a facilitators about the meanings and implications of the photographs taken. The themes that will be suggested by the facilitator to the participants to be photo documented are structured similarly to the **five dimensions** assessed by the instruments used during the external visit. At the same time, the participants will nevertheless have the option to explore any number of dimensions and the aspects of each chosen dimension within the broad framework "my life and my rights in the RC and beyond". The photovoice technique will actively involve the residents through of three different sets of instruments: (1) A thematic guide with staged photographs that will introduce the participants to the semantic aspects covered by the five dimensions (2) An instrument for the photovoice technique meant to introduce the participants to a set of potential visual representations for each of the five dimensions (3) A guide for semi-structured interviews with participants about their experiences with photo documenting their lives in the institutions at the time of the evaluation and about the meanings of the photographs also in view of their future plans involving community living.

The instruments for the photovoice technique provide an in-depth perspective on how the residents represent their daily lives regarding the living conditions, health care services, abuse and negligence, legal capacity and independent living, offering a level of detail that will complement the data gathered through the other instruments used during the external visits.

## 2.2. THE ADMINISTRATIVE EVALUATION OF RESIDENTIAL CENTERS

All but one instrument for the administrative evaluation of public residential centers will be filled in for all 283 residential centers - the **Extended module for collecting**

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**data on a sample of persons with disabilities from residential institutions.** The sample will be selected from each residential center as follows: two persons from RC with less than 50 residents; five persons from RCs between 50 and 99 residents; seven persons from RC between 100 and 149 residents; ten persons from RCs that house more than 150 residents.

### 3. Data collection process

#### 3.1. The external evaluation of residential centers

The **external visits** will be carried out by teams of two experts - one WB expert with experience in social research and one GDSACP specialist familiar with the specific quality standards - especially the procedures and documents required by the standards and the content of the residents' personal files. Before the start of the fieldwork, the experts will receive methodological support from the WB team on how to use the instruments for the external visits, on the contents and scope of the five dimensions that structure the instruments and the assessment of public residential institutions. In addition to this support, each of the two experts will receive informative materials that will support them in the application of external evaluation instruments by ensuring a correct and uniform use of terms and concepts specific to the field of disability. The WB expert will receive information about disability, the protection system of adults with disabilities and specific concepts, and the GDSACP specialist will receive additional information about current legislation and existing documentation specific to the residential protection system.

The estimated timing for visits is one day in the residential centers under 100 residents and two days in those over 100 residents. Each visit will start with a short discussion with the manager of the RC and other staff to introduce the overall purpose of the visit and the evaluation activities the experts are responsible for during the visit. Afterwards, the two experts accompanied by the RC manager (and/or other staff) will proceed with the visit of the RC which will include all rooms and facilities of all buildings belonging to the residential center, as well as the surroundings of the RC, courtyards, farms, orchards, greenhouses etc. During the visit, the evaluators will observe not only aspects related to the physical condition of the building and facilities, but also specific elements of the interaction between residents and staff, and between residents, both in the informal interactions observable during the visit and - to the extent to which is possible - in the specific activities that residents carry out in the residential center and which aim to provide the necessary support to ensure an independent life. The experts

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will notice the presence/absence of the items from the **Observation fiche** or their occurrence on a four-point scale ranging from "Yes, totally" to "Not at all". The Observation fiche will be filled in subsequently by the WB expert, with feedback and double checking of information from the GDSACP specialist.

After the visit of the residential center, the WB expert will facilitate the **thematic groups/focus groups/interviews with the residents** and, separately, **with staff**, while the GDSACP specialist will fill in the **Document review fiche** and the **Personal file review fiche** by using information from the relevant document of the residential centers and from a sample of personal files with the help of the RC manager, the main social worker or other staff (see Box 2). The **Document review fiche** collects (i) data contained in the RC's documents, and (ii) data on the presence or absence of relevant documents and procedures for assessing aspects and dimensions. GDSACP specialists will note the absence/presence of items by checking one of the YES/NO options, and in the space for comments, will mark the type of documents containing the items and other justifications for the chosen option, where appropriate. The same way of filling in is used in the case of the **Personal file review fiche**.

**Box 2. Instructions for sampling the files for the *Personal file review fiche***

The sample of personal files will range from five files in the RC under 100 residents and will increase by two for each additional 50 residents. The files will be chosen from the alphabetical list of beneficiaries present in the RC at the time of the external visit, starting with the 4<sup>th</sup> and using a selection step  $S = N/d$  with  $N$  = total number of beneficiaries and  $d$ =number of files that need to be selected.

Taking into account the limitation imposed by the time allocated to visit the RC and each activity, the number of interviews conducted by the WB expert or the participants in focus groups will depend on the size of each RC, as follows: 5-7 people interviewed in RCs with up to 100 residents and at least 10 in the RCs over 100. The number of staff interviewed can be determined on the basis of the same rule. In some cases, the WB expert will consider that it is not necessary to conduct all the interviews proposed for that RC, depending on the level and type of information already obtained during the visit to the RC and the interviews conducted so far. The evaluator will conduct both individual interviews and focus groups, depending on the extent and depth of information needed to properly evaluate a particular sub-criterion. Subsequently, the expert will evaluate each interview/focus group assigning a score between 0 and 3 to each criterion for which there are questions in the guide and for whose evaluation he



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obtained sufficient information, filling in a separate fiche (Annex 18). The evaluator will mark in Annex 18 with N/A (not applicable) the criteria for which there are no questions in the guide, and with N/E (cannot be evaluated) - those criteria for which sufficient and relevant information necessary for evaluating the criterion has not been obtained.

After the external visit, the WB experts will upload all the data filled in in the paper-based instruments in the online application designed by the WB as a database for all data collected during the external and administrative evaluation of the RCs. The WB team will use the data uploaded to compute the scores for the subcriteria, criteria, dimension and, ultimately, for each residential center.

**The activities specific to the photovoice technique** will include workshops in four residential centers from three different counties. Each workshop will involve between four and seven residents and will have two sessions - an introductory session and a discussion of the photographs taken by residents between the two sessions. A report will be prepared with the synthetic information from at least 20 interviews and four focus-groups outlining aspects related to the five dimensions, as well as an overview of four individual life stories as instances of trans-institutional biographies/instances of rights violations.

### 3.2. The administrative evaluation of residential centers

The **administrative evaluation** at the level of each GDSACP requires data collection from administrative sources through standardized questionnaires and the further uploading of data in an on-line application (Annex 20) developed for this purpose. The data collection and data uploading are the exclusive task of the GDSACP specialists (from GDSACP or residential centers), under the supervision of the WB team which will also provide methodological support for the GDSACP specialists on how to carry out the activities. A number of 54 GDSACP specialists were trained by the WB team.

Each GDSACP already assigned a person who will coordinate at the county level the data collection activity, but who will **not** be involved in the external evaluation activities, as the two types of activities will be carried out simultaneously. Also, each residential center (with a few exceptions) has already assigned a person in charge of data collection, who, under the supervision of the County coordinator, will be responsible for collecting and uploading the data from the residential center (see Table 3).

The persons responsible for data collection - GDSACP specialists and managers at the level of each residential center - will complete a considerable number of fiches, this

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large volume of work being a very useful exercise for those responsible who will become "resource persons" for further replication of this approach at local level.

**Table 3. Persons assigned for data collection tasks at the level of County Directorates for Social Assistance and Child Protection**

<b>Instrument</b>	<b>The person uploading the data in the online application</b>	<b>Supervisor</b>	<b>The person/s providing the data</b>
<b>Questionnaire on the material resources of the RC</b>	RC assigned person	GDSACP County coordinator	RC Manager/coordinator RC administrator Other RC employees
<b>Questionnaire on the human resources of the RC</b>	1. RC assigned person-sections on the staff structure, specialized training and vacancies 2. County Directorate assigned person responsible for HR - for the individual staff fiches	GDSACP County coordinator	RC Manager/coordinator HR inspector Other RC/County Directorate employees responsible for managing HR
<b>Questionnaire on the financial resources of the RC</b>	County Directorate responsible with financial issues	GDSACP County coordinator	Head economist/accountant
<b>Fiche for collecting data on each person</b>	RC assigned person	GDSACP coordinator	RC Social worker RC doctor

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with disabilities from residential centers			RC head nurse
Extended fiche for collecting data on a sample of persons with disabilities from residential centers	RC person assigned	GDSACP County coordinator	RC Social worker RC doctor RC head nurse
Fiche for collecting data on waiting lists of people requiring residential care from the GDSACP	County coordinator	WB Regional/national coordinator	Manager of Complex Evaluation Service Manager of residential service for adults Manager of residential service for children

### 3.3. The evaluation of the deinstitutionalization process

The interviews with GDSACP directors, representatives of County Council/local councils of the sectors of Bucharest regarding the restructuring plans, the reorganization processes and other local deinstitutionalization strategies will be facilitated by the WB experts who are part of the evaluation teams that conduct the external visits of residential institutions in each county. There will be at least 80 interviews carried out with the GDSACP directors and the representatives of County Council/local councils of the sectors of Bucharest.

### 3.4. The evaluation of the situation of adults with disabilities from other types of specialized institutions

Interviews will be conducted with the management of other types of specialized institutions where adults with disabilities are temporarily living by WB experts - a number of 20 institutions.



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The synthetic fiche for collecting information about adults with disabilities who are temporarily in other types of specialized institutions, based on the information existing in their files, will be filled in by an employee designated by the management of those institutions. The fiche will be applied in 20 institutions (psychiatric hospitals, psychiatric wards of county hospitals, psychiatric hospitals for safety measures and medical-social units), and at least five persons will be selected from each institution. The person for whom the form is completed must fall into the category of long-term chronic patients, respectively they have been hospitalized at the time of the research for at least 6 months or it is estimated that their hospitalization will last at least 6 months. All institutions will receive a manual with a clear set of instructions on how to select the persons in the sample and how to fill in the fiche. The persons responsible with collecting the data will fill in a minimum total of 100 fiches related to adults with disabilities.

## 4. Ethical considerations and research limitations

### 4.1. ETHICAL CONSIDERATIONS

#### (A) Minimizing the risk of harm

The evaluators will receive adequate training on how to conduct interviews with persons with disabilities who might experience distress during the interviews/focus-groups/interactions, as well as on how not to put residents at risk by disclosing confidential information to other residents or staff. Also, the evaluators will be advised on how to make sure they convey clearly that their activity will not bring any immediate changes or gains in the lives of residents (this is also part of the procedure of ensuring free and informed consent from residents). The evaluators will also be informed on how to proceed should they happen to witness or find out about instances of abuse.

#### (B) Obtaining informed consent

All interviews/focus-groups/photovoice activities will be carried out only with the signed consent of participants or of their legal guardians.

#### (C) Protecting anonymity and confidentiality

The following instruments are based on collecting and processing personal data by GDSACPs from residents' files or personal data concerning RC staff and thus fall within the incidence of the General Data Protection Regulation:

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- Questionnaire on the human resources of the RC - the section regarding Employee's Individual Fiche
- Extended fiche for collecting data on a sample of persons with disabilities from residential centers
- Fiche for collecting data on each person with disabilities from residential centers

The data collected through these instruments will be anonymized during completion by the GDSACP and will be transferred by NARPDCA to the World Bank for processing and statistical analysis. Thus, in the final databases where the statistical analyses will be performed, there will be no information that could lead to the identification of the persons that the collected data is about.

#### **(D) Avoiding deceptive practices**

The evaluators will make sure that people with who they interact with in the residential centers (residents and staff) know about their identity, the purpose of their visit and about the activities they carry out in the RC. While it is impossible to let everyone know, the evaluators will try as much as possible and to the best of their capacities to be transparent about this information.

## **4.2. RESEARCH LIMITATIONS**

Firstly, several instruments mentioned above collect data that can only be used with the consent of people whose files contain the data needed. The refusal to give consent would impact:

- (i) the representativity of samples for the:
  - Extended fiche for collecting data on a sample of persons with disabilities from residential centers
  - Synthetic fiche for collecting data about adults with disabilities who are temporarily in other types of specialized institutions
  - Personal file review fiche
- (ii) the completeness of data needed for the assessment of each residential center based on the information about each person in the RC, collected through the *Fiche for collecting data on each person with disabilities from residential centers*.

Secondly, the intensive and substantial workload needed to fill in the instruments for the external visits and some for the administrative evaluation of residential centers might affect the quality of data collected.

Thirdly, it may be difficult to observe some items from the Observation fiche during the external visits of residential centers due to either the short length of the visit or to possibly reticent or reserved attitudes of residents and staff.

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## 5. Bibliography

1. Bulic, I. and Grieco, S. (2012) Common European Guidelines on the Transition from Institutional to Community-based Care. Brussels: European Expert Group for the Transition from Institutional to Community-based Care
2. Committee on the Rights of Persons with Disabilities, General comment on article 19: Living independently and being included in the community, CRPD/C/18/1, 29 August 2017
3. Emergency Ordinance no. 69/2018 of July 17, 2018 amending and supplementing Law no. 448/2006 on protection and promoting of rights for persons with disabilities
4. Law no. 448/2006 on protection and promoting of rights for persons with disabilities, republished, with subsequent amendments
5. Mandatory minimum specific quality standards for residential social services such as Center for habilitation and rehabilitation for adults with disabilities, Center for independent living for adults with disabilities, Center for care and support for adults with disabilities, Annex 1, Order no. 82/2019 for the approval of the mandatory minimum specific quality standards for social services for adults with disabilities, Official Monitor no. 100bis/8.02.2019, 1st Part, pp.4-53
6. Substantiation Note for the Emergency Ordinance no. 69/2018 amending and supplementing Law no. 448/2006 on protection and promoting of rights for persons with disabilities
7. UN General Assembly, Convention on the Rights of Persons with Disabilities : resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <https://www.refworld.org/docid/45f973632.html> [accessed 3 April 2020]
8. WHO QualityRights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012



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# ANNEXES

*Proiect cofinanțat din Fondul Social European prin  
Programul Operațional Capacitate Administrativă 2014-2020!*





*"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod SIPOCA/SMIS2014+: 618/127529*

## ANNEX 1. OBSERVATION FORM FOR THE EXTERNAL EVALUATION OF RESIDENTIAL CENTERS - OBSERVATION FICHE

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of the situation of adults with disabilities living in public residential centers from the perspective of several essential aspects - Living conditions and personal autonomy, Private life, Health care, Staff, Privacy, Employment, including the relationship with public employment services, Education and training, Restrictions and isolation, Social participation, Complaints and settlement, Elements necessary to verify the compliance with quality standards. These issues are grouped into 5 general dimensions - (i) Adequate standard of living, (ii) The enjoyment of the highest attainable standard of physical and mental health, (iii) The right to exercise legal capacity and the right to personal liberty and the security of person, (iv) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse, (v) Living independently and being included in the community.

**How to complete:** This form is to be completed for each residential center assessed in the external evaluation activity.

**Source of information:** The information will be obtained only by observation during the external visit at the residential center, carried out by the team of evaluators composed of the WB expert and the GDSACP specialist. The team will visit all rooms (bedrooms, bathrooms, kitchens, dining rooms, psychotherapy offices, occupational therapy offices etc.) and the facilities of all buildings belonging to the residential center, as well as the surroundings of RC, courtyards, households, orchards, greenhouses etc. During the visit, the evaluators will observe not only aspects related to the physical condition of the building and facilities, but also specific elements of the interaction between residents and staff, and among residents, both in the informal interactions observable during the visit and - to the extent to which is possible - in the specific activities that residents carry out in the residential center and which aim to provide the necessary support to ensure an independent life.

**Responsible for completion:** The WB expert will complete the observation fiche after visiting the RC, benefiting from feedback and double verification of the information from the GDSACP specialist.

**Approximate average completion time:** 60 minutes

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## DIMENSION 1

### ADEQUATE STANDARD OF LIVING

#### Criterion 1.1 The building is in good condition

##### Sub-criteria

##### 1.1.1 The building is well-maintained

		Yes, totally	Generally, yes	Generally, no	Not at all	Not applicable	Comments
a	The window glasses are intact	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
b	The windows close tightly	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
c	The walls are painted and there are no infiltrations, no mold	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
d	The floors are in good condition <sup>11</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
e	The roof is in good condition <sup>12</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
f	The land surrounding the RC is well maintained and landscaped <sup>13</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
g	Other related buildings of the RC where residents have access to are	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

<sup>11</sup> There are no pieces missing or chipped/buckled floorboards

<sup>12</sup> It has no holes, no missing portions, the eaves and drainpipes are not degraded, rusty

<sup>13</sup> Alleys built, without holes, trimmed grass

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well-maintained and appropriately adapted						
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#### 1.1.2 The building is accessible for persons with physical disabilities<sup>14</sup>

		Yes, totally	Generally, yes	Generally, no	Not at all	Not applicable	Comments
a.	The routes from the entrance to the yard of the RC to the entrance to the RC buildings are accessible <sup>15</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
b.	The route/road to the RC entrance is accommodated	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
c.	Access into the building is facilitated by ramps, according to the legislation in force <sup>16</sup> or is at ground line	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
d.	The clear opening width of doors is at least 80 cm <sup>17</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
e.	Thresholds are less than or equal to 1.5 cm in height and have a section	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		

<sup>14</sup> Operationalization of Standard 2.3, Module I

<sup>15</sup> The walking surfaces are rigid, stable, with a non-slip finish, without holes, bumps, manhole covers or grates on the route Order no. 189/2013, IV.2.1.

<sup>16</sup> Order 189/2013

<sup>17</sup> Order 189/2013, V4.1(1)

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	with rounded edges when the height exceeds 0.5 cm <sup>18</sup>						
<b>f.</b>	The windows are easy to operate <sup>19</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>g.</b>	The doors are easy to operate <sup>20</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>h.</b>	Switches and sockets are properly positioned <sup>21</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>i.</b>	The building has tactile-visual warning surfaces	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>j.</b>	There are no obstacles for persons with disabilities on the major routes <sup>22</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	
		Yes		No			
<b>k.</b>	The building is equipped with an elevator <sup>23</sup> or a ramp <sup>24</sup> for access to the upper levels	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)		<input type="checkbox"/> (99)	

<sup>18</sup> Order 189/2013, V4.1(1)

<sup>19</sup> By applying minimal force and with one hand (Order no. 189/2013, V.4.10(g))

<sup>20</sup> Doors wider than 90 cm have pulling handles in the middle of the door sheet V.4.1(13).

<sup>21</sup> "The actuators for the lighting system and the sockets must be located outside the bathrooms or toilets, on the wall next to the door handle at a height between 40 cm - 1.20 m for sockets and 1.20 m for switches" (Order no. 189/2013, V6.5(1))

<sup>22</sup> Room - dining room, room - toilet, bathroom, room - leisure room etc.

<sup>23</sup> For buildings with more than one story

<sup>24</sup> Or other types of platforms, elevators and lifts designed to ensure access for people with disabilities to the upper floors



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<b>I.</b>	50% of the toilets are accommodated <sup>25</sup>	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)			
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**1.1.3 The heating, ventilation and lighting (natural and artificial) systems provide a comfortable living environment<sup>26</sup>**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
<b>a.</b>	The sleeping quarters and common areas have sufficient natural light <sup>27</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>b.</b>	The sleeping quarters and common areas have sufficient artificial light <sup>28</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>c.</b>	The sleeping quarters and common areas have sufficient heating <sup>29</sup> depending on the season to ensure a comfortable temperature of at least 20 degrees Celsius	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>d.</b>	The sleeping quarters and common areas have sufficient natural ventilation <sup>30</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>25</sup> Order no. 189/2013, VII.2(3) The sanitary items are placed at an appropriate height, the shower areas do not have thresholds and separators, the batteries are single-lever, there are support bars and sufficient surface for maneuver.

<sup>26</sup> Operationalization of Standards 2.9 and 2.10, Module I

<sup>27</sup> There are enough windows in all the spaces, the rooms and the common spaces are bright. Module I Standard 2.9 partially

<sup>28</sup> There are no light bulbs burnt out or missing, the switches are working. Module I Standard 2.9, partially

<sup>29</sup> Module I Standard 2.10 partially

<sup>30</sup> Windows and doors that can be opened, Module I Standard 2.10 partially

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e.	The sleeping quarters and common areas have sufficient artificial ventilation <sup>31</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
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#### 1.1.4 Measures are in place to protect people against injury through fire and against other hazards

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Doors/emergency exits are appropriately marked with clear visual information on evacuations in case of a fire <sup>32</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Doors/emergency exits are appropriately marked with tactile plans on evacuations in case of a fire <sup>33</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Fire alarms are accommodated for people suffering from hearing loss through visual signaling	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	Fire alarms are accommodated for blind persons through audible signaling	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	The windows open inwards	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f.	The windows do not rotate (vertically or horizontally)	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>31</sup> Air conditioning, air heaters, ventilators

<sup>32</sup> Order 189/2013, V.5.1(3)

<sup>33</sup> Ibid.

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<b>g.</b>	Electrical installations and cables are insulated <sup>34</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>h.</b>	The equipment and materials used when landscaping the outdoor spaces must be such so as to prevent the occurrence of accidents, e.g. slips, falls, puncture wounds or cuts etc. <sup>35</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>i.</b>	All stairs have railings/handrails	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>j.</b>	Rooms are adequately marked with dots indicating the support level needed by residents in case of evacuation <sup>36</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	Not applicable <input type="checkbox"/> (99)
		Yes		No		
<b>k.</b>	There are sufficient fire extinguishers <sup>37</sup>	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)		
<b>l.</b>	There is a diagram accommodated in Braille with the potential sources of danger within the RC premises	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)		
<b>m.</b>	Any sources of danger are appropriately flagged <sup>38</sup>	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)		

<sup>34</sup> Module I Standard 2.5, partially; The evaluators will include here any socket that comes out of the wall, which has missing parts etc.

<sup>35</sup> Module I Standard 2.7; For example, there are no barbed wire/sharp fences, no unfenced/unmarked holes in the center yard, slippery surfaces etc.

<sup>36</sup> Red - persons who cannot self-evacuate; yellow - persons who need evacuation support; green - persons who can self-evacuate. Pursuant to Order 163/2007, Art. 121

<sup>37</sup> At least one for every 250 m<sup>2</sup>.

<sup>38</sup> Steep stairs, slippery surfaces, low ceilings etc.

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<b>n.</b>	There are tables displayed with the names of the staff responsible for first aid	<input type="checkbox"/> <sub>(2)</sub>		<input type="checkbox"/> <sub>(1)</sub>		
<b>o.</b>	There are specially designated smoking areas	<input type="checkbox"/> <sub>(2)</sub>		<input type="checkbox"/> <sub>(1)</sub>		

## Criterion 1.2 The sleeping quarters are comfortable and allow for privacy

### Sub-criteria

#### 1.2.1 The sleeping quarters are not overcrowded and provide sufficient living space per user (including persons in wheelchairs)

		Yes, totally	Generally, yes	Generally, no	Not at all	Not applicable	Comments
<b>a.</b>	Every resident <sup>39</sup> has her/his own bed	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>		
<b>b.</b>	There is a maximum of 3 beds in every sleeping quarter <sup>40</sup>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>		
<b>c.</b>	Each sleeping quarter shall provide an area of at least 6 m <sup>2</sup> for each resident <sup>41</sup>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>		
<b>d.</b>	Each sleeping quarter shall provide an area of at least 8 m <sup>2</sup> for residents using wheelchairs <sup>42</sup>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(99)</sub>	

<sup>39</sup> Evaluators can notice if there are cases of people sharing the same bed.

<sup>40</sup> Module I Standard 2.12

<sup>41</sup> Module I Standard 2.11

<sup>42</sup> Ibid.

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e.	There is a minimum distance of 1.5 m between the beds of persons using wheelchairs <sup>43</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	
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**1.2.2 Men, women and older persons<sup>44</sup> have separate sleeping quarters**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not applicable	Comments
a.	Women and men have separate sleeping quarters	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99) <sup>45</sup>	
b.	The elderly have separate sleeping quarters <sup>46</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

**1.2.3 Residents are free to choose when to get up and when to go to bed**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Residents go to sleep/wake up at the same hours	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Residents can stay in their sleeping quarters throughout the day <sup>47</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	

<sup>43</sup> Module I Standard 2.13

<sup>44</sup> Over 65 years old

<sup>45</sup> In the case of residential centers that host only women or only men

<sup>46</sup> The evaluators will see if there are significant age differences between residents in the same room.

<sup>47</sup> Evaluators can also see if the doors of the sleeping quarters are locked during the day so as not to allow residents to rest if and when they want to rest.

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c.	The sleeping hours are displayed	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	
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#### 1.2.4 The sleeping quarters allow for the privacy of residents

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	There are dividers between the beds in the sleeping quarters to ensure privacy	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are spaces in the sleeping quarters where residents can change without being seen	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c.	Residents can lock their rooms	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
d.	Video cameras are placed only at the entrance to the RC, in the common indoor and outdoor spaces <sup>48</sup>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
e.	The windows have curtains or blinds to provide comfort during rest	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
f.	Residents can bring a personal touch to their sleeping quarters	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
g.	There are tables and relaxation areas in the sleeping quarters	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
h.	The windows are bar-free	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

#### 1.2.5 Sufficient numbers of clean blankets and bedding are available to residents, and mattresses are in good condition

<sup>48</sup> Module I Standard 2.24





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		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	For each bed, there is at least one bedding and blankets for every resident <sup>49</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	The beddings are clean and in good condition <sup>50</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	The beds are in good condition <sup>51</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	The mattresses are in good condition <sup>52</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>49</sup> Module I Standard 2.15

<sup>50</sup> Module I Standard 2.16

<sup>51</sup> They are stable, they are not broken, they are not rusty, they are wide enough.

<sup>52</sup> Evaluators can check and sit on the beds to ascertain the condition of the mattresses (if they have holes, missing pieces etc.) and the degree of comfort.



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1.2.6 Residents can keep personal belongings and have adequate lockable space to store them						Comments
		Yes, totally	Generally, yes	Generally, no	Not at all	
a.	Each bed has a nightstand <sup>53</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There is a lamp on each nightstand <sup>54</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Beds have lockers for keeping clothing/bedsheets and personal belongings <sup>55</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	Beds have coat stands <sup>56</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	Personal lockers can be locked by residents	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f.	Locker location ensures privacy <sup>57</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	
g.	RC has a special cabinet/space for storing valuables and the personal documents of the resident, which may be locked using a key held by the resident <sup>58</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	

<sup>53</sup> Module I Standard 2.12

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Evaluators can notice whether lockers are placed in the room or in a space which provides private access to personal belonging

<sup>58</sup> Module I Standard 2.25

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### Criterion 1.3 The residential center meets hygiene and sanitary requirements

#### Sub-criteria

1.3.1 The RC facilities are clean and sanitized							
		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Sleeping quarters are clean	□(4)	□(3)	□(2)	□(1)		
b.	Common areas are clean	□(4)	□(3)	□(2)	□(1)		
c.	RC facilities smell pleasantly <sup>59</sup>	□(4)	□(3)	□(2)	□(1)		
d.	Outdoor areas are clean <sup>60</sup>	□(4)	□(3)	□(2)	□(1)		
e.	Indoor and outdoor areas of the RC are rat-free and cockroach-free	□(4)	□(3)	□(2)	□(1)	□(98)	
1.3.2 The bathing and toilet facilities are clean and working properly							
		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	RC has one toilet available for 6 people at the most <sup>61</sup>	□(4)	□(3)	□(2)	□(1)		
b.	The bathing and toilet facilities are clean	□(4)	□(3)	□(2)	□(1)		
c.	Updated lists of names and signatures of staff in charge of	□(4)	□(3)	□(2)	□(1)		

<sup>59</sup> There is no mold or humidity or any other unpleasant smell.

<sup>60</sup> Evaluators can notice whether the sewage system works properly and whether waste is not evacuated in the yard or nearby the center, whether household waste is collected and stored properly.

<sup>61</sup> Module I Standard 2.19

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	cleaning bathing and toilet facilities are displayed						
<b>d.</b>	Bathing and toilet facilities are equipped with toilet bowl, sink, bath or shower, warm and cold water installations <sup>62</sup> , which are working <sup>63</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>e.</b>	Toilet bowls have toilet seats	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>f.</b>	There is permanent supply of good quality cold water, in sufficient quantities <sup>64</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>g.</b>	There is permanent supply of good quality warm water, in sufficient quantities <sup>65</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**1.3.3 Residents can use the bathing and toilet facilities whenever they wish to**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
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<sup>62</sup> Module I Standard 2.19 partially

<sup>63</sup> Bathing and toilet equipment are not broken, sink, bath and shower fittings are working and in good condition.

<sup>64</sup> Module I Standard 2.4 partially; Evaluators can check the water supply several times during the visit, to make sure the water pressure is sufficient, the water is clean, odorless, colorless, and free from impurities. Evaluators should note "not noticeable" in case there are ongoing maintenance/repair works during the visit.

<sup>65</sup> Module I Standard 2.4 partially; same as footnote 49.

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a.	There are locked bathing/toilet facilities	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Toilet paper and soap are available for residents in sufficient quantities <sup>66</sup> in all bathing and toilet facilities	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Shampoo, toothpaste are available in sufficient quantities in areas accessible to residents	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	Women have access to feminine care pads and other hygiene products <sup>67</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes		No	Not noticeable	
e.	There is a shower/bath use schedule displayed	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)		
f.	Residents wait for their turn to take a shower	<input type="checkbox"/> (2)		<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**1.3.4 There are separate bathing and toilet facilities for men and women which allow for privacy**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not applicable	Comments
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<sup>66</sup> Module I Standard 2.19. Evaluators can notice whether all bathing and toilet facilities have toilet paper and all sinks have soap.

<sup>67</sup> Module I Standard 2.18 partially; Evaluators can notice whether hygiene and sanitary products are placed in spaces available to the women in the center, maybe as a designated place where women can go and take products whenever they need them, without asking the staff.

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<b>a.</b>	There are separate bathing and toilet facilities for men and women <sup>68</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99) <sup>69</sup>	
<b>b.</b>	Toilets and bathing facilities have doors with locking system on the inside	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>c.</b>	Shower cabins/baths allow for privacy <sup>70</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>d.</b>	Bathing facilities have space for towels and personal belongings and a private area where people can change clothes	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		

**1.3.5 The bathing and toileting needs of residents who are bedridden or who have impaired mobility or other physical disabilities are accommodated**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Not applicable	Comments
<b>a.</b>	RC is equipped with the necessary assistive technologies and devices <sup>71</sup> so as to assist persons who	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)			

<sup>68</sup> Module I Standard 2.20

<sup>69</sup> In the case of residential centers that host only women or only men

<sup>70</sup> They are separate and lockable or have shower curtains.

<sup>71</sup> For example, automatic toilet lift, toilet seats, chairs for bath/shower.

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	cannot use the bathing and toilet facilities independently							
<b>b.</b>	Staff provide assistance for the use of bathing and toilet facilities <sup>72</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	<input type="checkbox"/> (99)	

**Criterion 1.4 Residents are given food, safe drinking-water and clothing that meet their needs and preferences.**

**Sub-criteria**

**1.4.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the resident's cultural preferences and physical health requirements**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
<b>a.</b>	Drinking water is clean and from a sanitized source	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>b.</b>	There is sufficient food provided	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>c.</b>	The food is tasty	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>d.</b>	The food is varied	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No	Not applicable	
<b>e.</b>	Three meals per day + at least one snack are provided <sup>73</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

<sup>72</sup> Module IV Standard 4.2(b)

<sup>73</sup> Module I Standard 3.15



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<b>f.</b>	The daily menu is displayed in a place accessible to the residents <sup>74</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
<b>g.</b>	The menu indicates the diet food provided to residents according to their diet	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

**1.4.2. Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
<b>a.</b>	RC has special facilities for cooking equipped with specific equipment <sup>75</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>b.</b>	The food is cooked and served hygienically <sup>76</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>c.</b>	Food is served in a pleasant environment <sup>77</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		

<sup>74</sup> Module I Standard 3.6; Evaluators can notice whether residents are communicated verbally the menu of the day.

<sup>75</sup> For example, a kitchen, equipped with specific equipment: sinks with hot and cold running water, cooking equipment, fridge, freezer, kitchen hood, dishwasher, and others. Module I Standard 3.1

<sup>76</sup> Evaluators can notice whether the kitchen is clean, whether there are clean tableware and cutlery, whether there are traces of mold, insects, whether residents have to share plates and cutlery, mugs etc.

<sup>77</sup> Module I Standard 3.3 partially; Evaluators can notice whether there are napkins, tablecloth, tableware and cutlery adequate for community meals etc.

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<b>d.</b>	Residents can choose where and with whom they eat <sup>78</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>e.</b>	Residents can choose when they eat <sup>79</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>f.</b>	Residents whose health condition does not allow them to go to the dining room receive food/are fed in their own accommodation area <sup>80</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		
<b>g.</b>	Residents eat in several shifts	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

**1.4.3. Residents can wear their own clothing and shoes (day wear and night wear)**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
<b>a.</b>	Residents' clothing and footwear are varied	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.4.4. When residents do not have their own clothing and footwear, good quality clothing and footwear is provided that meets the person's cultural preferences and is suitable for the climate**

<sup>78</sup> Evaluators can notice whether the dining area is a big room with large tables for all residents, or with smaller tables, possibly placed in several rooms; whether residents can eat wherever they want or only in certain areas.

<sup>79</sup> Evaluators can notice whether there is a meal schedule displayed and whether residents can have their meals outside the scheduled hours.

<sup>80</sup> Module I Standard 3.11

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		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Residents have clothing and footwear suitable for the climate <sup>81</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
b.	Residents have clothing and footwear suitable for the time of day <sup>82</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
c.	Residents have good quality and well-maintained clothing and footwear <sup>83</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
d.	Residents wear clean clothing and footwear	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
e.	Residents can use the laundry when they want, independently or assisted by staff	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		
f.	There is a <sup>84</sup> laundry in the RC	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
g.	There is a schedule displayed for residents who want to wash their clothes, independently or assisted by staff	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

<sup>81</sup> Module I Standard 2.17 partially

<sup>82</sup> Evaluators can notice whether residents wear pyjamas during the day.

<sup>83</sup> Module I Standard 2.17 partially

<sup>84</sup> Or washing machines and washer-dryers in areas accessible to all residents.

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### Criterion 1.5. Residents can communicate freely, and their right to privacy is ensured

#### Sub-criteria

1.5.1. Telephones, letters, emails and the Internet are freely available to residents, without censorship							
		Yes			No		Comments
a.	There is at least a landline or mobile phone in an area accessible to residents <sup>85</sup> which allows for conversation privacy <sup>86</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
b.	There is internet access <sup>87</sup> in an area accessible to residents	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
c.	There are computers and residents have free access to them <sup>88</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
d.	There are materials for writing letters and stamps in a place accessible to all residents	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
e.	There is a mailbox and residents have direct access to it	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

<sup>85</sup> Module I Standard 2.26

<sup>86</sup> Evaluators can notice whether the phone is placed in a room where residents do not have free access (for example, the office of the head of the center), or in a common area, where conversations can be overheard by residents/staff.

<sup>87</sup> Module I Standard 2.26

<sup>88</sup> Evaluators can notice whether the computer room is locked or whether access is permitted according to a schedule.

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		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	
f.	Residents can use their personal mobile phones	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
g.	Computers are working and in good condition	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
h.	Computers are used by the residents	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
i.	Computers have programs for reading and screen magnifiers for the blind/visually impaired	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
j.	Residents are assisted by staff to use computers, if needed	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**1.5.2 Residents' privacy in communications is respected**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Residents can send/receive mail without being checked by others (staff or residents) <sup>89</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Residents can speak on the phone without being listened to by others (staff or residents)	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

<sup>89</sup> Evaluators can notice whether there is a place with open correspondence.

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<b>c.</b>	Residents can use mobile phones without being checked by others (staff or other residents)	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
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**1.5.3. Residents can communicate in the language of their choice, and the residential center provides support (e.g. translators) to ensure that the residents can express their needs**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
<b>a.</b>	Residents have access to communication in sign language	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>b.</b>	Residents have access to other types of alternative and augmentative communication <sup>90</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>c.</b>	Residents have access to their mother tongue/preferred language	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**1.5.4. Residents can receive visitors, choose who they want to see and participate in visits at any reasonable time**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
<b>a.</b>	Residents can receive visitors in their rooms or in other areas, if they want to	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

<sup>90</sup> Augmentative and alternative communication is the type of communication used by persons who do not communicate verbally or who find it difficult to do so, and use a range of communication means - signs, symbols, images, pictograms, gestures and facial expressions, body posture etc.

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<b>b.</b>	Residents with reduced mobility can receive visits in their rooms <sup>91</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
<b>c.</b>	Residents can receive visits from family and friends <sup>92</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		
<b>d.</b>	There are private areas where residents can receive visits <sup>93</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

**1.5.5. Residents can move freely around the residential center**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
<b>a.</b>	Residents move freely around the residential center <sup>94</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	
<b>b.</b>	There are areas where resident access is forbidden <sup>95</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	

<sup>91</sup> Module IV Standard 12.7

<sup>92</sup> Module IV Standard 12.6 partially

<sup>93</sup> Module IV Standard 12.5

<sup>94</sup> Evaluators can notice whether there are locked sleeping quarters, corridors, or other barriers which do not allow residents to move freely around the residential center and in the yard.

<sup>95</sup> Evaluators can notice the presence of signs banning the access of residents to certain areas or whether residents are removed from certain areas during the visit.



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**Criterion 1.6 The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction**

**Sub-criteria**

**1.6.1 There are ample furnishings, and they are comfortable, and in good condition<sup>96</sup>**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	The furniture is sufficient and fit for purpose <sup>97</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	The furniture is comfortable	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	The furniture is in good condition <sup>98</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	The furniture and decorations are adequate for the residents' age <sup>99</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	The environment resembles a private home and not an institution	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f.	Residents can personalize common areas with personal objects <sup>100</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>96</sup> Evaluators will observe the furniture in the social areas (Module I Standard 2.21), the day areas (Module I Standard 2.23), the dining room (Module I Standard 3.3), the sleeping quarters (Module I Standard 2.12)

<sup>97</sup> For example, common/social areas have sufficient sofas/tables/chairs for all residents; furniture is diverse and adequate for community living, for example, the chairs are not all the same and are not office/waiting room chairs etc.

<sup>98</sup> It is not broken, molded, rusty etc.

<sup>99</sup> Evaluators can notice whether decorations and furniture are suitable for adults or whether they are rather suitable for children/teenagers.

<sup>100</sup> Evaluators can notice whether there are pictures or other personal belongings used by residents to add a personal touch to the common areas.

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**1.6.2 The layout of the residential center is conducive to interaction between and among residents, staff and visitors**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	RC is fenced without blocking visibility to and from the facility <sup>101</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Residents' sleeping quarters and common areas are separate from staff areas <sup>102</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Residents' sleeping quarters and common areas are separate from staff offices <sup>103</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	Staff and residents use the same bathing and toilet facilities	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	
e.	There are relaxation areas in the common areas for staff and residents	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	

**1.6.3 The necessary resources, including equipment, are provided by the residential center to ensure that residents have opportunities to interact and participate in leisure activities**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
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<sup>101</sup> Module I Standard 2.1

<sup>102</sup> Evaluators will observe areas where staff spend time when they are not involved in performing professional task.

<sup>103</sup> Evaluators will observe where staff offices are placed, whether they are segregated from residents' areas

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a.	Outdoor areas are equipped with benches, gazebos and/or various leisure and exercise equipment, for example, basketball hoop, chess tables, and others <sup>104</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Residents can use the resources whenever they want, and are not imposed a group program <sup>105</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	
c.	There is at least one TV set <sup>106</sup> in an area accessible to residents	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	
d.	There are materials for creative leisure activities in places accessible to residents (books, newspapers, magazines, boardgames, cassette player, DVDs)	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	
e.	There are materials for sports activities in places accessible to residents <sup>107</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	

**1.6.4. Rooms within the residential center are specifically designated as leisure areas for residents**

		Yes	No	Comments

<sup>104</sup> Module I Standard 2.6

<sup>105</sup> Evaluators can notice whether there is a common program for watching TV, playing chess etc., or whether residents can choose the hours and period of time for such activities, and the type of TV shows, or whether the areas where such resources are located are locked.

<sup>106</sup> Ibid.

<sup>107</sup> For example, footballs, basketballs, tennis rackets, chess, backgammon, and others.

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a.	RC has at least one area/room which can be used to socialize, receive visitors, or as library, equipped with proper furniture, such as sofa, armchairs, TV set, radio, and others <sup>108</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are areas/studios for painting/music	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There is a program displayed with the hours when residents can use these areas	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.7 Residents can enjoy fulfilling social and personal lives and remain engaged in community life and activities**  
**Sub-criteria**

<b>1.7.1 Residents can interact with other residents, including members of the opposite sex</b>						
		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Residents interact freely and relaxed with other residents, including with members of the opposite sex	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Residents interact freely and relaxed with staff	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

1.7.3 A range of regularly scheduled, organized activities are offered in both the residential center and the community that are relevant and age appropriate, at the initiative of residents and the residential center					
		Yes	No	Not noticeable	Comments

<sup>108</sup> Module I Standard 2.21

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a.	Sports, cultural, artistic, civic activities are organized for residents in the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Birthday celebrations are organized	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
c.	Religious celebrations are organized	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
d.	Persons from the community participate in the events organized in the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
e.	There are announcements on future activities organized for resident in the RC/community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		

**1.7.4 Staff provide information to residents about activities in the community and facilitate their access to those activities**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff assist residents to go to activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	RC staff assist residents to use public transportation to facilitate their participation in activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		
c.	There are announcements on events/activities in the community which are more recent than a month	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

**1.7.5 Staff facilitate residents' access to entertainment outside of the residential center, and entertainment from the community is brought into the residential center**

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		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	RC staff assist residents to use public transportation to facilitate their participation in activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	There are announcements on events/activities organized in the RC which are more recent than a month	Yes <input type="checkbox"/> (2)			No <input type="checkbox"/> (1)		
c.	There are announcements on events/activities in the community which are more recent than a month	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

**1.7.6 Residents can leave the RC for visits in the community at any reasonable time**

		Yes	No	Comments
a.	There is a list of persons who cannot leave the residential center displayed (with permission slip/at all)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.8 The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships**

**Sub-criteria**

**1.8.1. Residents can decide on the relationships they want, including intimate relationships and marriage**

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments



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<b>a.</b>	Resident couples can live together in the same sleeping quarters	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
		Yes			No	
<b>b.</b>	There is an intimate room where couples have access <sup>109</sup>	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)	

<sup>109</sup> Module I Standard 2.22





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## DIMENSION 2

### THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

**Criterion 2.2** The residential center has skilled staff and provides good-quality services

#### *Sub-criteria*

#### **2.2.6 Residents are informed of and have access to mechanisms for expressing their opinions on service provision and improvement**

		Yes	No	Comments
<b>a.</b>	There is an easily accessible box for questionnaires filled in by residents to find out their opinions about activities/services/general attitudes <sup>110</sup>	□(2)	□(1)	
<b>b.</b>	There is information in accessible places for residents about how they can submit claims and/or complaints	□(2)	□(1)	
<b>c.</b>	There are accommodated information materials (easy-to-read, with pictograms, Braille, audio, video with subtitles)	□(2)	□(1)	

**Criterion 2.3** Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community

#### *Sub-criteria*

<sup>110</sup> Module V Standard 2.2

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**2.3.6 Residential centers link residents with the general health care system, other levels of mental health services, such as specialist care, and services in the community such as grants, housing, employment<sup>111</sup> agencies, day-care centers and assisted residential care**

		Yes	No	Comments
a.	There is information in accessible places for residents about grants agencies	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There is information in accessible places for residents about housing agencies <sup>112</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c.	There is information in accessible places for residents about employment agencies <sup>113</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
d.	There is information in accessible places for residents about specialist mental health services	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
e.	There is information in accessible places for residents about day-care centers	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
f.	There is information in accessible places for residents about assisted residential care	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
g.	There are accommodated information materials (easy-to-read, with pictograms, Braille, audio, video with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 2.4 Psychotropic medication is available, accessible and administered appropriately**

**Sub-criteria**

<sup>111</sup> Sub-criterion partially measured under Dimension 5.

<sup>112</sup> For example, APL or non-governmental services

<sup>113</sup> For example, local employment agencies, other providers etc.

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2.4.3 Medication type and dosage are appropriate for the clinical diagnoses of residents and are reviewed regularly						
		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Residents seem to be overmedicated <sup>114</sup>	□(4)	□(3)	□(2)	□(1)	
b.	Residents receive different medication, in different dosages, according to their diagnosis <sup>115</sup>	□(4)	□(3)	□(2)	□(1)	

## Criterion 2.5 Adequate services are available for general and reproductive health

### Sub-criteria

2.5.1 Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter						
		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Residents seem to be in good physical health <sup>116</sup>	□(4)	□(3)	□(2)	□(1)	

**2.5.2 Treatment for general health problems, including vaccinations, is available to residents at the residential center or in the community by referral by family doctor**

<sup>114</sup> Evaluators can notice whether residents are drowsy, off-balance, drooling.

<sup>115</sup> Evaluator can see in the medical room whether there are nominal envelopes/boxes with the medication administered to each resident according to their prescriptions.

<sup>116</sup> Evaluators can notice whether residents seem to have unattended health issues (visible untreated lesions/suppurating lesions, old dressings, others) or are bedridden for other reasons than visible disabilities

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		Yes	No	Comments
a.	RC has a dedicated consultation room equipped with the necessary minimum equipment, which has a locked cabinet for storage of medicines and medical treatment materials <sup>117</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are tables displayed with the types of institutions which provide medical services in the community and their addresses	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There are tables displayed with nurses' names and shifts	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	The emergency number is displayed	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	The names of the family doctors and their phone numbers are displayed	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.5.3 When surgical or other medical procedures and examinations/treatments are needed that cannot be provided at the residential center, there are prompt referral mechanisms to ensure that the residents receive these health services in the community in a timely manner**

		Yes	No	Comments
a.	There are tables displayed with the types of institutions which provide surgical or other medical procedures and examinations/treatments are needed that cannot be provided at the residential center	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.5.4 Regular health education and promotion sessions are conducted at the residential center<sup>118</sup>**

<sup>117</sup> Module I Standard 4.8

<sup>118</sup> Module I Standard 4.6 ("RC supports the resident to understand his/her health condition") and Standard 4.7

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		Yes	No	Comments
a.	There are informative materials in areas accessible to residents, regarding:	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	health education	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	HIV/AIDS	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	intimate relationships and sex	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	There are information materials on measures to prevent the spread of contagious infections in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f.	There are information materials on the negative consequences of tobacco consumption	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g.	There are accommodated information materials (easy-to-read, with pictograms, Braille, audio, video with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
h.	There are announcements on information and health education sessions which are more recent than one month	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.5.5 Residents are informed of and advised about reproductive health and family planning matters**

		Yes	No	Comments
a.	There are information materials in areas accessible to residents on reproductive health and family planning	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are contact data of reproductive health and family planning services in the community in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There are accommodated information materials (easy-to-read, with pictograms, Braille, audio, video with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	There is an area accessible to residents where they can get condoms	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	



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<b>2.5.6. General and reproductive health services are provided to residents only with their consent</b>							
		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff administer medicines to residents only after having obtained their informed consent <sup>119</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Staff involve residents in medical procedures only after having obtained their informed consent <sup>120</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		
c.	Information about resident's period and other aspects related to their reproductive health is not displayed in the residential center	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

<sup>119</sup> Evaluators can notice whether residents seem to understand what medicines they are given, whether they ask questions and receive explanations about the medicines and the treatment

<sup>120</sup> Evaluators can notice whether residents seem to understand what medical procedures are performed (examinations, dressings, incisions etc.), whether they ask questions and receive explanations about the procedure

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### DIMENSION 3

#### THE EXERCISE OF LEGAL CAPACITY AND THE RIGHT TO PERSONAL LIBERTY AND THE SECURITY OF PERSON

**Criterion 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent**

##### *Sub-criteria*

##### **3.2.5 People being treated or institutionalized by a residential center without their consent are informed about procedures for appealing their treatment or institutionalization**

		Yes	No	Comments
a.	There are information materials on procedures to challenge treatment/institutionalization without consent, in areas accessible to residents	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

##### **3.2.6 Residential centers support people being treated or institutionalized without their consent in accessing appeals procedures and legal representation**

		Yes	No	Comments

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a.	There are information materials on access to legal representation for cases of institutionalization or treatment without consent, in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There is a list displayed with the name of the service or of the persons who can provide legal aid and advice	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 3.3 Residents can exercise their legal capacity and are given the support they may require to exercise their legal capacity**

**Sub-criteria**

**3.3.1 At all times, staff interact with residents in a respectful way, recognizing their capacity to understand information and make decisions and choices**

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff treat residents respectfully, in a manner indicating that they recognize their capacity to understand <sup>121</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Residents receive information from staff in a manner they can understand	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
c.	In their interactions with staff, residents have the opportunity to ask questions <sup>122</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

<sup>121</sup> Evaluators will observe whether the staff treat the residents without patronizing them, without mocking them when they ask questions

<sup>122</sup> Evaluators will observe, for example, those situations when residents are told what to do, without being given the opportunity to ask for information or explanation, and, further, to be able to decide to act according to their personal wishes



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<b>d.</b>	In their interactions with staff, residents have the opportunity to make decisions/choices	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
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### 3.3.2 Clear, comprehensive information about the rights of residents is provided in both written and verbal form

		Yes	No	Comments
<b>a.</b>	RC provides information materials on the rights and obligations of the residents <sup>123</sup> in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>b.</b>	RC provides information materials on the rights of persons with disabilities in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>c.</b>	Materials are presented as clear and simple information/easy-to-read language, audio-video presentations, Braille, sign language, others <sup>124</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

### 3.3.3 Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to residents in a form that they understand and which allows them to make consent-based decisions

		Yes	No	Comments
<b>a.</b>	There are information materials on the recovery options in the residential center and community, including on mental health services	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>123</sup> Module II Standard 1.2 partially

<sup>124</sup> Module II Standard 1.5



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b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
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### 3.3.7 When a resident has no support person or network of people and wishes to appoint one, the residential center will help the resident to access appropriate support

		Yes	No	Comments
a.	There are information materials on support persons/networks/services	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

## Criterion 3.4 Residents have the right to confidentiality and access to their personal file

### Sub-criteria

#### 3.4.3 Information about residents is kept confidential

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Resident files are stored in a secure place <sup>125</sup>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>125</sup> Module II Standard 3.6 partially. Evaluators may note whether all files or just some files are locked in a cabinet.

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## DIMENSION 4

### FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT AND FROM EXPLOITATION, VIOLENCE AND ABUSE

Criterion 4.1 Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect

#### Sub-criteria

#### 4.1.1 Staff members treat residents with humanity, dignity and respect<sup>126</sup>

		Yes, totally	Generally, yes	Generally, no	Not at all	Comments
a.	Staff treat residents with empathy <sup>127</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	Staff treat residents with respect <sup>128</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Staff treat residents with dignity <sup>129</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

#### 4.1.2 No resident is subjected to verbal, physical, sexual or mental abuse

	Yes	No	Not noticeable	Comments

<sup>126</sup> Partly Module IV Standard 14.2, 2.7, 3.10, 4.8, 5.6, 6.5, 7.5, 8.5, 9.13, 10.6, 11.6, 12.11, 13.13, 14.11, 15.10

<sup>127</sup> Evaluators can notice whether staff answer the questions, requests, needs expressed by residents sympathetically.

<sup>128</sup> Evaluators can notice whether staff does not ignore or disregard residents or whether staff use nicknames/diminutives when talking with residents.

<sup>129</sup> Evaluators can notice whether staff treat residents disdainfully, or derisively.

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a.	At least one resident was subjected to verbal abuse <sup>130</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	At least one resident was subjected to physical abuse <sup>131</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
c.	At least one resident was subjected to sexual abuse <sup>132</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
d.	At least one resident was subjected to psychological abuse <sup>133</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**4.1.3 No resident is subjected to physical or emotional neglect**

		Yes	No	Not noticeable	Comments
a.	At least one resident was subjected to physical neglect <sup>134</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	At least one resident was subjected to emotional neglect <sup>135</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

**4.1.4 Appropriate steps are taken to prevent all instances of abuse**

		Yes	No	Comments

<sup>130</sup> Evaluators can notice whether other residents or the staff use aggressive or patronizing language to residents.

<sup>131</sup> Evaluators can notice whether residents are pushed, bullied, hit by other residents or by staff.

<sup>132</sup> Evaluators can notice whether residents are touched in ways they seem not to want by other residents or by staff, whether they are talked about and shown unwanted sexual content.

<sup>133</sup> Evaluators can notice whether residents are repeatedly criticized and disapproved of, intimidated, manipulated by other residents or by staff.

<sup>134</sup> Evaluators can notice the presence of physical neglect effects (dehydration, poor hygiene and care - uncut nails, unwashed hair, dirt accumulated on parts of the body, the smell of urine/feces, malnutrition/suboptimal weight etc.) and signs of physical neglect (staff do not meet residents' care requests and needs).

<sup>135</sup> Evaluators can notice signs of emotional neglect (staff ignore residents' needs to discuss/interact, their specific requests etc.)

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<b>a.</b>	There are information materials on the recognition of all types of abuse and neglect for residents and staff in areas accessible to residents and staff	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>b.</b>	There is information (leaflets, posters) on what residents and staff can do in case of abuse, in areas accessible to residents and staff	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>c.</b>	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**4.1.5 Staff support residents who have been subjected to abuse in accessing the support they need**

		Yes	No	Comments
<b>a.</b>	There are information materials about the community services residents can access after instances of abuse	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>b.</b>	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 4.2 Alternative methods are used in place of seclusion<sup>136</sup> and restraint<sup>137/138</sup> as means of de-escalating potential crises**

***Sub-criteria***

<sup>136</sup> 'Seclusion' means the involuntary placement of an individual alone in a locked room or secured area from which he or she is physically prevented from leaving.

<sup>137</sup> 'Restraint' means the use of a mechanical device or medication to involuntarily prevent a person from moving his or her body.

<sup>138</sup> Although seclusion and restraint are measures regulated by Law 487/2002 on mental health and the protection of persons with psychiatric disorders to be applied to psychiatric patients, there is evidence that such measures are applied in residential centers, where more than half of the residents have psycho-social disabilities ("psychological disability") and intellectual disabilities ("mental disability"). Therefore, evaluators will notice whether such measures are applied and, if applicable, how is this application regulated.

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#### 4.2.1 Residents are not subjected to seclusion or restraint

		Yes	No	Comments
a.	There are visible materials used for restraint <sup>139</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are residents restrained	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There are seclusion rooms <sup>140</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	There are residents secluded	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

#### 4.2.2 Alternatives to seclusion and restraint are in place at the residential center, and staff are trained in de-escalating techniques<sup>141</sup> for intervening in crises and preventing harm to residents or staff

		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff intervene in crisis situations using de-escalating techniques to prevent harm to residents or staff <sup>142</sup>	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
		Yes			No		

<sup>139</sup> Evaluators can notice straight jackets, belts, ropes, pieces of material which seem to have been used to restrain residents (in their bed, on a chair etc.). Sometimes, these objects are improvised.

<sup>140</sup> Evaluators will note under *comments* the location and size of the seclusion rooms, the presence of windows, access to toilets, access to a manner of contacting staff in case of emergency, general condition, other details.

<sup>141</sup> De-escalating techniques may include: fast evaluation and intervention in crisis situations; attempts to solve the problem with the respective person; empathy and encouragement from staff; use of stress management and relaxation techniques, for example, breathing exercises; presentation of options; giving thinking time and space.

<sup>142</sup> Evaluators can notice how staff manage a crisis situation (whether they use physical and/or chemical restraint, seclusion, immobilization of that person or they use the above-mentioned techniques).



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<b>b.</b>	There are rooms/areas (outside sleeping quarters) which can be used any time by residents to relax	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
<b>c.</b>	There are information materials in the RC on de-escalating techniques in crisis situations	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		
<b>d.</b>	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> (2)			<input type="checkbox"/> (1)		

**Criterion 4.5 Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse**

***Sub-criteria***

**4.5.1 Residents are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body (Police, Prosecutor's Office, courts etc.) on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent or other relevant matters**

		Yes	No	Comments
<b>a.</b>	There are information materials on procedures to file a complaint/notification to independent authorities or to other relevant authorities (Police, Prosecutor's Office, courts etc.) in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>b.</b>	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	



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**4.5.4 Residents have access to independent representatives to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints**

		Yes	No	Comments
a.	There are information materials on persons/associations (including of persons with disabilities) providing support services to identify cases of human rights breaches and to obtain remedies <sup>143</sup> in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>143</sup> Evaluators can notice whether there are lists of contact persons who may assist residents in such cases



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## DIMENSION 5

### LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

**Criterion 5.1 Residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community**

#### *Sub-criteria*

#### **5.1.1 Staff inform residents about options for housing and necessary resources**

		Yes	No	Comments
a.	There are information materials on options for housing in the community and on how to access them <sup>144</sup> , in areas accessible to residents	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are information materials on financial resources necessary for living in the community and on how to access them <sup>145</sup> , in areas accessible to residents	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
d.	Contact details of the persons/institutions/organizations (in the residential center and in the community) which may provide information on the housing options in the community and on the necessary financial resources for living in the community	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>144</sup> For example, social housing, other subsidized housing programs etc.

<sup>145</sup> For example, information on social benefits, mortgage loans etc.

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e.	There are announcements about information sessions (in the residential center or in the community) on the housing options in the community and on the necessary financial resources for living in the community	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
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#### 5.1.2 Staff support residents in accessing safe, affordable, decent housing

		Yes	No	Comments
a.	There are announcements about information and counselling sessions delivered by staff on accessing safe, affordable, decent housing <sup>146</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

#### 5.1.3 Staff support residents in accessing the financial resources necessary to live in the community

		Yes	No	Comments
b.	There are announcements about information and counselling sessions delivered by staff on accessing the financial resources necessary to live in the community <sup>147</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>146</sup> The evaluators may also observe, with the consent of the residents, such individual and/or group information and counseling sessions and the type of information requested and provided. According to Module IV Standard 1.2 (a), the staff involved in such information and social counseling activities may be the social worker.

<sup>147</sup> Ibid.

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## Criterion 5.2 Residents can access education or employment opportunities

### Sub-criteria

5.2.1 Staff give residents information about education and employment opportunities in the community				
		Yes	No	Comments
a.	There are information materials on education opportunities and on how to access such opportunities <sup>148</sup> , in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are information materials on employment opportunities and on how to access such opportunities <sup>149</sup> , in areas accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d.	Contact details of the persons/institutions/organizations (in the residential center and in the community) which may provide information on the education and employment options are displayed, in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e.	There are announcements about information sessions (in the residential center or in the community) on the education and employment options, in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>148</sup> For example, information on secondary, tertiary (post-high school), higher education opportunities, other types of participation in education; training and re-training courses, career development courses, including "internships, apprenticeships, volunteer activity to be prepared for work" provided by institutions/companies (Module IV Standard 13.10)

<sup>149</sup> For example, announcements of job opportunities; "career guidance and counselling, motivation for employment services provided by institutions/non-governmental organizations" (Module IV Standard 13.9);

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### 5.2.2 Staff support residents in accessing education opportunities, including primary, secondary and tertiary education

		Yes	No	Comments
a.	There is information about information and counselling sessions delivered by staff on accessing educational opportunities, in places accessible to residents	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

### 5.2.3 Staff support residents in career development and in accessing employment opportunities

		Yes	No	Comments
a.	There is information about information and counselling sessions delivered by staff as part of career development and employment opportunities, in places accessible to residents	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 5.3 The right of residents to participate in political and public life and to exercise freedom of association is supported**

*Sub-criteria*

### 5.3.1 Staff give residents the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association

		Yes	No	Comments

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a.	There are information materials on political, religious, social organizations, including of persons with disabilities etc., in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are information materials on elections (when applicable), voting procedure, electoral system, candidates etc., in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 5.4 Residents are supported in taking part in social, cultural, religious and leisure activities**

**Sub-criteria**

<b>5.4.1 Staff give residents information on the social, cultural, religious and leisure activity options available</b>				
		Yes	No	Comments
a.	There are information materials on social, cultural, religious and leisure activity options available, in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b.	There are information materials in accessible format (easy-to-understand, Braille, audio-video presentations with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c.	Contact details of persons/institutions/organizations undertaking social, cultural, religious and leisure activities <sup>150</sup> are displayed in places accessible to residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>150</sup> Addresses, phone numbers of movie theatres, theatres, museums, churches, cultural centers, other institutions and organizations etc.



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5.4.2 Staff support residents in participating in the social and leisure activities of their choice <sup>151</sup>							
		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff join residents to participate in social and leisure activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Staff guide residents to participate in social and leisure activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

5.4.3 Staff support residents in participating in the cultural and religious activities of their choice							
		Yes, totally	Generally, yes	Generally, no	Not at all	Not noticeable	Comments
a.	Staff join residents to participate in cultural and religious activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	
b.	Staff guide residents to participate in cultural and religious activities in the community	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (98)	

<sup>151</sup> Module IV Standard 15.3 "RC encourages residents to get involved or participate in activities in the community, independently or accompanied by at least one staff member, according to PP recommendations"

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## ANNEX 2. OBSERVATION FORM FOR THE EXTERNAL EVALUATION OF RESIDENTIAL CENTERS - DOCUMENT REVIEW FICHE

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of the situation of adults with disabilities living in public residential centers from the perspective of several essential aspects - Living conditions and personal autonomy, Private life, Health care, Staff, Privacy, Employment, including the relationship with public employment services, Education and training, Restrictions and isolation, Social participation, Complaints and settlement, Elements necessary to verify the compliance with quality standards. These issues are grouped into 5 general dimensions - (i) Adequate standard of living, (ii) The enjoyment of the highest attainable standard of physical and mental health, (iii) The right to exercise legal capacity and the right to personal liberty and the security of person, (iv) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse, (v) Living independently and being included in the community.

**How to complete:** This fiche shall be filled in for each residential center assessed in the external evaluation activity. The RC document review instrument collects (i) data from RC's documents, and (ii) data on the presence or absence of documents and procedures relevant to the evaluation of aspects and dimensions.

The evaluators will note the absence/ presence of the items by ticking one of the YES/ NO options, and in the column for *comments*, they will mark the type of documents containing the items and other justifications for the chosen option, where applicable. For example, for items specifying the mandatory content of a procedure that must be found in the RC according to the specific mandatory minimum standards, evaluators will note as *comments* whether aspects of a particular procedure are included in other procedures of the RC, as well as their name.

The evaluators will start applying the instrument by noting the absence/ presence of the documents found in the specific Mandatory minimum quality standards for residential social services by type: (1) Habilitation and rehabilitation center for adults with disabilities, (2) Center for independent living for adults with disabilities,

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(3) Care and assistance center for adults with disabilities, according to Order no. 82/2019, and then ticking if they exist at GDSACP (if applicable), as well as by noting other relevant information (for example, whether the documents in the list are templates or are stand-alone documents, such as registers, procedures, reports etc.)

**Source of information:**

The documents evaluated by this instrument can be any:

4. procedures, instructions, norms etc. approved at SSP/RC level. These may be the documents provided for in the mandatory minimum specific quality standards for residential social services by type: (1) Habilitation and rehabilitation center, (2) Center for independent living, (3) Care and assistance center for adults with disabilities, or other documents that the RC develops for the improvement of living and care conditions in the RC (for example, the activity report prepared by the RC manager; the risk management procedure etc.);
5. approvals or authorizations necessary for the operation of the RC in optimal safety parameters for employees and residents;
6. registers for specific activities or events (for example, registers regarding the continuous improvement of staff; the register for complaints etc.).

*Note: All procedures and regulations verified by the evaluators are independent written documents or are included in written documents.*

**Responsible for completion:** GDSACP Specialist

**Approximate average completion time:** 150 minutes

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**DOCUMENTS PROVIDED BY THE SPECIFIC MINIMUM MANDATORY QUALITY STANDARDS FOR  
SOCIAL SERVICES WITH ACCOMMODATION TYPE HABILITATION AND REHABILITATION  
CENTER, INDEPENDENT LIVING CENTER, CARE AND ASSISTANCE CENTER FOR ADULTS WITH  
DISABILITIES**

No.	Documents/Templates	a. In the RC		b. At GDSACP		Comments
		YES	NO	YES	NO	
1	County/Local Council decision for a public SSP which indicates the RC capacity					
2	Notice of establishment issued by NARPDCA/NAPD					
3	Regulation on the organization and functioning (ROF)					
4	Table with participants in the information sessions on ROF					
5	Activity Report drafted by the head of RC					
6	Annual education and training program for employees					
7	Staff continuing training register					
8	Volunteer/partnership contracts with governmental/non-governmental bodies					
9	Beneficiary menu					
10	Meals schedule					
11	Procedure for maintaining the health of beneficiaries					
12	Health monitoring form					
13	Medicines and supplies record book					
14	Nurse shift report					

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15	Information materials about RC					
16	Beneficiary admission procedure					
17	Admission order					
18	Service provision contract					
19	Payment commitment with the person/persons who participate in tax payment on behalf of the beneficiary					
20	Records of archived personal files, paper or electronic					
21	Table with the names of persons who signed to acknowledge the provisions on the suspension or termination of social services, before signing the service provision contract					
22	Procedure for suspension or termination of social services					
23	Notice between SSP - beneficiary/legal representative on the receipt of copies of the documents included in the personal file					
24	Beneficiary In/Out Records					
25	Evaluation Form					
26	Personalized Plan (PP)					
27	Monitoring Form					
28	Beneficiary Form					
29	Risk management procedure					
30	Code of Ethics					
31	Procedure for protection against neglect, exploitation, violence and abuse					

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32	Records of neglect, exploitation, violence and abuse cases					
33	Procedure on protection against torture and cruel, inhuman or degrading treatment					
34	Records of torture and cruel, inhuman or degrading treatment cases					
35	Procedure on assistance for terminally ill or deceased beneficiaries					
36	Procedure on the registration and resolution of beneficiary claims					
37	Questionnaires to learn the beneficiaries' opinion on the activities/services/general attitudes					
38	Other documents in the RC which the head of the RC/case manager consider important for RC activity organization					
a						
b						
c						

## DIMENSION 1

### ADEQUATE STANDARD OF LIVING

#### Criterion 1.1 The building is in good condition

##### Sub-criteria

##### 1.1.2. The building is accessible for persons with physical disabilities

	Yes	No	Not applicable	Comments
a. There are authorizations for all the building's accommodations <sup>152</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

##### 1.1.3. The heating, ventilation and lighting (natural and artificial) systems provide a comfortable living environment

	Yes	No	Not applicable	Comments
a. There is a valid authorization <sup>153</sup> to operate the heating plant	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

##### 1.1.4. Measures are in place to protect people against injury through fire and against other hazards

	Yes	No	Comments
a. There is a fire safety certificate or, as the case may be, a document stating that it is not subject to a fire safety certificate <sup>154</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates emergency actions (fire, other hazards)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>152</sup> For example, when the building has ramps (indoor and outdoor), elevators etc. If the authorizations are not found in the RC, the evaluators will indicate their location in a comment (for example, in the construction plan which is not in the center, at the GDSACP etc.)

<sup>153</sup> Not older than 2 years.

<sup>154</sup> Module I Standard 1.5

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c. There is a document which describes the training of residents and employees on emergency actions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. There is written information, signed by the RC manager and by the informed residents - about the potential sources of risk in the indoor and outdoor spaces <sup>155</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. There is a record of the fire drills, earthquake defense exercises or in case of other dangers	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f. There is a record of the training sessions on first aid for the care and assistance personnel, facilitated/provided by the SSP/RC <sup>156</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.2 The sleeping quarters are comfortable and allow for privacy**

**Sub-criteria**

**1.2.3 Residents are free to choose when to get up and when to go to bed**

	Yes	No	Comments
a. There is a document setting common sleeping hours for all residents <sup>157</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which provides restrictions on the time residents may spend in sleeping quarters	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.3 The residential center meets hygiene and sanitary requirements**

**Sub-criteria**

**1.3.1 The RC facilities are clean and sanitized**

	Yes	No	Comments

<sup>155</sup> Module I Standard 2.8

<sup>156</sup> Module IV Standard 4.10

<sup>157</sup> Such a document can be represented by the Internal Rules and Regulations.



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a. The RC holds the sanitary permit to operate or, as the case may be, the document provided by the legislation in force regarding the sanitary regulation for conducting activities that pose a risk to the health of the population <sup>158</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
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**1.3.2 The bathing and toilet facilities are clean and working properly**

	Yes	No	Comments
a. There is a document which provides how cleaning and sanitization in the RC are done <sup>159</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.3.3 Residents can use the bathing and toilet facilities whenever they wish to**

	Yes	No	Comments
a. There is a document setting a schedule for residents to take a bath/shower	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document setting a schedule for using the toilet facilities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.4 Residents are given food, safe drinking-water and clothing that meet their needs and preferences.**

**Sub-criteria**

**1.4.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the resident's cultural preferences and physical health requirements**

	Yes	No	Comments
a. There is an updated water quality report	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which indicates the quantity and the content of the meals served to the residents, including their nutritional value <sup>160</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>158</sup> Module I Standard 1.5

<sup>159</sup> For example, frequency, materials used and responsible personnel.

<sup>160</sup> Module I Standard 3.5 and 3.15 partially.

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c. There is a document which provides on how residents should be involved in drafting the shopping list, in the preparation of meals and of the menu	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
d. There is a document which provides on how residents should be consulted to ensure that the 3 meals/day and, as appropriate, the snacks, meet their preferences, inasmuch as possible <sup>161</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
e. There is a register where residents may write down their suggestions on the daily meals	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 1.4.2. Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community**

	Yes	No	Comments
a. RC holds a valid sanitary-veterinary clearance for the services which entail food preparation and distribution <sup>162</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 1.4.3. Residents can wear their own clothing and shoes (day wear and night wear)**

	Yes	No	Comments
a. There is a document which regulates what clothes the RC residents can wear <sup>163</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b. There is a document which limits the use of own clothing and shoes	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 1.4.4. When residents do not have their own clothing and footwear, good quality clothing and footwear is provided that meets the person's cultural preferences and is suitable for the climate.**

<sup>161</sup> Module I Standard 3.15 partially

<sup>162</sup> Ibid.

<sup>163</sup> Evaluators will note under comments the type of regulations, for example, whether the residents must wear only specific clothes, what type of clothes etc.

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	Yes	No	Comments
a. There is a document by which RC ensures that residents are provided quality clothing, suitable for the climate, on request	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b. There is a document which provides that residents can go shopping or can otherwise decide on the clothing they receive	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c. There is a document which provides that residents may and are encouraged or assisted to wash their own clothes, if they want	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**Criterion 1.5 Residents can communicate freely, and their right to privacy is ensured**

**Sub-criteria**

**1.5.1. Telephones, letters, emails and the Internet are freely available to residents, without censorship**

	Yes	No	Comments
There is a document which regulates/restricts <sup>164</sup> access to:			
a. Phone	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
b. Internet/e-mail	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c. Materials to send/receive letters	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**1.5.2 Residents' privacy in communications is respected**

	Yes	No	Comments
a. There is a document which regulates/allows residents' correspondence opening <sup>165</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>164</sup>Regulate may mean to limit the access to a certain timetable, or only under supervision, or only to certain persons. Evaluators will note under *comments* any of such situations, if applicable.

<sup>165</sup> Evaluators will note under *comments* whether there is a provision allowing staff to open residents' correspondence and in what circumstances.

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**1.5.3. Residents can communicate in the language of their choice, and the residential center provides support (e.g. translators) to ensure that the residents can express their needs**

	Yes	No	Comments
a. There is a document which provides for the manner to ensure translators in case residents need them	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
There is a list of residential center staff or people in the community who know			
b. sign language	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. other methods of alternative and augmentative communication <sup>166</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. other languages	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.5.4. Residents can receive visitors, choose who they want to see and participate in visits at any reasonable time**

	Yes	No	Comments
a. There is a document that mentions the situations in which residents can't decide when they want to receive visits <sup>167</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document that mentions the situations in which residents can't decide who can visit them	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.5.5. Residents can move freely around the residential center**

	Yes	No	Comments

<sup>166</sup> Augmentative and alternative communication is the type of communication used by persons who do not communicate verbally or who find it difficult to do so, and use a range of communication means - signs, symbols, images, pictograms, gestures and facial expressions, body posture etc. (PECS, Bliss, Makaton, others).

<sup>167</sup> Evaluator will note any restrictions on visits or persons who may visit residents.

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a. There is a document that foresees restrictions regarding the free movement of residents in all indoor facilities of the RC <sup>168</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document that foresees restrictions regarding the movement of residents in all outdoor facilities of the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.6 The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction**

**Sub-criteria**

**1.6.3 The necessary resources, including equipment, are provided by the residential center to ensure that residents have opportunities to interact and participate in leisure activities**

	Yes	No	Comments
a. There is a document which restricts access <sup>169</sup> of residents to the leisure activity resources (TV, books, chess tables etc.)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.6.4. Rooms within the residential center are specifically designated as leisure areas for residents**

	Yes	No	Comments
a. There is a document that restricts access <sup>170</sup> of residents to spaces for carrying out leisure activities (socializing room, library, workshop etc.)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 1.7 Residents enjoy fulfilling social and personal lives and remain engaged in community life and activities**

**Sub-criteria**

<sup>168</sup> Evaluators will note the areas where resident access is restricted, if the document mentions this.

<sup>169</sup> For example, unrestricted by a schedule or by the obligation to undertake group activities.

<sup>170</sup> Ibid.

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**1.7.1 Residents can interact with other residents, including members of the opposite sex**

	Yes	No	Comments
a. There is a document that foresees restrictions for resident interaction, including with members of the opposite sex <sup>171</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.7.2 Residents can attend personal events, such as weddings, baptisms, funerals, anniversaries in the community**

	Yes	No	Comments
a. There is a document that foresees restrictions for resident participation to personal events - weddings, baptisms, funerals, community anniversaries	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.7.3 A range of regularly scheduled, organized activities<sup>172</sup> are offered in both the residential center and the community that are relevant and age appropriate, at the initiative of residents and the residential center**

	Yes	No	Comments
a. There is a document which provides for regular organization of activities for residents in the RC and in the community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates how residents are consulted on relevant activities for them organized in the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. There is a schedule of regular activities organized by the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. Scheduled activities are varied <sup>173</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>171</sup> Evaluators will note under *comments* any restrictions on interaction between residents mentioned in the document.

<sup>172</sup> Other activities than those planned in the PP, undertaken in the RC or in the community.

<sup>173</sup> Evaluators can observe the types of activities, whether they are noted in a register or in the activity report of the head of the RC and whether there are various types of activities - e.g., concerts, movies, exhibitions, trips.

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**1.7.4 Staff provide information to residents about activities in the community and facilitate their access to those activities**

	Yes	No	Comments
a. There is a document which provides for resident information on activities in the community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which provides that residents should be provided access to activities in the community of their choice, by facilitating them transportation, translators and persons to accompany them, as needed	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.7.5 Staff facilitate residents' access to entertainment outside of the residential center, and entertainment from the community is brought into the residential center**

	Yes	No	Comments
a. There is a document which provides for the organization of entertainment from the community in the residential center	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which provides that residents should be ensured access to entertainment in the community of their choice, by facilitating them transportation, translators and persons to accompany them, as needed	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**1.7.6 Residents can leave the RC for visits in the community at any reasonable time**

	Yes	No	Comments
a. There is a document which provides for the right of the residents to leave the RC anytime they want for visits in the community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

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b. There is a document which provides for the RC obligation to provide transportation and persons to accompany those who need such assistance	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
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**Criterion 1.8 The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships**

**Sub-criteria**

<b>1.8.1 Residents can decide on the relationships they want, including intimate relationships and marriage</b>			
	Yes	No	Comments
a. There is a document which provides for the right of the residents to have intimate relationships, including to get married	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>If YES at a., then b.</b> b. The document regulates how the RC protects home and family life, taking all steps to support couples and new families	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<b>1.8.2 Residents can decide on the number of children and on the interval between births</b>			
	Yes	No	Comments
a. There is a document which regulates the tasks and the status of a parent	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>If YES at a., then b., c., d. and e.</b> b. The document provides for the right of the residents to decide on the course of pregnancy and on the number of births	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c. The document regulates on the manner of providing the necessary support for resident who became parents, to prevent child separation from parents, including the	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	



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implementation of necessary actions to identify alternative services in the RC			
d. The document provides for the right of female residents to decide on termination of pregnancy and sterilization without being coerced or forced, including the provision of appropriate support in decision-making and of support requested before and after the medical procedure	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. The document provides for the right of residents to decide on sterilization without being coerced or forced, including the provision of appropriate support in decision-making and of support requested before and after the medical procedure	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

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## DIMENSION 2

### THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

**Criterion 2.1 The residential center is available to everyone who requires treatment and support**

#### *Sub-criteria*

**2.1.1 No person is denied access to care and support in the residential center on the basis of economic factors or of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status**

	Yes	No	Comments
a. There is a document which bans any discrimination of the persons who require treatment and support in the RC	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**2.1.2 Everyone who requests care receives such care in this residential center or is referred to another residential center where care and support can be provided**

	Yes	No	Comments
a. There is a document which regulates referral of persons who cannot be received in the RC to other adequate services	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**2.1.3 No resident is admitted, treated or kept in the residential center on the basis of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status**

	Yes	No	Comments
a. There is a document which bans admission, treatment/care and arbitrary institutionalization regardless the grounds	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

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**Criterion 2.2 The residential center has skilled staff and provides good-quality services**

**Sub-criteria**

**2.2.1 The residential center has staff with sufficiently diverse skills to provide counselling, habilitation/rehabilitation, information, education and support to residents and their families, friends or carers, in order to promote independent living and inclusion in the community**

	Yes	No	Comments
a. There is a document which regulates the continuing training of RC staff, to provide adequate services to persons with disabilities, in compliance with the principles and the values of the UN Convention <sup>174</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates the evaluation of staff activities in compliance with the principles and the values of the UN Convention	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at b., then c.</b> c. This document indicates at least the specialist professional profile of the person performing the evaluation, the evaluation frequency, the evaluation instruments etc.	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.2.2. Staff are knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community**

	Yes	No	Comments
a. There is a document which regulates staff information on community services and resources necessary for independent living	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>174</sup> This document could describe how the staff are trained, frequency and type of training, type of trainer etc.

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<b>2.2.3 Residents can consult with a psychiatrist or other specialized mental health staff when they wish to do so</b>			
	Yes	No	Comments
a. There is a document which regulates the facilitation of access, on request, to medical mental health services for residents, in the RC or in the community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>2.2.5 Staff are given training and written information on the rights of persons with disabilities and are familiar with international human rights standards, including the Convention on the Rights of Persons with Disabilities</b>			
	Yes	No	Comments
a. There is a document which regulates staff training on human rights and the rights of persons with disabilities, including on the Convention on the Rights of Persons with Disabilities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
The sessions in the staff training modules are recorded annually in the staff continuing training register for the following topics:			
b. equal opportunities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. prevention, recognition and reporting of forms of exploitation, violence and abuse	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. respect and encouragement of individual autonomy and independence of persons with disabilities <sup>175</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. Convention on the Rights of Persons with Disabilities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>175</sup> Module I Standard 1.12, 1.13 and 1.14; Evaluators note whether the Register mentions the date and the topic of the training, participants' names and signatures, the trainer's name and signature, and whether there are certifications (diplomas, certificates etc.)

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f. There are updated records of staff training sessions on safeguarding the rights of the residents, organized by SSP/RC <sup>176</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g. There is a Code of Ethics available on paper at the headquarters of the SSP/RC <sup>177</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
h. There are updated records of the staff training sessions on the Code of Ethics provisions, organized by SSP/RC <sup>178</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.2.6. Residents are informed of and have access to mechanisms for expressing their opinions on service provision and improvement**

	Yes	No	Comments
a. There is a procedure in place for the registration and resolution of residents' claims/complaints, developed and applied by SSP, available at the headquarters of the SSP/RC <sup>179</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at a., then b., c. and d.</b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. The procedure indicates at least: how the residents or their legal representatives are informed on the possibility to file claims/complaints or to express dissatisfaction with the quality of care and protection in the RC <sup>180</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. The procedure indicates how the RC ensures that residents can file claims/complaints	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>176</sup> Module V Standard 1.2

<sup>177</sup> Module V Standard 3 Ic 1; Evaluators will note under *comments* the place where the Code of Ethics is available.

<sup>178</sup> Module V Standard 3.5. According to standards, these sessions are recorded in the staff continuing training register (Ic2).

<sup>179</sup> Module V Standard 7.1 Ic 1; Evaluators will note under *comments* the place where the procedure is available.

<sup>180</sup> Module V Standard 7.2

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against their legal representatives which might be in conflict of interest <sup>181</sup>			
d. The procedure indicates how the residents are protected against repercussions after filing a claim/complaint	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. RC applies annually questionnaires to learn the residents' opinion on the activities/services/general attitudes <sup>182</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f. Questionnaires are available in accommodated format (easy-to-read, with pictograms, Braille, audio, video with subtitles)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g. The RC ensures the anonymity of the residents who fill in the questionnaires <sup>183</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
h. The activity report of the RC head includes the questionnaire analysis results <sup>184</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
i. The activity report includes the actions taken as a consequence of the analysis of the resident/legal representative satisfaction with the quality of life in the RC <sup>185</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 2.3 Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community**

**Sub-criteria**

<sup>181</sup>For example, if the legal representative is an employee of the center, including the head of RC.

<sup>182</sup> Module V Standard 8.1; Evaluators will request the questionnaires filled in the previous year.

<sup>183</sup> Evaluators can check questionnaire anonymity (whether they include residents' names or other data which might lead to their identification).

<sup>184</sup> Module V Standard 8.4 (Ic 1). Evaluators will note whether the analysis in the activity report details the problems identified by residents, proposals for solutions and the solutions implemented.

<sup>185</sup> Module I Standard 1.9

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<b>2.3.2 Plans are driven by the resident, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the resident and a staff member<sup>186</sup></b>			
	Yes	No	Comments
a. There is a document on the manner in which the multidisciplinary team involve the resident in the evaluation, listen to him/her and take their opinion into account <sup>187</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document on the manner in which the multidisciplinary team involve the resident in the development and review of the IP, listen to him/her and take their opinion into account <sup>188</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
There is a document on the need to ensure support persons for residents who have difficulties in understanding and alternative or augmentative communication needs			
c. during the evaluation	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. during the IP development and review process	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>2.3.3 As part of their recovery plans, residents are encouraged to develop advance directives<sup>189</sup> which specify the treatment and recovery options, to be used if they are unable to communicate their choices at some point in the future</b>			
	Yes	No	Comments

<sup>186</sup> According to standards, the review is performed by the case manager together with the multidisciplinary team. If the residents do not have a case manager yet, note the profession of the employee who usually reviews the plan together with the resident.

<sup>187</sup> Module III Standard 1.10

<sup>188</sup> Module III Standard 2.6

<sup>189</sup> An advance directive is a written document in which a person can specify in advance choices about health care, treatment and recovery options in the event that they are unable to communicate their choices at some point in the future. Advance directives can also include treatment and recovery options that a person does not want to have, and as such can help to ensure that they do not receive any intervention against their wishes.

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a. There is a document on the manner in which the staff (the multidisciplinary team and the case manager) encourage residents to develop, as part of their recovery plan, an advance directive/a plan which specifies the treatment and the recovery preferences, to be used in case they cannot communicate their choices	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
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**2.3.5 Residents are encouraged to establish a community support network and/or maintain contact with members of their social network to facilitate independent living in the community. The residential center offers assistance for establishing/maintaining contact with family and friends, according to residents' wishes**

	Yes	No	Comments
a. There is a document which indicates the manner in which RC provides assistance to establish/maintain contact with family and friends, according to residents' wishes	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.3.6 Residential centers link residents with the general health care system, other levels of mental health services, such as specialist care, and services in the community such as grants, housing, employment<sup>190</sup> agencies, day-care centers and assisted residential care**

	Yes	No	Comments
There is a document which indicates the manner in which RC facilitates residents' contacts			
a. With the general health care system	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. With specialist mental health services	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. With grants agencies	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>190</sup> Sub-criterion partially measured under Dimension 5.



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d. With housing agencies <sup>191</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. With employment agencies <sup>192</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f. With day-care centers	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g. With assisted residential care	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 2.4 Psychotropic medication is available, accessible and administered appropriately**

**Sub-criteria**

**2.4.4 Residents are informed about the purpose of the medications being offered and any potential side effects**

	Yes	No	Comments
a. There is a document which regulates the manner in which the residents are informed on the indications of the medicines prescribed and on any possible side effects	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.4.5. Residents are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy**

	Yes	No	Comments
a. There is a document which regulates the manner in which the residents are informed on treatment options that are possible alternatives to or could complement medication, such as psychotherapy	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 2.5 Adequate services are available for general and reproductive health**

**Sub-criteria**

**2.5.1 Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter**

	Yes	No	Comments

<sup>191</sup> For example, APL or non-governmental services

<sup>192</sup> For example, local employment agencies, other providers etc.

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a. There is a document which states the obligation to perform a general physical health examination and/or for specific conditions on entry to the residential center and annually afterwards <sup>193</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which indicates the manner in which SSP provides support for each resident in the RC to have a full medical examination annually <sup>194</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**2.5.2 Treatment for general health problems, including vaccinations, is available to residents at the residential center or in the community by referral by family doctor**

	Yes	No	Comments
a. The health monitoring form records admissions, treatments, vaccinations, accidents, first-aid situations, recommendations of specialist doctors on medicine administered (commercial name and dosage), records of medication and of other situations in which the resident has been involved <sup>195</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a record book of medicines and medical supplies which duly records the names of residents and the details of their treatment (quantity provided, period of use, date of provision, signature of the person who provided and of the person who received) <sup>196</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>193</sup> Evaluators will note under *comments* whether the provision is included in the Procedure on maintaining residents' health or in a different document.

<sup>194</sup> Module I Standard 4.14. This evaluation may include: usual blood tests, blood pressure measurement, influenza immunization, dental check-up, dermatological check-up, TB testing, ophthalmological check-up, ENT check-up, Babeș-Papanicolau test, mammography.

<sup>195</sup> Module I Standard 4.4

<sup>196</sup> Module I Standard 4.10 (Ic 5)

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c. Medicines prescribed to residents and those necessary for emergency cases are always on stock in the center <sup>197</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. There is a document which establishes the manner in which RC monitors the implementation of the individual prevention, intervention and recovery plan drafted by specialists for the residents with complex health issues <sup>198</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

2.5.4 Regular health education and promotion sessions are conducted at the residential center			
	Yes	No	Comments
There are records of the information and health education sessions organized by the RC in partnership with professionals or with specialist organizations on topics such as:			
a. HIV/AIDS	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. intimate relationships and sex	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. addiction to illegal substances, alcohol or tobacco	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. others, ensured with the SSP support <sup>199</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. There is a document which regulates the manner in which RC supports/encourages access to health services provided in the community, including counselling, dental and vision care, and supports the resident to understand his/her health condition <sup>200</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>197</sup> Evaluators can notice in the record book of medicines or in other documents whether there were missing medicines from stocks in the past 4 months.

<sup>198</sup> Module I Standard 4.15

<sup>199</sup> Module I Standard 4.7

<sup>200</sup> Module I Standard 4.6

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<b>2.5.5 Residents are informed of and advised about reproductive health and family planning matters</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which sexual education sessions are provided regularly, on request by the residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates the manner in which reproductive health and family planning sessions are provided regularly, on request by the residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at b., then c.</b> c. The document on the access to family planning services provides for counselling and treatment for women who want fertility boost measures	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. There is a record of the sessions carried out by the RC through partnerships with specialists or specialized organizations, of the information and education sessions for health, on topics such as reproduction and family planning <sup>201</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>2.5.6. General and reproductive health services are provided to residents only with their consent</b>			
	Yes	No	Comments
a. There is a procedure on maintaining residents' health <sup>202</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at a., then b. and c.</b> b. The procedure on maintaining residents' health provides for the conditions of	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>201</sup> Module I Standard 4.7 partially

<sup>202</sup> Module I Standard 4.1 Ic 1

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compliance with the resident's right to choose a treatment <sup>203</sup>			
c. The procedure on maintaining residents' health provides for the prevention and management of critical situations and undesirable behaviors, such as: theft, invasion of privacy, destruction of property; conditions of compliance with the resident's or his/her legal representative's right to choose a treatment; ways to intervene in cases of neglect of resident's health and hygiene, and in situations of addiction to alcohol, illegal drugs, tobacco; situations which require emergency intervention. <sup>204</sup>	□(2)	□(1)	
d. There is a document which provides for the manner to ensure consent for administering drug treatment and performing medical interventions <sup>205</sup>	□(2)	□(1)	
e. There is a document which regulates how to ensure contraception for residents on request and administration only based on informed consent	□(2)	□(1)	

<sup>203</sup> Module I Standard 4.2

<sup>204</sup> Module I Standard 4.2. Evaluators can note under comments whether certain aspects of the procedure are identified in other procedures/documents as well.

<sup>205</sup> For example, a clear procedure should explain the steps to be taken so that staff make sure that residents are aware of and understand the purpose of administering medicines (including contraception)/medical interventions (including termination of pregnancy, sterilization), their side effects, as well as other short/medium/long-term consequences, other (medical or non-medical) options available, including by provision of information and communication adapted to the type and degree of disability of that person (easy-to-read texts, sign language, Braille, audio-video with subtitles, other alternative and augmentative communication methods) and/or of persons to provide decision-making support.

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### DIMENSION 3

#### THE EXERCISE OF LEGAL CAPACITY AND THE RIGHT TO PERSONAL LIBERTY AND THE SECURITY OF PERSON

**Criterion 3.1 Residents' preferences on the place and form of service are always a priority**

##### *Sub-criteria*

##### **3.1.1 Residents' preferences are the priority in all decisions on where they will access services**

	Yes	No	Comments
a. There is a document which ensures that residents' preferences on where they will access services are prioritized	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/> <sup>(1)</sup>	

##### **3.1.2 All efforts are made to facilitate discharge so that residents can live in their communities**

	Yes	No	Comments
a. There is a document which provides for solutions for discharge from RC in the community <sup>206</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/> <sup>(1)</sup>	
<b>If YES,</b> b. The document indicates the method to prioritize the needs and preferences regarding residence and services provided in the community for each resident	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/> <sup>(1)</sup>	

##### **3.1.3 Residents' preferences are the priority for all decisions on their treatment and individual plans**

	Yes	No	Comments

<sup>206</sup>This document can be the RC restructuring plan which provides actions to ensure residents' independent living and inclusion in the community or any other plan/actions by the RC which provides solutions for life in the community. Evaluators will note the type of document under *comments*.

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a. There is a document which regulates the method to involve and prioritize each residents' will and preferences for the individual plan	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates the method to involve and prioritize each residents' will and preferences for any type of treatment	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent**

**Sub-criteria**

**3.2.1 Admission, activities and treatment for residents are performed only based on their free and informed consent**

	Yes	No	Comments
There is a document which regulates the steps to ensure the consent of the person			
a. before institutionalization in the RC	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. for any treatment administered	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. for any activity undertaken	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.2.2 Staff respect the advance directives of residents when providing treatment or other medical or therapeutic interventions**

	Yes	No	Comments
a. There is a document by which the RC ensures that treatment or other interventions comply with the previously specified advance directives and/or preferences of the residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.2.3 Residents have the right to refuse treatment or other medical or therapeutic interventions**

	Yes	No	Comments
a. There is a document which ensures the resident's right to refuse treatment or other medical or therapeutic interventions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

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<b>If YES at a., then b. and c.</b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. This document regulates staff actions in case the resident refused treatment			
c. This document provides for manners to document consent to treatment or other medical or therapeutic interventions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.2.4 Any case of treatment or institutionalization without free and informed consent is documented and reported to a legal authority**

	Yes	No	Comments
a. There is a document which provides for the need to register and report cases of treatment or institutionalization without informed consent to the relevant authorities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are records of cases of treatment or institutionalization without having obtained the informed consent of the resident <sup>207</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. There are records of the notifications/cases of treatment or institutionalization without informed consent notified to the relevant authorities and their investigation <sup>208</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.2.5 People being treated or institutionalized by a residential center without their informed consent are informed about procedures for appealing their treatment or institutionalization**

	Yes	No	Comments
a. There is a document which regulates the manner to inform persons who are institutionalized or treated without consent on the procedures to challenge the treatment/institutionalization	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>207</sup> Persons who challenged the treatment (regardless the type of treatment), admission or institutionalization in the RC.

<sup>208</sup> Monitoring Board, GDSACP, Guardianship Authority, Police, Prosecutor's Office, courts of law.



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<b>3.2.6 The residential center supports people being treated or institutionalized without their consent in accessing appeals procedures and legal representation</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which RC supports persons who are institutionalized or treated without consent in accessing remedies or legal representation <sup>209</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 3.3 Residents can exercise their legal capacity and are given the support they may require to exercise their legal capacity**

**Sub-criteria**

<b>3.3.1. At all times, staff interact with residents in a respectful way, recognizing their capacity to understand information and make decisions and choices</b>			
	Yes	No	Comments
a. There is a document which provides for the obligation of the staff interact at all times with residents in a respectful way, recognizing their capacity to understand information and make decisions and choices	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>3.3.2 Clear, comprehensive information about the rights of residents is provided in both written and verbal form</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the RC informs residents on their rights	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are records of the resident information sessions on their rights	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>209</sup> "Support" means at least access to advice, defense and representation, as well as to information on civil and criminal proceedings, interpretation and adaptation in easy-to-understand language etc.

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c. There are information materials about the RC which present the rights and the obligations of the residents <sup>210</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. RC uses adapted information means, as applicable: clear and simple information/easy to read language, audio-video presentations, Braille, sign language, others <sup>211</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.3.4 Residents can nominate and consult with a support person or network of people of their own free choice in making decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected will be recognized by the staff**

	Yes	No	Comments
a. There is a procedure in place on granting decision-making assistance and support, developed by SSP <sup>212</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at a., then b., c., d., 3.3.5 a. and 3.3.7 a.</b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. The procedure respects the right of the resident to choose the person/or network of people who support them in making a decision			
c. The working procedure indicates at least: the context and the evaluation methods applied, the manner of granting assistance and support and the steps of this process, the documents used, the working instruments, the staff involved <sup>213</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>210</sup> Module II Standard 1.2 partially

<sup>211</sup> Module II Standard 1.5

<sup>212</sup> Module IV Standard 14.1

<sup>213</sup> Module IV Standard 14.2

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d. The procedure indicates the manner to ensure resident's involvement in all stages of the decision-making assistance process <sup>214</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
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**3.3.5 Staff respect the authority of a nominated support person or network of people to communicate the decisions of the resident being supported**

<b>If YES at 3.3.4 a.</b>	Yes	No	Comments
a. The procedure requests that staff respect the authority of the nominated support person or network of people chosen by the resident	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**3.3.7 When a resident has no support person or network of people and wishes to appoint one, the residential center will help the resident to access appropriate support**

<b>If YES at 3.3.4 a.</b>	Yes	No	Comments
a. The procedure regulates the manner in which the RC supports residents to obtain the support they need	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 3.4 Residents have the right to confidentiality and access to their personal file**

**Sub-criteria**

**3.4.4 Residents can add written information, opinions and comments to their personal files without censorship**

	Yes	No	Comments
a. There is a document which provides for the need to encourage residents to add written information, opinions and comments to their personal file	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>214</sup> Module IV Standard 14.9

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#### DIMENSION 4

### FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT AND FROM EXPLOITATION, VIOLENCE AND ABUSE

**Criterion 4.1 Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect**

#### *Sub-criteria*

<b>4.1.4 Appropriate steps are taken to prevent all instances of abuse</b>			
	Yes	No	Comments
a. There is a procedure on the protection against neglect, exploitation, violence and abuse, developed and applied by SSP, and available at the SSP/RC headquarters <sup>215</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b><i>If YES at a., then b., c., d., e., f. and g.</i></b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. The procedure mentions at least: rules on medicine administering, the methods to identify and report cases of neglect, exploitation, violence and abuse; reporting, investigation and solutions for cases of neglect, exploitation, violence and abuse; management of residents' property or money <sup>216217</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. The procedure specifies methods to prevent each type of abuse - verbal, metal, physical and sexual abuse, and physical and emotional neglect	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. The procedure specifies how to record/solve cases of violence and abuse reported by staff	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>215</sup> Module V Standard 4.1 (lc 1); Evaluators will note under *comments* the place where the procedure is available.

<sup>216</sup> Module V Standard 4.2

<sup>217</sup> Evaluators will note under comments if certain aspects are included in other procedures.

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during their activities with the resident/his/her family <sup>218</sup>			
e. The procedure specifies the manner in which the RC ensures that residents can file reports/complaints against legal representatives which are in conflict of interests <sup>219</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f. The procedure specifies the manner in which residents are protected against possible repercussions following report of cases of neglect, exploitation, violence, degrading treatment, emotional, physical or sexual abuse	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g. The procedure specifies the manner in which residents are informed on how to identify and report cases of neglect, exploitation, violence, degrading treatment, emotional, physical or sexual abuse	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
h. Staff training sessions have been organized in the past year on the recognition of types of neglect, exploitation, violence, degrading treatment, emotional, physical or sexual abuse <sup>220</sup> in the staff continuing training register	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
i. There are records of the resident information sessions on protection against types of neglect, exploitation, violence, degrading treatment, emotional, physical or sexual abuse (recognition and reporting of cases)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**4.1.5 Staff support residents who have been subjected to abuse in accessing the support they need**

	Yes	No	Comments
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<sup>218</sup> Module V Standard 4.3

<sup>219</sup> For example, if the legal representative is an employee of the center, including the head of RC.

<sup>220</sup> Module V Standard 4.5

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a. There is a document which regulates the manner in which staff support residents who have been subjected to abuse in accessing the support they need	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
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**Criterion 4.2 Alternative methods are used in place of seclusion<sup>221</sup> and restraint<sup>222</sup> as means of de-escalating potential crises**

**Sub-criteria**

<b>4.2.1 Residents are not subjected to seclusion or restraint</b>			
	Yes	No	Comments
a. There is a document which bans the seclusion of residents <sup>223</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>If NO at a., then b.</b>			
b. There is a document which provides for clear actions to replace seclusion (by de-escalating techniques and advance directives)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
c. There is a document which bans the restraint of residents <sup>224</sup>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
<b>If NO at c., then d.</b>			
d. There is a document which provides for actions to replace restraint (by de-escalating techniques and advance directives)	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	
e. There are records of the cases which required emergency interventions, communicated within 2 hours at the most to SSP <sup>225</sup> , which indicate the nature and the reason of the intervention	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>221</sup>Seclusion' means the involuntary placement of an individual alone in a locked room or secured area from which he or she is physically prevented from leaving.

<sup>222</sup> 'Restraint' means the use of a mechanical device or medication to involuntarily prevent a person from moving his or her body.

<sup>223</sup> This regulation can be included in the risk management procedure developed by SSP Module V Standard 2.1.

<sup>224</sup> Idem 48

<sup>225</sup> Module V Standard 2.4

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**4.2.2 Alternatives to seclusion and restraint are in place at the residential center, and staff are trained in de-escalating techniques<sup>226</sup> for intervening in crises and preventing harm to residents or staff**

	Yes	No	Comments
a. There is a document which regulates staff training on de-escalating techniques	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**4.2.3 A de-escalating assessment is conducted in consultation with the resident concerned in order to identify the triggers<sup>227</sup> and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises**

	Yes	No	Comments
a. There is a document which regulates the evaluation of triggers and factors which could be helpful in diffusing crises together with the resident	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**4.2.4 The preferred methods of intervention identified by the resident concerned are readily available in a crisis and are integrated into the user's individual plan**

	Yes	No	Comments
a. There is a document which regulates the integration of preferred methods of intervention into the user's individual plan	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

**4.2.5 Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the residential center and to a relevant external body**

	Yes	No	Comments
a. There is a document which provides for the obligation of the RC staff to record and report	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	

<sup>226</sup> De-escalating techniques may include: fast evaluation and intervention in crisis situations; attempts to solve the problem with the respective person; empathy and encouragement from staff; use of stress management and relaxation techniques, for example, breathing exercises; presentation of options; giving thinking time and space.

<sup>227</sup> Triggers might include: being pressured to do something; being asked certain questions or being in the presence of a person one is not comfortable with; words, persons or situations similar to abuse they have been subject to etc.

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cases of seclusion or restraint to the head of the RC/SSP and to other relevant external institutions <sup>228</sup>			
<b>If YES at a., then b.</b> b. There are records of seclusion or restraint cases which indicate their type and duration and the institutions notified	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 4.3 Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the residential center or referred to another institution, must not be abused and can be administered only with the free and informed consent of the resident**

**Sub-criteria**

<b>4.3.6 Abortions and sterilizations are not carried out on residents without their consent</b>			
	Yes	No	Comments
a. There is a document which regulates the method to ensure residents' consent for performing abortions <sup>229</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates the method to ensure residents' consent for performing sterilizations	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 4.4 No resident is subjected to medical or scientific experimentation/surveys<sup>230</sup> without his or her informed consent**

**Sub-criteria**

<b>4.4.1 Medical or scientific experimentation/survey is conducted only with the free and informed consent of residents</b>
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<sup>228</sup> The relevant external institution can be GDSACP, Police, Prosecutor's Office, Monitoring Board, Ombudsman.

<sup>229</sup> See footnote 53.

<sup>230</sup> This may include clinical trials to test medicines, behavior modification methods, other therapeutic methods etc.



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	Yes	No	Not applicable	Comments
a. There is a document which regulates the performance of medical or scientific experimentation/surveys	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
<b>If YES at a., then b. and 4.4.2 a., 4.4.3 a., 4.4.4 a.</b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
b. The document specifies that medical or scientific experimentation/surveys shall only be performed based on the informed consent of the residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
c. There are updated records of the medical or scientific experimentation/surveys performed in the RC which includes the informed consent confirmed by signature of participating residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	
d. There are updated records of the complaints filed by participants regarding the manner in which surveys/experiments were performed, and the solutions for such complaints	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

<b>4.4.2 Staff do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting residents to participate in medical or scientific experimentation/survey</b>			
<b>If YES at 4.4.1 a.</b>	Yes	No	Comments
a. The document includes provisions by which RC ensures that staff do not receive any privileges, compensation or remuneration in exchange for encouraging or residents to participate in medical or scientific experimentation/survey	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

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<b>4.4.3 Medical or scientific experimentation/survey is not undertaken if it is potentially harmful or dangerous to the residents' health</b>			
<b>If YES at 4.4.1 a.</b>	Yes	No	Comments
a. The document includes provisions by which RC ensures that medical or scientific experimentation/survey are strictly forbidden if there are risks for the residents' health	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>4.4.4 Any medical or scientific experimentation/survey is approved by an independent ethics committee</b>			
<b>If YES at 4.4.1 a.</b>	Yes	No	Comments
a. The document mentions the obligation that any medical or scientific experimentation/survey be approved by an independent ethics committee	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 4.5 Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse**

**Sub-criteria**

<b>4.5.1 Residents are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body (Police, Prosecutor's Office, courts etc.) on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent or other relevant matters</b>			
	Yes	No	Comments
a. There is a procedure on the protection against torture and cruel, inhuman or degrading treatments, developed and applied by SSP, and available at the SSP/RC headquarters <sup>231</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at a., then b., d., e. and 4.5.2 a.</b>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>231</sup> Module V Standard 5.1 (lc 1); Evaluators will note under *comments* the place where the procedure is available.

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b. The procedure specified at least the method to identify and report cases of torture and cruel, inhuman or degrading treatments; reporting, investigation and resolution of cases of torture and cruel, inhuman or degrading treatments <sup>232</sup>			
c. Staff training sessions have been organized in the past year on the recognition of cases/types of torture and cruel, inhuman or degrading treatments <sup>233</sup> which are recorded in the staff continuing training register	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
d. The procedure specifies the manner in which the RC ensures that residents can file reports/complaints against legal representatives which are in conflict of interests <sup>234</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. The procedure specifies the manner in which residents are informed on how to identify and report cases of torture and cruel, inhuman or degrading treatments	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f. There are records of residents' information sessions on protection against types of torture and cruel, inhuman or degrading treatments (recognition and reporting of cases) <sup>235</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**4.5.2 Residents are safe from negative repercussions resulting from complaints they may file**

<b>If YES at 4.5.1 a.</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
a. The procedure specifies the manner in which residents are protected against possible repercussions following report of cases of	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>232</sup> Module V Standard 5.2

<sup>233</sup> Module V Standard 5.4

<sup>234</sup> For example, if the legal representative is an employee of the center, including the head of RC.

<sup>235</sup> Evaluators ca note whether there is a register which records such information sessions.

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torture and cruel, inhuman or degrading treatments			
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**4.5.3 Residents have access to legal representatives and can meet with them confidentially**

	Yes	No	Comments
a. There is a document which regulates the method to ensure that residents have access to legal representatives and can meet with them confidentially	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**4.5.4 Residents have access to independent representatives to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints**

	Yes	No	Comments
a. There is a document which regulates the method to ensure access to advocates to inform them of their rights, discuss problems and support them in exercising their human rights and filing complaints <sup>236</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a list of persons who can provide representation from the community	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**4.5.5 Disciplinary and/or legal action is taken against any person found to be abusing or neglecting residents**

	Yes	No	Not applicable	Comments
a. There is a document which provides for disciplinary and/or legal action which can be taken against any person found to be abusing or neglecting residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		

<sup>236</sup> Evaluators can note whether this regulation is part of the Mandatory Procedure on protection against torture and cruel, inhuman or degrading treatments or of the Mandatory Procedure on protection against neglect, exploitation, violence and abuse, or whether it is a distinct document.

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b. There are updated records of disciplinary and/or legal action taken against persons found to be abusing or neglecting residents	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	
c. There are updated records of disciplinary and/or legal action taken against persons found guilty of torture, cruel, inhuman or degrading treatment	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)	

**4.5.6 The residential center is monitored by independent authorities/organizations to prevent the occurrence of torture and ill-treatment, inhuman or degrading treatment or to safeguard the rights of institutionalized persons with disabilities**

	Yes	No	Comments
a. There is a document which certifies that the RC has been monitored by an independent authority <sup>237</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which certifies that the RC has been monitored by a non-governmental organization which safeguards and promotes human rights or the rights of persons with disabilities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. There are records of the results of such visits (irregularities identified, recommendations and actions taken after the monitoring visits)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>d. Monitoring date in the past 5 years</b>	<b>e. Institution which conducted the visit</b>
d.1	e.1
d.2	e.2
d.3	e.3
d.4	e.4
d.5	e.5

<sup>237</sup> For example, Monitoring Board, Ombudsman. Evaluators will note the date of the last monitoring visit and the institutions which conducted the visits and visit frequency in the past 5 years.

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## DIMENSION 5

### LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

**Criterion 5.1 The residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community**

#### Sub-criteria

<b>5.1.1 Staff inform residents about options for housing and financial resources</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the staff inform residents on options for housing and financial resources, regularly and on their request <sup>238</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records <sup>239</sup> of the information sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>5.1.2 Staff support residents in accessing safe, affordable, decent housing</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the staff support residents in accessing and maintaining safe, affordable, decent housing, regularly and on their request	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the counselling sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>5.1.3 Staff support residents in accessing the financial resources necessary to live in the community</b>			
	Yes	No	Comments

<sup>238</sup> Information sessions can also be organized in cooperation with institutions/non-governmental organizations/companies.

<sup>239</sup> Such records could be part of the Service User Form or of a dedicated register for activities organized to promote and support residents' life in the community. Evaluators will note the manner of keeping records of such sessions under *comments*.

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a. There is a document which regulates the manner in which the staff support residents in accessing the financial resources necessary to live in the community, regularly and on their request	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the counselling sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 5.2 Residents can access education or employment opportunities**

***Sub-criteria***

<b>5.2.1 Staff give residents information about education and employment opportunities in the community</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the staff inform residents on education opportunities, regularly and on their request <sup>240</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There is a document which regulates the manner in which the staff inform residents on employment opportunities in the community, regularly and on their request	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c. There are updated records of the information sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>5.2.2 Staff support residents in accessing education opportunities, including primary, secondary and tertiary education</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the staff inform residents who want to access education opportunities,	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>240</sup> Partial operationalization of Standard 13(7) Module IV "RC takes steps to identify educational alternatives for residents"

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including primary, secondary and tertiary education <sup>241</sup>			
b. There are updated records of the support means	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**5.2.3 Staff support residents in career development and in accessing employment opportunities**

	Yes	No	Comments
a. There is a procedure which regulates methods to support the residents who want to develop their careers or to access employment opportunities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the support means	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 5.3 The right of residents to participate in political and public life and to exercise freedom of association is supported**

*Sub-criteria*

**5.3.1 Staff give residents the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association**

	Yes	No	Comments
a. There is a document which regulates the manner in which the staff inform residents on participation in political life, regularly and on their request <sup>242</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at a., then b.</b>			
b. There is a document which regulates the manner in which the staff inform residents on how to become members of an	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>241</sup> Operationalization of Standard 13(6) Module IV; "RC encourages residents to follow, complete or finalize educational, training or internship programs, to enroll in training courses and to advance from one training stage to another". The support involves a wide range of activities, from support of efforts to enroll or register, to support to continue studies and graduate.

<sup>242</sup> Information on exercising the right to vote, on the electoral system, the party system, candidates, others



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organization/establish an organization, regularly and on their request			
c. There is a document which regulates the manner in which the staff inform residents on participation in public life, regularly and on their request <sup>243</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>If YES at c., then d.</b> d. There is a document which regulates the manner in which the staff inform residents on how to become members of an organization/establish an organization, regularly and on their request	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e. There are updated records of the information sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
<b>5.3.2 Staff support residents in exercising their right to vote</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which the staff support residents in exercising their right to vote <sup>244</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<b>5.3.3 Staff support residents in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups</b>			
	Yes	No	Comments
a. There is a document which regulates the manner in which staff support residents who want to participate in the activities of political, religious, social, disability organizations and other groups, including those	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>243</sup> Information on the existence and activity of non-governmental organizations, including organizations in the field of disability.

<sup>244</sup>Such manner can include: provision of accommodated information materials on the candidates/content of the ballot papers, facilitation of transport to the polling place, facilitation of provision of mobile ballot box for residents with mobility impairments, provision of decision-making support while ensuring vote secrecy, others.

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who want to join as members or to establish organizations			
b. There are updated records of the support means	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**Criterion 5.4 Residents are supported in taking part in social, cultural, religious and leisure activities**

**Sub-criteria**

**5.4.1 Staff give residents information on the social, cultural, religious and leisure activity options available**

	Yes	No	Comments
a. There is a document which regulates the manner in which the staff inform residents on the social, cultural, religious and leisure activity options available, regularly and on their request	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the information sessions	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**5.4.2 Staff support residents in participating in the social and leisure activities of their choice<sup>245</sup>**

	Yes	No	Comments
a. There is a document which regulates how residents are supported to participate in the social and leisure activities of their choice	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the support means	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

**5.4.3 Staff support residents in participating in the cultural and religious activities of their choice**

	Yes	No	Comments

<sup>245</sup> Module IV Standard 15.3 "RC encourages residents to get involved or participate in activities in the community, independently or accompanied by at least one staff member, according to PP recommendations"

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a. There is a document which regulates how residents are supported to participate in the cultural and religious activities of their choice	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b. There are updated records of the support means	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	



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## ANNEX 3. OBSERVATION FORM FOR THE EXTERNAL EVALUATION OF RESIDENTIAL CENTERS - PERSONAL FILE REVIEW FICHE

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of the situation of adults with disabilities living in public residential centers from the perspective of several essential aspects that are necessary elements for verifying the quality standards for Health care, Specific activities and Personal autonomy. The data collected are also used to assess the dimensions: (ii) The enjoyment of the highest attainable standard of physical and mental health, (iii) The right to exercise legal capacity and the right to personal liberty and the security of person.

**How to complete:** This fiche is completed for each personal file from a sample of files in each residential center, as part of the external evaluation activity.

The evaluators will note the absence/ presence of the items by ticking one of the options *YES/NO* or *NOT THE CASE*, and in the *observations* column they will mark any justifications for the chosen option, if applicable.

**Sampling:** The sample of personal files will vary from five files in the RC with under 100 residents and will increase by two files for every 50 additional residents. The files will be chosen from the alphabetical list of beneficiaries present in the RC at the time of the external visit, starting with number 4 and using a selection step  $P = N/d$ , where  $N$  = total number of beneficiaries, and  $d$  = number of files to be selected.

**Source of information:** Beneficiary's personal file

**Responsible for completion:** GDSACP Specialist

**Approximate average completion time:** 30 minutes



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Evaluation items	Yes	No	Not the case	Observations
1. The resident has a personal file <sup>246</sup> (3.4.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
2. The certificate/decision regarding the classification of disability is within the validity period <sup>247</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99) permanent	
3. The Health Monitoring Form is updated and included in the personal file <sup>248</sup> (2.5.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
4. The resident had a medical check at the admission to the RC (2.5.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
5. The beneficiary received a complete annual medical evaluation <sup>249</sup> in the last year (2.5.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
6. The resident is registered at a family doctor <sup>250</sup> (2.5.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
7. The medication issued to the patient corresponds to the doctor's recommendations recorded in the Health Monitoring Form <sup>251</sup> (2.4.3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)		
8. The personal file contains the documents required for the				

<sup>246</sup> Module II Standard 3

<sup>247</sup> Control Indicator 4 for Standard 1.4, Module I; Copy of the certificate/decision must be included in the file.

<sup>248</sup> Module I Standard 4.5 (Ic 2)

<sup>249</sup> Module I Standard 4.14 (Ic 6)

<sup>250</sup> Module I Standard 4.6 (Ic 3)

<sup>251</sup> Module I Standard 4.10; Evaluators will verify the correspondence between the information in the ledger keeping track of medications and consumables and the Health Monitoring Form in the Beneficiary File

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admission of the person in question <sup>252</sup>			
a) Application for admission	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
b) Copy of identity documents <sup>253</sup> and marital status documents, if applicable	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
c) Copy of the legal representative's identity document, if applicable	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)
d) Copy of the document certifying the disability degree, within the validity period	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
e) ISP	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
f) IRSIP	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
g) The latest social security payslip or income certificate	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)
h) Social investigation report	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
9. The file contains a copy of the admission order issued by the SSP <sup>254</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
10. The file contains a copy of the service provision agreement signed between the SSP and the beneficiary <sup>255</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
11. The service provision agreement contains the Promissory Note made by the person participating to the co-payment <sup>256</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)

<sup>252</sup> Module II Standard 2.3 (lc 2)

<sup>253</sup> Evaluators will note as observation if the original identity documents are kept in the personal file, or if all beneficiaries' IDs are stored in one place.

<sup>254</sup> Module II Standard 2.5

<sup>255</sup> Module II Standard 2.8; Evaluators will note as observation if the file contains the copy of the agreement belonging to the beneficiary.

<sup>256</sup> Module II Standard 2.9

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12. The Promissory Note is updated <sup>257</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)
13. The resident has been assessed within a maximum of 5 days since his/her admission, in order to have his/her specific needs identified <sup>258</sup> (2.3.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)
14. The initial evaluation is included in the file	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
15. The resident has been evaluated at least once in the last year <sup>259 260</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (99)
16. The multidisciplinary team evaluating the resident is made up from a minimum of three persons with different specialties <sup>261</sup> (2.2.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
17. The Evaluation Form is included in the file <sup>262</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
18. The Evaluation Form includes at least the following: identified needs, short- or medium-term objectives, recommended services and activities, profession and signatures of the persons who carried out the evaluation <sup>263</sup> (2.3.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
19. The Evaluation Form specifies how the multidisciplinary team	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	

<sup>257</sup> Module II Standard 2.10

<sup>258</sup> Module III Standard 1.2. Only for beneficiaries who were admitted after the Order 82/2019 for the approval of the Minimum quality standards came into force.

<sup>259</sup> Module III Ic 2; The evaluators will check the correspondence between the date of the last evaluation in the Evaluation Fiche and the date when the service provision agreement was signed.

<sup>260</sup> If the admission order was issued at least one year in advance.

<sup>261</sup> Module III Standard 1.4; The professions and signatures of the persons who performed the evaluation can be found in the Evaluation Fiche (Module III Standard 1.7).

<sup>262</sup> Module III Standard 1 Ic 1

<sup>263</sup> Module III Standard 1.7. The listed sections must be completed.

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involves the beneficiary, listens and takes his/her opinion into account <sup>264</sup> throughout the evaluation process (2.3.2)		
20. There is a Personalized Plan (PP) filled in by the multidisciplinary team that performed the initial evaluation <sup>265</sup> (2.3.1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
21. In the Personalized Plan are specified, at least: the services and activities that will be provided to the beneficiary, based on the evaluation, the scheduling (daily, weekly, monthly), the time allocated to the intervention expressed in hours/day or hours/week, the necessary materials and/or equipment, the modalities of intervention (individual/group), the date of the next review, conclusions, occupation and signatures of the persons who carried out the evaluation, the signature of the beneficiary or, as applicable, of his/her legal representative <sup>266</sup> (2.3.1). If NO, go to 22-24	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
22. The Personalized Plan specifies services and activities	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
23. The Personalized Plan specifies the scheduling of the services and	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

<sup>264</sup> Module III Standard 1.10

<sup>265</sup> Module III Standard 2.1

<sup>266</sup> Module III Standard 2.2. The listed sections must be completed.



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activities and the time allocated for each intervention		
24. The Personalized Plan is signed by the beneficiary <sup>267</sup> or, as applicable, by the legal representative	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
25. The Personalized Plan is reviewed every 6 months <sup>268 269</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
26. The Personalized Plan includes at least 4 activities out of those carried out by the RC <sup>270</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
27. The Personalized Plan describes how the multidisciplinary team has involved the beneficiary, has listened and took into account his/her opinion during the process of developing and reviewing the PP <sup>271</sup> (2.3.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
28. The Personalized Plan specifies how the services and activities provided to the beneficiary correspond to the stated needs and preferences of the beneficiary (2.3.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

<sup>267</sup> Calligraphic signature or imprint

<sup>268</sup> Module III Standard 2.3

<sup>269</sup> If the Personalized Plan was initially completed at least 6 months before.

<sup>270</sup> Module III Standard 2.7; The evaluators will observe whether the 4 activities are included in the list of activities carried out by the RC: (1) information and social counseling activities; (2) psychological counseling; (3) habilitation and rehabilitation activities; (4) care and assistance activities; (5) activities for maintaining/developing skills for independent living; (6) activities to maintain/improve the level of education/training for work; (7) assistance and support for decision-making; (8) support activities for the active involvement in the social and civic life of the community;

<sup>271</sup> Module III Standard 2.6

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29. The resident has a case manager assigned by the SSP <sup>272</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
30. The Monitoring Form is included in the file <sup>273</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
31. The evolution of the situation/progress is recorded on a monthly basis by the case manager in the Monitoring Form <sup>274</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
32. The Monitoring Form includes		
a. a summary of the discussions between the case manager and the personnel involved in providing the services to the beneficiary	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
b. and also comments on how the beneficiary is provided with a safe environment in terms of protection against exploitation, violence and abuse, torture and cruel, inhuman or degrading treatment. <sup>275</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
33. The Monitoring Form specifies how the manager together with the multidisciplinary team involves residents in assessing the evolution of their situation/progress and how they are provided with a safe environment in terms of protection against exploitation, violence and abuse, protection against torture and cruel treatment, inhuman or degrading (2.3.2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

<sup>272</sup> Module III Standard 3.1

<sup>273</sup> Module III Standard 3 Ic 1

<sup>274</sup> Module III Standard 3.3

<sup>275</sup> Module III Standard 3.4

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34. The beneficiary fiche, where the type and duration of the interventions according to the Personalized Plan are recorded, is included in the file <sup>276</sup>	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)
35. The activities and services specified in the Personalized Plan following the evaluations of the multidisciplinary team are properly recorded as the type and duration of the intervention in last month's beneficiary fiche (2.3.4)	<input type="checkbox"/> Yes, totally <input type="checkbox"/> Generally, yes <input type="checkbox"/> Generally, no <input type="checkbox"/> Not at all  <input type="checkbox"/> Not the case <sup>277</sup>	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)  <input type="checkbox"/> (99)
36. The personal file includes written information, opinions, comments of the beneficiary on living conditions and quality of services (3.4.4)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)

<sup>276</sup> In practice, in some centers the Beneficiary Fiche is added monthly to the personal file. The evaluators will request this fiche if it is not already in the file and will mark this aspect as an observation.

<sup>277</sup> If there is no Beneficiary Fiche. The evaluators will mention as an observation the situation in which the type and duration of the interventions specified in the Personalized Plan are recorded in the activity records of the specialized personnel, and not integrated in the same fiche.

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## ANNEX 4. GUIDE FOR THEMATIC GROUPS/FOCUS GROUPS/INTERVIEWS WITH PERSONS WITH DISABILITIES FROM INSTITUTIONS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of public residential centers for adults with disabilities from the perspective of several essential aspects - Living conditions and personal autonomy, Private life, Health care, Staff, Privacy, Employment, including the relationship with public employment services, Education and training, Restrictions and isolation, Social participation, Complaints and settlement, Elements necessary to verify the compliance with quality standards. These issues are grouped into 5 general dimensions - (i) Adequate standard of living, (ii) The enjoyment of the highest attainable standard of physical and mental health, (iii) The right to exercise legal capacity and the right to personal liberty and the security of person, (iv) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse, (v) Living independently and being included in the community.

The interviews with the residents in the RC have the role both to complete the information obtained through direct observation and analysis of the documents, and to provide additional information about the living and care conditions in the residential centers that could not be obtained otherwise. The information will be used to calculate the score needed to assess each sub-criterion, a score that can be further used to calculate the scores of criteria and dimensions relevant to the assessment of each residential center.

**How to complete:** The interviews will be audio recorded and the answers will be coded using the interview fiche.

**Source of information:** Focus groups/ interviews with persons with disabilities assisted in institutions: 5-7 persons interviewed in RCs with up to 100 residents, at least 10-14 in RCs with over 100.

**Responsible for completion:** WB expert

**Approximate average completion time:** 60 minutes



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*Hello! My name is \_\_\_\_\_, and I would like to talk to you about some important issues. NARPDCA, with technical support from the World Bank, is conducting a study in order to develop a complex diagnosis of the residential protection system for adults with disabilities. Your answers will be treated with the utmost care, we will not disclose them to anyone, they will therefore be anonymous and will be stored and processed electronically in a form that does not allow your identification with the answers provided. If you would like to contact the person coordinating this study, you can call the \_\_\_\_\_ phone number or send a written request by email to \_\_\_\_\_. Thank you for your time!*

*First of all, we want to ask you if you agree to audio record our discussion. We request this in order to be able to follow the course of the discussion more easily. We will use it exclusively so as not to lose sight of the opinions and information you provide us. No one but the research team in this study will have access to this recording, which we will store on an encrypted hard drive. Thank you!*

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## DIMENSION 1

### ADEQUATE STANDARD OF LIVING

#### 1.1. The building is in good condition

- 1.1.1. Does anything need repair in the building? Have you complained so far? To whom? What happened? Generally, if you have a complaint related to the building, how fast is it solved?
- 1.1.2. Can persons with disabilities/reduced mobility easily move around the RC (they can go up and down the stairs, exit the RC, use the toilet)? Does anyone help them when needed?
- 1.1.3. Is it warm enough in the winter? Is it fresh enough in the summer?
- 1.1.4. If a fire broke out now, would you know what to do? How about an earthquake? Who told you what you should do? (Probing questions - Do you know where the emergency exits are? How about the fire extinguishers? Were there persons involved in accidents at the RC? (they slipped, fell, got cut)

#### 1.2. The sleeping quarters are comfortable and allow for privacy

- 1.2.1. Could you choose your roommate? Are there persons who sleep in the same bed? Are the rooms big enough for your needs?
- 1.2.2. Do you go to sleep/wake up whenever you want? If not, who tells you when? (Probing questions - Do staff lock the rooms during the day?)
- 1.2.3. Do you have enough privacy in your room - are there persons who just enter as they want, who won't let you sleep or do other things without being disturbed, change your clothes etc.?
- 1.2.4. Do you have enough mattresses, bedding, blankets and pillows? Are they clean and in good condition? How many sets of bedding do you have? How often are they washed (including blankets)? When was the bedding you are currently using changed? If you ask for a softer/harder pillow, are you given one? How about extra blankets?
- 1.2.5. Do you have lockers for your personal belongings? Can you lock them? Do you share them with your roommate?

#### 1.3. The residential center meets hygiene and sanitary requirements

- 1.3.1. When are there cleaning activities in the RC (including outdoor areas/yard) - daily, weekly? Who does the cleaning? Do you participate? Where? Do you get anything in return? Do you want to do the cleaning or do staff ask you? If you don't want to do it, what happens? Are there rats, insects etc.?

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- 1.3.2. Do you always have running hot/cold water?
- 1.3.3. Is there a shower schedule for everybody? Where do you change your clothes to take a shower? Is there toilet paper and soap available at all times at the toilets? How about shampoo, toothpaste, toothbrushes, feminine care pads, diapers, deodorant etc.? How about clean towels? Do you have to ask for feminine care pads or can you take them from a specific place in the RC?
- 1.3.5. Are there persons who need help to use the toilet/bathing facilities? Who helps them? (staff/you) Are there persons who wet the bed/do not wash because nobody helps them?

**1.4. Residents have access to food, safe drinking-water and clothing that meet their needs and preferences**

- 1.4.1. Do you like the food in the RC? What do you eat (dairy, eggs, meat, fruit, vegetables, cookies etc.)? If you want to eat something, do you ask the staff? Do you go food shopping? Is the food enough or you are often hungry? If you get hungry between meals, can you prepare some food (or ask someone to make you)? Can you fast or eat diet food? Is the running water drinkable?
- 1.4.2. Is the kitchen cleaned (floor washing, dishes etc.)? Who does the cleaning (staff/you)? Do you clean at your initiative? Can you eat somewhere else, besides the canteen?
- 1.4.3. Are you wearing your own clothing now? Can you wear whatever clothing you want, or do you have to wear specific clothes? Has it happened that you wanted to wear certain clothes and the staff wouldn't allow you?
- 1.4.4. Do you receive clothes from the RC? Do you like them? Are they warm in the winter? Are they thin for the summer? Can you go shopping to choose your clothing? How often is the laundry done? In common, for everybody? Together with bedding etc.? If you want to wash your clothes (or if you want someone to help you), is that possible?

**1.5. Residents can communicate freely, and their right to privacy is ensured**

- 1.5.1. What do you do when you want to make/receive a phone call? Do you use the phone from the RC or a mobile phone? Do you use computers (if available)? Does anyone help you if you need to use them? Are computer rooms locked? If you want to send letters, where do you find paper, envelopes, stamps?
- 1.5.2. Can you use the phone without being overheard? What if you want to send/receive letters? Does anyone read them, who?
- 1.5.3. Are there persons who cannot see/hear? How do they communicate with other persons in the RC (staff and residents)? How about persons with intellectual disabilities - "retard", "mentally ill"? How about persons who do not speak Romanian?

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- 1.5.4. If anyone wants to visit you, do they have to come at a specific time/in a specific day? Where do you go to speak (in your room, in a different room) Can visiting family, friends or other persons stay for as long as they want in the RC?
- 1.5.5. Are there rooms or places in the RC you are not allowed to enter? Can you walk in the RC/yard whenever you want?

1.6. The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction

- 1.6.1. Do you like the furniture in the RC (chairs, cabinets, tables, sofas, curtains, carpets etc.)? If not, what else would you like? Did you tell staff that you would like different furniture?
- 1.6.2. Do you spend time with staff outside the activities in the RC? Where? When? What do you do together?
- 1.6.3. What do you do for fun/leisure in the RC? (Probing questions - Do you listen to music, watch TV, movies, do you play handball, tennis etc.? Do you have books to read? Backgammon? Chess? Do you have balls, rackets? Are there other things you want?)
- 1.6.4. Is there a room where you can watch TV, play backgammon etc.? Can you go there any time? Is it locked?

1.7. Residents enjoy fulfilling social and personal lives and remain engaged in community life and activities

- 1.7.1. Are there persons who are not allowed to talk to/meet other persons in the RC? What is the reason?
- 1.7.2. Can you leave the RC to attend important events (weddings, funerals - if applicable, other events in the community etc.)? If not, why?
- 1.7.3. What are the activities organized in the RC (movie evening, gardening, drawing, reading group etc.)? How about in the village/city? Who organizes such activities? Do you have to participate?
- 1.7.4. Do you go to activities in the community? As a group or you can go separately? Do you go with staff? How do you get there (bus, RC vehicle)? Who informs you about such activities?
- 1.7.5. What do you do if you want to go to the movies? Do you ask for somebody permission? Can you go alone?
- 1.7.6. What do you do if you want to go to the village/city? Do you ask for permission? Are there persons who cannot leave the RC at all? What is the reason?



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1.8. The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships

- 1.8.1. Are there couples (including married couples) in the RC? Do they live together in a room? What if the opinion of the staff when two people like each other and want to be together? How about the other residents? Where do people have sex in the RC?
- 1.8.2. Were there women who became pregnant in the RC? What happened? Did they have an abortion? Who made the decision? Did they give birth? What happened with the child then? Are there condoms in the RC? Do women take pills so that they don't have children? Are they told what those pills are? Did anyone tell you what a sexually transmitted disease/HIV/AIDS is, what condoms are? Who?

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## DIMENSION 2

### THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

#### 2.1. The residential center is available to everyone who requires treatment and support

- 2.1.1. Were people who wanted to come to the RC, but were refused? What is the reason? (Probing questions - their disability was too severe, or they were sick, or too old or Roma or too poor etc.?)
- 2.1.2. Were there people who came to the RC to ask to live here? What happened then?
- 2.1.3. Were there cases when people wanted to leave the RC, but remained here? What is the reason? (Probing questions - because the family refused to accept them, because they were too poor to live in the community, because they did not have a house etc.?)

#### 2.2. The residential center has skilled staff and provides good-quality services

- 2.2.1. Do you feel that the RC staff support you to learn how to live in the community during the activities you carry out?
- 2.2.3. Do you take pills given by the psychiatrist? How often do you see the psychiatrist? Can you go see the psychiatrist whenever you want/need? Does the psychiatrist come to the RC or do you go somewhere else? Does anyone else give you these pills - for example, the RC physician?
- 2.2.6. What do you do when something upsets you or makes you unhappy, when you have a problem related to the activities, staff, food, other aspects related to your life in the RC? Who do you talk to? With the head of the RC? With staff? (Probing questions - Do you know you have the right to express your opinion, to file notifications? Who told you? Were there complaints? What happened?)

#### 2.3. Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community

- 2.3.1. Do you know that you have an individual plan? Do you know the content of the Plan? Have you ever seen it?
- 2.3.2. Does anyone ask you what you want to do in the RC, what your opinion is about what you already do (activities, staff), about your needs, your wishes, how you

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- want to be treated, what pills you would like to take or you wouldn't like to take etc.? Who asks you? How often (weekly, monthly, every 6 months)? Do you know what a case manager is? What about the interdisciplinary team? How often do you meet the case manager? How about the team? Do you feel that the case manager and the multidisciplinary team listen to you and take your wishes into account?
- 2.3.3. Have there ever been situations when you became agitated? How did the staff/other residents react? Have you ever told them how you would like to treat you in such circumstances, what you like/dislike, what makes you even angrier/what would help you?
- 2.3.4. What are the activities undertaken in the RC? (Probing questions - Psychological counselling/physiotherapy/etc., activities where you learn how to save/spend money, cook, go shopping, self-care, go in the community by yourself, clean, learn a profession, write/read/speak, continue your education, take your medication by yourself and understand more about your health (including your mental health), know how to interact better with others etc.?)
- 2.3.5. Do you talk with your family, friends? Do staff help you make phone calls, set meetings etc.? If you don't have any family/friends, did you make friends outside the RC? Did the RC staff help you?
- 2.3.6. Do you know what day-care centers are in the area? What if you wanted to move, do you know what housing, jobs, money is available? Where from? What if you need to go to a physician/hospital? What if you need to go to a psychiatrist/psychotherapist?

**2.4. Psychotropic medication is available, accessible and administered appropriately**

- 2.4.2. Have you ever run out of pills? What happened?
- 2.4.3. What happens when you go to the psychiatrist to give you pills? (Probing questions - does he/she ask you how you feel, or the psychiatrist only speaks to the nurse and writes prescriptions? Does he/she see several persons at the same time? How often do you go there? Do you know people who felt very sick after the pills? Who were given to many pills? What happened then?)
- 2.4.4. Do you know what medicines you are given? Has anyone ever explained you? Did you ask or did the physician explain? Were you explained the side effects? Did you understand or you would have needed a simpler explanation? Have you ever complained about the side effects of the medication? To whom? What happened then?
- 2.4.5. Were you told that there were alternative treatments, besides pills (e.g., psychotherapy)? Who told you?

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## 2.5. Adequate services are available for general and reproductive health

- 2.5.1. Before coming to the RC, were you examined by a physician, did you have any tests (blood tests) etc.? How about this year? What kind of tests/physician (Probing questions - dentist, dermatologist, cardiologist, gynecologist etc.)? Did the physician come to the RC or did you go to the community? Did you go as a group?
- 2.5.2. What do you do when you have a pain, a cut, a cold etc.? Who do you talk to? Are you given attention? Who takes care of you? (Probing questions - Were there cases when nobody cared when you complained? Why do you think this happened?) What happens when several people catch a serious cold in the RC? Did you have the flu vaccine this year? Do you have a family doctor (the same doctor you go to when you have a health issue)? Where is he/she? When did you last see him/her?
- 2.5.3. Did you need to go to the doctor this year? What for (diabetes, cirrhosis etc.)? Did you go? How about hospitalizations? What hospital (e.g. psychiatry)?
- 2.5.4. Has anyone told you that it is important to exercise, to eat healthy, not to have much alcohol, not to smoke, about HIV/AIDS, what to do in case of rape etc.? Who told you? Were they group discussions?
- 2.5.5. What about condoms, contraception, pregnancy?
- 2.5.6. When you go to the physician/hospital, are you explained why you are there and what will happen? Do you understand or do you think it's complicated? Does he/she ask for your permission? Do you know persons who were pressured/forced to take certain pills (or have certain surgical interventions - abortion, sterilization etc.)?

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### DIMENSION 3

#### THE EXERCISE OF LEGAL CAPACITY AND THE RIGHT TO PERSONAL LIBERTY AND THE SECURITY OF PERSON

##### 3.1. Residents' preferences on the place and form of service are always a priority

- 3.1.1. How did you get to the RC? Did you want to? Did you want this RC? Had you visited it before? Usually, are you asked whether you want to be hospitalized (e.g. psychiatric hospital), when applicable?
- 3.1.2. Do you know that you have the right to leave the RC for good, and move wherever you want, if this is what you want? If yes, who told you? Does the RC do anything now for you to go somewhere else? Were you helped to look for housing, a job, a personal assistant etc.? To reconnect and discuss again with family, friends, carers/personal assistants or other trusted persons about your return to the family (where applicable)?
- 3.1.3. Are you asked what they you to do in the RC - activities, treatment etc.? Were you asked on admission, annually, daily? Who asks you? Are your preferences taken into account?

##### 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent

- 3.2.1. Before admission to the RC, did you receive information about - admission, what signing the service contract means, what life in the RC means, what could you do if you wanted to leave the RC etc.? How about the medication (e.g., medication prescribed by the psychiatrist)? Who gave you the information? Was it easy to understand or did you feel it was complicated?  
If you wanted to refuse certain things - admission, activities, treatment - were you able to do that? If not, can you give us examples (cases when you could not refuse or when your refusal was ignored)?
- 3.2.2. Are there persons who become agitated in the RC? How do staff treat them? Were they asked how they would want staff to treat them (for example, how to speak to them, how to interact with them, if they don't want to be restrained, if they don't want injectable medicines etc.)? Do you know people who said these things to staff or family? Were they taken into account?

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- 3.2.3. What happens when a person refuses treatment in the RC? (Probing questions - Is that person forced to take the treatment?) Were you told that you have the right to refuse treatment?
- 3.2.5. Have there been people who wanted to leave the RC for good and were not allowed to? What is the reason? What did they do further? Do you know what to do if you want to leave the RC for good or if you are forced to take pills, for example? Did anyone file a complaint for such cases? To whom?
- 3.2.6. In previous situations when complaints were filed - did those persons have a lawyer? How did they contact the lawyer? Who told them? Who paid the lawyer?

**3.3. Residents can exercise their legal capacity and are given the support they may require exercising their legal capacity**

- 3.3.1. When you have a question, a request or a complaint, do staff listen/pay attention to you? Do you feel taken seriously?  
What about when you want to do something (what to wear, when to leave the RC, where to go, what to do during the day, what to eat etc.), can you do all these or do staff tell you to do something else?
- 3.3.2. Are you aware of your rights? (Probing questions - to be treated with respect, not to be obliged to do what you don't want to do, to be cared for etc.) Who told you? When? Was it easy to understand or you would have needed someone to explain to you?
- 3.3.3. Have you ever been explained what initial evaluation, individual plan and any treatment means? What about the activities in the RC? When? Was it easy to understand? Did the staff check whether you understood?
- 3.3.4. Did you need advice explanations from someone (about the admission to the RC, treatment, personal relationships, daily life etc.)? What did you do? Were you told that you have the right to have such a person to help you in such moments? Who told you? Do you have someone to consult with? Can you contact this person any time? If not, why?
- 3.3.5. If you have such a person (family, friend etc.), and you want this person to speak with the staff on your behalf, is that possible? Do staff take this person seriously?
- 3.3.6. Does it happen that staff (or someone else, including family) make decisions for you? Does it often have that a guardian is appointed for people from the RC?
- 3.3.7. What happens when someone in the RC does not have a person to help him/her make decisions (or seems mentally incompetent)? Does the RC do anything to find support?



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### 3.4. Residents have the right to confidentiality and access to their personal file

- 3.4.1. Do you know there is a file with all information about you? Have you seen it? Have you ever had a look at it? When?
- 3.4.2. What do you do if you want to see your file? Whom do you speak with? Were there cases when you were told that you are not allowed to look in your file? If yes, what is the reason?
- 3.4.4. Have you ever wanted to add information, opinions and comments to your personal file? What did you do further?

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#### DIMENSION 4

### FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT AND FROM EXPLOITATION, VIOLENCE AND ABUSE

#### 4.1. Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect

- 4.1.1 How do staff (specialists, cleaning staff, cooks, guards etc.) treat you? (Probing questions - Do they respond when you ask for something? Do they respond patiently, or do they huff you? Do they ignore you? Do they mock you)
- 4.1.2a. Were there cases when someone yelled at you, patronized you, sworn at you? Who? Does it happen often?
- 4.1.2b. Were you (or other persons) given pills although you did not need them? What is the reason?  
Were you threatened you would be given pills if you don't do certain things/you don't behave? Does it happen often?
- 4.1.2c. Were there people who were hit, slapped, pushed, pulled, or hurled objects at? Who did that? Does it happen often?
- 4.1.2d. Were there cases when someone kissed, hugged or got undressed in front of a resident? Were there cases of rape? Does it happen often? Were there cases when staff/residents encouraged residents to have sex with other persons?
- 4.1.2e. Were you (or other persons) humiliated, threatened, intimidated? Who did that? Does it happen often?
- 4.1.2f. Do you have to do certain things in the RC, even if you don't want to (clean, help with cooking, work in the garden, help with care for other residents etc.)? Does it happen often?
- 4.1.3. Were there cases when people suffered from thirst, were not provided care, stayed unwashed - nails unclipped, unwashed hair, bodily filth, stench of urine/feces, were thin etc.? Were there cases when staff ignored you when you asked to be provided care? Does it happen often?
- 4.1.4. Were there complaints for the situations discussed? What measures were applied? (Probing questions - Does the head of the RC discuss the abuse with the perpetrators? With the victim? Are the persons responsible kept away from the victim? Does the head of the RC discuss the abuse and what can be done so as the situation does not happen again with the person concerned?

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- 4.1.5 What happens with persons who faced abuse? Do they get any help? (Probing questions - Counselling, medical examinations, tests or treatment for any physical or mental consequences? Are they helped to contact family, friends, trusted persons?)

4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises

- 4.2.1. Were there persons locked in secluded places or in other rooms in the RC? Were they tied to beds or chairs, restrained in straitjackets, injected with drugs against their will? What is the reason?
- 4.2.2. What else do staff do to calm down a person, except for seclusion in a room, restraint - including by injecting them medication, possibly until the Police arrive? (Probing questions - Are there quiet areas where you can go to calm down if you are agitated?) What do you do in such cases (when you want to calm down) or when another person is agitated?
- 4.2.3. During your stay in the RC were you (or others) asked about what makes you agitated and what could help you calm down if you become agitated/during the crisis (for example. to be talked to with calm, to be offered time in a quiet room to calm down, to be given a small dosage of certain medicines etc.)? Yes, when and who asked you? How often?
- 4.2.4. Was this information written anywhere? Where? Was this information taken into account during the crisis?

4.3. Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the residential center or referred to another institution, must not be abused and can be administered only with the free and informed consent of the resident

- 4.3.1. Are you aware of persons who were admitted in the psychiatric ward and were given electroshocks? Can you detail? Did they consent?
- 4.3.6. Were there cases of abortions/sterilizations ("tubal ligation") in the RC? How did it happen? Was that the decision of those persons? Did they want to do that?

4.4 No resident is subjected to medical or scientific experimentation/surveys without his or her informed consent

- 4.4.1. Were there persons who came to the RC to give you pills for a longer period of time - others than those you take? Can you detail? What were you/residents who participated told?

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4.4.2. Did staff receive money or other benefits for encouraging residents' participation?

4.5. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse

- 4.5.1. What do you do if someone yells at you, hits you, restrains you etc.? Who told you what you should do? Have you ever wanted to file a (written) claim/complaint? Whom did you speak with? What happened then?
- 4.5.2. Were there people who filed complaints (about the quality of services, staff, treatment or breaches of their rights)? Were they punished afterwards by staff or by other residents? (Probing questions - Are you aware of a situation when someone did not file a complaint out of fear?)
- 4.5.3. Were there people in the RC who had a lawyer? Who paid the lawyer? Were there people who didn't have a lawyer, although they would have needed one? Would you know what to do to get to a lawyer? Do you know cases when the RC supported people in the RC to get legal aid?
- 4.5.4. Do you know persons or organizations (for example, for persons with disabilities, human rights, legal representation) who can support you in such cases? Who told you about them? Did you need such persons and could you contact them? What happened then?
- 4.5.5. Was anyone found guilty of abuse or neglect (staff or other residents) punished? In what cases and what kind of penalty? (Probing questions - Do you think that the penalty fit the act committed? Have similar acts happened after that?)
- 4.5.6. Were there monitoring visits since you've been in the RC (to make sure that your rights are respected in the RC)? Where from? How often? Are these visits announced? If yes, do staff do anything to prepare such visits? Has anything changed in the RC after the visit? What?

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## DIMENSION 5

### LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

#### 5.1. Residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community

- 5.1.1. Do you know about available housing in the community where you could move if you wanted to? Do you know about the money you could get (benefits, complementary budget, personal assistant, guaranteed minimum income, other benefits etc.)? How do you know about these things (staff, family, friends, organization etc.)? Did you ask questions about it?
- 5.1.2. Do you know how you could get a place to live in the community? How can you rent? Or how can you get social housing? How did you find out about these things? Did you want to get a place to live? What happened then?
- 5.1.3. Do you know how you could get the disability benefit, complementary budget, personal assistant, guaranteed minimum income, other benefits etc.)? Where from? From staff? Did you ask questions about it?

#### 5.2. Residents can access education or employment opportunities

- 5.2.1 Do you know what schools, high schools, courses, jobs are available in the community? Where from (staff, family, friends, organization etc.)? Did you ask for such information?
- 5.2.2 Did you want to enroll in a school, training course etc.? Who helped you (staff, family, friends, organization etc.)? What kind of help did you get? Can you give us an example?
- 5.2.3 Did anyone help you when you wanted to find a job? Or to take a course to learn a profession? Who helped you (staff, family, friends, organization etc.)? What kind of help did you get? Can you give us an example?

#### 5.3. The right of residents to participate in political and public life and to exercise freedom of association is supported

- 5.3.1 Do you know about the organizations in the community (including organizations of persons with disabilities); or how the Government, ministries, city halls etc. work; or who makes decisions about the lives of the persons in the residential centers etc.? Where from (staff, family, friends, organization etc.)? Did you ask questions about it?
- 5.3.2 Did you vote in the elections? Did anyone help you vote? Who? What kind of help (Probing questions - Did you get information about the candidates, parties, election date, procedures etc.? Was the information easy to understand? Were

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- you helped to get to the polling stations? Did anyone tell you whom to vote for? Did anyone ask you to tell them whom you will vote for?
- 5.3.3 Did you want to become member of an organization (political, religious, social etc.)? What did you do? Did you ask for anybody's help? Who (staff, family, friends, organization etc.)? Did you get help?

5.4. Residents are supported in taking part in social, cultural, religious and leisure activities

- 5.4.1. Do you know what happens in the community (theatre performances, movies, exhibitions, church services, other leisure activities etc.)? Do you know how you can get there? Do you know that sometimes you have to pay a ticket etc.? Who told you (staff, family, friends, organization etc.)? Did you ask questions about it?
- 5.4.2. What do you do when you want to attend a community activity, for example, go to the movies? Do you ask anybody's help? To whom? What kind of help? Is transportation provided? Can you go anytime and choose the activities you want to attend? Or do you have to go when the RC organizes group trips?
- 5.4.3. What about exhibitions, theatre, church etc.?

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## ANNEX 5. GUIDE FOR THEMATIC GROUPS/FOCUS GROUPS/INTERVIEWS WITH STAFF FROM INSTITUTIONS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of public residential centers for adults with disabilities from the perspective of several essential aspects - Living conditions and personal autonomy, Private life, Health care, Staff, Privacy, Employment, including the relationship with public employment services, Education and training, Restrictions and isolation, Social participation, Complaints and settlement, Elements necessary to verify the compliance with quality standards. These aspects are grouped into 5 general dimensions - (i) Adequate standard of living, (ii) The enjoyment of the highest attainable standard of physical and mental health, (iii) The right to exercise legal capacity and the right to personal liberty and the security of person, (iv) Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse, (v) Living independently and being included in the community.

The interviews with the staff of the RC have the role both to complete the information obtained through direct observation and analysis of documents, and to provide additional information about the living and care conditions in residential centers that could not be obtained otherwise. The information will be used to calculate the score needed to assess each sub-criterion, a score that can be further used to calculate the scores of criteria and dimensions relevant to the assessment of each residential center.

**How to complete:** The interviews will be audio recorded and the answers will be coded using the interview fiche.

**Source of information:** Focus groups/ interviews with staff from residential RCs: 5-7 persons interviewed in RCs with up to 100 residents, at least 10-14 persons in RCs with over 100 residents.

**Responsible for completion:** WB expert

**Approximate average completion time:** 120 minutes



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*Hello! My name is \_\_\_\_\_, and I would like to talk to you about some important issues. NARPDCA, with technical support from the World Bank, is conducting a study in order to develop a complex diagnosis of the residential protection system for adults with disabilities. Your answers will be treated with the utmost care, we will not disclose them to anyone, they will therefore be anonymous and will be stored and processed electronically in a form that does not allow your identification with the answers provided. If you would like to contact the person coordinating this study, you can call the \_\_\_\_\_ phone number or send a written request by email to \_\_\_\_\_. Thank you for your time!*

*First of all, we want to ask you if you agree to audio record our discussion. We request this in order to be able to follow the course of the discussion more easily. We will use it exclusively so as not to lose sight of the opinions and information you provide us. No one but the research team in this study will have access to this recording, which we will store on an encrypted hard drive. Thank you!*



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## DIMENSION 1

### ADEQUATE STANDARD OF LIVING

#### 1.1. The building is in good condition

- 1.1.1. How do you manage necessary repairs in the RC? Are you currently facing an urgent situation? Have there been complaints from the residents recently?
- 1.1.2. Are there difficulties related to RC accommodation for persons with physical disabilities and reduced mobility? How about for those with vision and hearing disabilities?
- 1.1.3. Do the heating and ventilation systems work properly throughout the year?
- 1.1.4. Do you organize staff information sessions/drills on fire outbreaks, earthquakes, other risk situations? And for the residents? What is their frequency?

#### 1.2. The sleeping quarters are comfortable and allow for privacy

- 1.2.1. How do residents get to sleep in certain sleeping quarters? (Probing questions: Can residents choose where and with whom they live?)
- 1.2.3. Do residents go to sleep/wake up whenever they want?
- 1.2.5. Are residents provided more blankets or a softer pillow, if they want? How frequently are they washed? How frequently are they replaced?
- 1.2.6. If residents do not have lockable lockers, can they keep their belongings in another safe place? Are there cases when personal belongings are confiscated from residents?

#### 1.3. The residential center meets hygiene and sanitary requirements

- 1.3.1. Is there a regular cleaning and sanitation schedule in the RC? What is their frequency? Who cleans the sleeping quarters and the rest of the spaces in the RC?
- 1.3.2. Are there difficulties concerning the provision of hot and cold water at all times? Is there a shower/bath use schedule? How about other supplies - shampoo, toothpaste, toothbrushes, feminine care pads, diapers, deodorant, clean towels? Do residents have to ask for feminine care pads or can they take them from a specific place in the RC?
- 1.3.5. Who supports the persons who need assistance to use the toilet/shower?

#### 1.4. Residents have access to food, safe drinking-water and clothing that meet their needs and preferences



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- 1.4.1. Have there been recent situations with the quality of drinking water and food (Probing questions: insufficient quantity, insufficient nutritional value, insufficient variation)?  
Are residents involved in drafting the menu and the shopping list? In what way?  
Are there cases where residents ask for a specific type of food? Does it happen that residents want to eat between meals? Do residents want to be involved in cooking meals? Can they cook their own meal if they want to?
- 1.4.2. Who cleans the kitchen/dining room?
- 1.4.3. Generally, can residents wear whatever clothes they want?
- 1.4.4. Are residents provided clothes by the residential center if they do not have any?  
Are clothes season-appropriate? Can they go shopping for the clothes they want?  
Can they wash their clothes themselves if they want to? Are clothes washed separately or together with other residents' clothes?

**1.5. Residents can communicate freely, and their right to privacy is ensured**

- 1.5.1. Can residents use a RC phone to make/receive phone calls? Can they use computers whenever they want (if available)? Does anyone help residents who need assistance to use computers? Are there papers, envelopes, stamps for writing/sending letters?
- 1.5.2. Are there cases when residents' letters are read? Can they make phone calls from rooms where their conversations cannot be overheard?
- 1.5.3. How do people with hearing impairments communicate with staff and with other residents? How about persons with intellectual disabilities? How about persons who do not speak Romanian?
- 1.5.4. What is the RC visit policy - is there a visiting schedule or frequency? Is there a place where residents can receive visitors? Or can they receive them wherever they want? How long can visits take?
- 1.5.5. Are there rooms or places in the RC where visitors cannot go/enter? Can they walk in the RC/yard whenever they want?

**1.6. The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction**

- 1.6.1. (If degraded, uncomfortable furniture, rather specific to a sterile institutional environment was noted during the visit) Were there attempts to repair/replace the furniture?
- 1.6.2. Do you spend time with the residents beside the activities in the RC? When and where?
- 1.6.3. What do residents do for fun? Do they listen to music, watch TV, movies, do they play handball, tennis etc.? Backgammon? Chess? Do they have balls, rackets? Have they requested other things recently?



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1.6.4. (If there is a room for social activities, or several) Is this room ever locked? Ca residents use it whenever they want?

1.7. Residents enjoy fulfilling social and personal lives and remain engaged in community life and activities

- 1.7.1. Are there persons who are not allowed to talk to/meet other persons from the RC? What is the reason?
- 1.7.2. Can residents leave the RC to attend important events (weddings, funerals - if applicable, other events in the community etc.)? Are there any exceptions?
- 1.7.3. What are the activities organized in the RC (Prompts: movie evening, gardening, drawing, reading group etc.)? How about in the community? Who organizes such activities? Can residents suggest activities? Are they involved in organizing the activities? Can residents not attend, if they don't want to?
- 1.7.4. Do residents go to activities in the community? (Probing questions: As a group/individually? With staff/unaccompanied? How do they get there (bus, RC vehicle)?) How do they find out about these activities?
- 1.7.5. What do residents do when they want to go to the movies, for example? Are they helped to get to the movie theatre (they are provided guidance, their transport and movie ticket is paid for them etc.)
- 1.7.6. What do residents do when they want to go out of the RC? (Probing questions: Do they ask for permission? Are there persons who cannot leave the RC at all?)

1.8. The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships

- 1.8.1. Are there couples (including married couples) in the RC? Do they live together in a room? What do you do when two people like one another and want to be together? How do other residents react? Where do people have sex in the RC? Are there/have there been couples who wanted to move to the community?
- 1.8.2. Is there a RC policy on the residents who become pregnant? What about a policy to prevent pregnancies? (Probing questions: Were there women who became pregnant in the RC? What happened? Did she have an abortion? Who made the decision? Did she give birth? What happened with the child then?) In cases when there are resident/s who have children in the protection system, how is the relationship between parents and children maintained? Were there cases when women in the RC were sterilized? Who made the decision? Are there condoms in the RC? How are they distributed? Are women in the RC administered hormonal contraceptives? Are the women explained what they are?

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## DIMENSION 2

### THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

#### 2.1 The residential center is available to everyone who requires treatment and support

- 2.1.2. What is the RC policy when they cannot provide services to a person who applies for admission to the RC, who addresses the RC directly?
- 2.1.3. Were there cases when the residents remained in the RC because the family refused to accept them, or because there were no support services in the community, because they were too poor to live in the community, because they did not have a house etc.?

#### 2.2 The residential center has skilled staff and provides good-quality services

- 2.2.1. Is there sufficient skilled staff in the RC able to provide counselling, rehabilitation, preparedness for independent living etc.? What kind of staff is lacking? Are the staff trained to be capable to undertake their activities in the spirit of promoting independent living and inclusion in the community? How is the training provided and what is the training frequency?
- 2.2.2. Are the staff aware of the different community services aimed at facilitating rehabilitation and life in the community? (support, jobs, housing, education, social protection systems etc.) Are they aware of their relevance to ensure community integration for persons with disabilities?
- 2.2.3. Can resident consult a psychiatrist/other mental health professional (psychologist, psychotherapist etc.) when they require this? How fast?
- 2.2.4. Is there RC staff prescribing and reviewing psychotropic medication? How often are they present in the RC?
- 2.2.5. Do staff have knowledge on the human rights and on the UN Convention on the Rights of Persons with Disabilities? Are they trained on such aspects? Who trains them and what is the training frequency?
- 2.2.6. How do residents notify you on their concerns and suggestions about the quality of services in the RC? Who informs them that they have this right? How do you respond to such concerns, suggestions?

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2.3. Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community

- 2.3.1. Are the residents aware that they have an Individual Plan? Do they know the content of the Plan? Have they ever seen it? In general, does the IP cover the important objectives for the residents (Probing questions - General and specific objectives, social, medical, educational and employment)?
- 2.3.2. Are residents involved in drafting the Individual Plan from the very beginning? Are they asked what they want to do in the RC, what is their opinion about what they already do (activities, staff), what are their needs, how they would like to be cared for, what pills they would like to take or not etc.? When are they consulted? Are they explained what a case manager is? What about the interdisciplinary team? How often do they meet the case manager? How about the team?
- 2.3.3. Are residents encouraged to develop advance directives - a set of preferences about how they would like to be treated or not to be treated in the event of a crisis? Do staff know how residents want to be treated when they become agitated? Where from?
- 2.3.4. What are the activities undertaken in the RC? Psychological counselling, other rehabilitation activities, activities where residents are provided support to manage their money, to cook, to go shopping, to look after themselves, to go in the community by themselves, to clean, to learn to read/write/communicate, to continue their studies, to understand more about their health (including their mental health), to interact with others etc.?
- 2.3.5. Do staff support residents to maintain or re-establish connections with family, friends? How?
- 2.3.6. Do staff facilitate residents' access to general healthcare services when they need them? How about specialist mental health services? How about services to facilitate grants, housing, employment, day-care centers and assisted residential care?

2.4. Psychotropic medication is available, accessible and administered appropriately

- 2.4.1. Is the appropriate psychotropic medication (specified in the national strategic medicines list/the WHO essential medicines list) available in the RC or can it be prescribed?
- 2.4.2. Has the psychotropic medication administered to residents been unavailable in the past 4 months?

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- 2.4.3. Who monitors the dosage administered to residents? Were there cases when residents were given the wrong dosage or medication? Can you detail?
- 2.4.4. Are residents explained the purpose of the medications being prescribed/administered, including information on side effects? Are residents monitored for side effects? If yes, what measures are in place for cases where side effects are identified?
- 2.4.5. What other treatment options, besides medication, are available for residents (e.g., psychotherapy)? Are residents informed about these alternatives?

**2.5. Adequate services are available for general and reproductive health**

- 2.5.1. Are residents provided regular health examinations (including dental examination)? What are the annual tests residents take? What happens when a resident postpones an examination? Are residents offered general physical health examinations before admission to the RC? Is there permanent medical staff in the RC?
- 2.5.2. What happens when a resident has a health problem which cannot be treated in the RC? What are the most frequent health issues in the RC?
- 2.5.3. What happens if residents need surgical interventions or other medical procedures? Have you faced difficulties in accessing specialist healthcare services for residents? What are the health issues which generate the most frequent hospitalizations?
- 2.5.4. Are there health education and promotion activities conducted in the RC? (healthy diet, tobacco addiction and consumption of other substances, HIV/AIDS etc.) If not available in the RC, can residents participate in such activities elsewhere?
- 2.5.5. Are there education activities on safe sex practices, family planning, contraception? Are condoms available in the RC in areas accessible to residents?
- 2.5.6. Question 1.8.2. Abortion, sterilization, contraception administration - who makes these decisions?

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### DIMENSION 3

#### THE EXERCISE OF LEGAL CAPACITY AND THE RIGHT TO PERSONAL LIBERTY AND THE SECURITY OF PERSON

##### 3.1. Residents' preferences on the place and form of service are always a priority

- 3.1.1. Are residents asked whether they want to live in the RC regularly after their admission? By whom and in which context (for instance, by the multidisciplinary team during the evaluation sessions). If they don't want to, how does the RC proceed further?
- 3.1.2. Are residents supported to move in the community? How - find housing, a job, a personal assistant, reconnect and discuss again with family, friends, carers/personal assistants or other trusted persons about their return to the family (where applicable)? Does the RC have a restructuring plan or other deinstitutionalization plan?
- 3.1.3. Are residents asked what they want to do in the RC - activities, treatment etc.? When and how? Are their preferences taken into account? If not, why?

##### 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent

- 3.2.1. Are residents offered information about admission, activities in the RC, treatment? When and how? Is the information accommodated, including for persons with intellectual disabilities? How do staff ensure that any activity and treatment are provided only with the informed consent of the residents?
- 3.2.2. How do staff interact with persons who become agitated/are facing a crisis? How do they know how to interact or how the resident would prefer to be treated in that moment? Do staff take into account previously expressed preferences (where applicable) by the resident or by the family/friends/support persons?
- 3.2.3. Were the residents informed that they have the right to refuse treatment (e.g., psychotropic treatment)? How about the staff? What happens when a resident refuses treatment in the RC? Is she/he constrained to take it?
- 3.2.4. Are there records of cases of treatment or institutionalization without consent? Where were they reported? How fast were they reported?
- 3.2.5. Do staff know that residents institutionalized or treated without consent have the right to file a complaint? Were the residents informed about it?
- 3.2.6. Do staff facilitate access to legal assistance and counselling for residents in such cases?

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**3.3. Residents can exercise their legal capacity and are given the support they may require to exercise their legal capacity**

- 3.3.1. Does it happen that residents ask for advice/support in cases when they have to make decisions? What do you do? Can you provide an example? Were there cases when residents wanted to do something you considered inappropriate, unrealistic, different from what you would do, or something which indicated that the resident did not have sufficient information about that situation and about the consequences of that action? What did you do then? Can you provide an example?
- 3.3.2. Are residents informed on their rights when they are admitted in the RC? Both in writing, and verbally? Is the information accommodated in easy-to-understand formats, avoiding technical language? How do staff ensure that the residents understood the information?
- 3.3.3. What about the multidisciplinary evaluation, the information in the Individual Plan, the specific activities in the RC, the treatment scheme etc.?
- 3.3.4. Are residents encouraged to choose/appoint a person/various persons to help them make personal decisions or decisions related to the services received in the RC? If the resident already has such a person (family, friends etc.), can she/he maintain contact with that person?
- 3.3.5. Do you take this person into account if he/she communicates the resident's preferences related to the services received in the RC?
- 3.3.6. How frequent is a person declared legally incompetent in the RC? Can you provide some examples?? In what circumstances does it happen?? Are there persons in the RC you would say cannot decide for themselves? Can you detail?
- 3.3.7. What happens when someone in the RC does not have a person to help him/her make decisions (or seems mentally incompetent)? Does the RC do anything to find support?

**3.4. Residents have the right to confidentiality and access to their personal file**

- 3.4.1. Are personal files stored in a secure place?
- 3.4.2. What can residents do if they want to see their personal file? Were there such cases? What was the reason? Are there persons who should not see their file?
- 3.4.3. What happens when a person wants to see a resident's file?
- 3.4.4. Were there cases when residents wanted to add information, opinions and comments to their personal file? Can they do that if they want?



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## DIMENSION 4

### FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT AND FROM EXPLOITATION, VIOLENCE AND ABUSE

#### 4.1. Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect

- 4.1.1. In general, how would you rate staff interaction with residents? Were there cases when staff (any staff) did not treat residents with respect - huffed them, ignored them, mocked them? What measures were applied in such cases?
- 4.1.2a. Were there cases when residents were yelled at, patronized, sworn at?
- 4.1.2c. Were there cases when residents were physically aggressed (hit, slapped, pushed, pulled etc.) By whom and what measures were applied?
- 4.1.2d. Were there cases when residents were sexually aggressed (touched, kissed, exposed to nudity of others etc. unwillingly)? By whom and what measures were applied?
- 4.1.2e. Were there cases when residents were humiliated, threatened, intimidated?
- 4.1.2f. Do residents help with cleaning and other activities in the RC? Are they rewarded? Do they do that on their own initiative?
- 4.1.3. Did residents complain of physical neglect or of not having been given the necessary care?
- 4.1.4. Were there complaints for all situations discussed? What measures were applied? (Probing questions - Does the head of the RC discuss the abuse with the perpetrators? With the victim? Are the persons responsible kept away from the victim? Does the head of the RC discuss the abuse and what can be done so as the situation does not happen again with the person concerned?)
- 4.1.5. What happens with persons who faced abuse? Do they get any help? (Prompts - Counselling, medical examinations, tests or treatment for any physical or mental consequences? Are they helped to contact family, friends, trusted persons?)

#### 4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises

- 4.2.1. Are residents secluded and restrained? For what period? Are such cases recorded and reported to a relevant authority?
- 4.2.2. What else do staff do to calm down a person, except for seclusion/restraint? Are staff trained on de-escalating techniques? (Are there quiet areas where you can go to calm down if you are agitated?)

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- 4.2.3. Are staff aware of the triggers for each resident? How did they find out? Where is this information recorded and stored?
- 4.2.4. Is such information available in case of crisis and is it taken into account?
- 4.2.5. Are there records of seclusion/restraint cases? Are the period and method documented?

4.3. Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the residential center or referred to another institution, must not be abused and can be administered only with the free and informed consent of the resident

- 4.3.1. Were there persons in the RC who were administered electroconvulsive therapy? With their/their legal representative's consent? Did that happen during voluntary or involuntary admission? Are there records of such cases?
- 4.3.3. Were they administered anesthetic and muscle relaxant?
- 4.3.5. What about psychosurgery? If there were such cases, did the residents consent? Was the procedure approved by an independent committee? Are there records?
- 4.3.6. Were there cases of abortions/sterilizations? Were they performed with the residents' consent? Can you detail? Are there records of such cases?

4.4. No resident is subjected to medical or scientific experimentation/surveys without his or her informed consent

- 4.4.1. Were there medical or scientific experimentations performed in the RC? Who participated? How was the participants' consent obtained? Were they explained the health risks, side effects etc.? Were they told they may not attend, if they don't want to?
- 4.4.2. Did staff receive any privileges, compensation or remuneration in exchange for encouraging residents to participate?
- 4.4.3. Were you notified possible risks to residents' health posed by the experimentation?
- 4.4.4. Do you know who approved the experimentation (e.g., an independent ethics committee)?

4.5. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse

- 4.5.1. Were residents informed on the appeal/complaint procedure in case of abuse? Was the information clear and easy to understand? How can they actually file a complaint?
- 4.5.2. Are you aware of cases when residents wanted to file a complaint, but gave up?



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- 4.5.3. Do residents have access to legal advice and representation? How does the RC support residents to access such services?
- 4.5.4. Do residents have access to information on persons or organizations (for example, for persons with disabilities, human rights, legal representation) who could support them in their attempt to file/solve a complaint? Could they contact them, if needed?
- 4.5.5. Were there persons found to be abusing or neglecting residents? What measures were applied in such cases? Were they useful to prevent other such acts in the future?
- 4.5.6. Were there RC monitoring visits conducted in the past years? By whom? Are there records of the recommendations and measures applied following the visits? Were they useful to prevent breaches of residents' rights?

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## DIMENSION 5

### LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

#### 5.1. Residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community

- 5.1.1. Do you inform the residents on the existing housing options in the community and on the financial resources necessary for independent living in the community? (benefits, complementary budget, personal assistant, professional personal assistant, guaranteed minimum income, other benefits etc.) Do you inform them on how to access them? If yes, how? On their request or regularly?
- 5.1.2. Were there cases when you supported residents to obtain a place to live in the community (including via the professional personal assistant)?
- 5.1.3. Were there cases when you supported residents to apply for benefits, complementary budget, personal assistant, professional personal assistant, guaranteed minimum income, other benefits etc.?

#### 5.2. Residents can access education or employment opportunities

- 5.2.1. Do you inform the residents on the schools, high schools, courses, jobs available in the community? If yes, how? On their request or regularly?
- 5.2.2. Were there cases when you supported residents to enroll in a course or education?
- 5.2.3. Were there cases when you supported residents to apply for a job, to go to an interview (Including through the local employment offices)?

#### 5.3. The right of residents to participate in political and public life and to exercise freedom of association is supported

- 5.3.1. Do you inform the residents on organizations in the community (including organizations of persons with disabilities); on how the Government, ministries, city halls etc. work; on who makes decisions about the lives of the persons in the residential centers etc.? How and how frequently?
- 5.3.2. Do you inform and support residents to vote? How? (Probing questions - Do you provide residents information on the candidates, parties, election date, procedures etc.? What is the format of the information? Are they easy to understand? Do you help them get to the polling stations? If a resident asks you whom they should vote for, what do you answer? Usually, do you know whom residents vote for?)
- 5.3.3. Did a resident want to become member of an organization (political, religious, social etc.)? What did you do then?

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#### 5.4. Residents are supported in taking part in social, cultural, religious and leisure activities

- 5.4.1. Do you inform the residents on community activities (theatre performances, movies, exhibitions, church services, other leisure activities etc.)? Do you inform them on how to get there - what means of transport they should use, the fact that they must pay for the ticket etc.?
- 5.4.2. How are residents supported when they want to go to the movies, or other social and leisure activities? Are they provided transportation, are they paid the tickets? Were there such cases?
- 5.4.3. How are residents supported when they want to go to the theatre or to church? Do you tell them where they could go, do you provide transportation?

## ANNEX 6. PHOTOVOICE METHODOLOGY

**Four Photovoice workshops** are proposed to be organized in **four different residential centers in four different regions of Romania**. Each workshop will include **4 to 7 participants**, will consist of **two stages (introduction and discussion)** and, between the two stages, **participants will take a set of photos** and will keep a **reflective journal** at the facilitator's invitation. The photos and reflections will have as general theme: **my life and my rights inside and outside the RC**.

During the first stage (the introductory one), participants will be trained on practical photographic techniques, as well as in the way in which photography can be used to document everyday practices of the personal life context and/or convey certain emotions/perspectives related to one's personal experience in the current life context. In addition to photographic techniques, participants will be invited to reflect, together with the facilitator, on possible documentation topics. The discussion on possible documentation topics will also be prompted (if necessary to support the discussion and the reflective process) by questions based on the set of instruments [WHO QualityRights Toolkit](#), to which the participants will be able to choose to answer through photos. Participants will also be invited to keep a mini-journal with descriptions of the photos and the reason for taking these photos (in the case of those who have a good level of literacy and feel comfortable reading and writing). The photographic techniques will be adapted for people with visual impairments (for example, by working in mini-teams/pairs), as well as in the case of other potential limitations.

During the second stage, the photos will be discussed first within a focus group, with all the participants in the Photovoice workshop in the respective RC (4 to 7 persons), followed by individual interviews about their daily life in the RC and about the observance/violation of their rights based on the photos that they have taken, as well as about their journey before entering the RC and about their aspirations for the future.

### 1. The Photovoice Method

The Photovoice method is a participatory research method that allows to explore the perspective of marginalized people on their daily reality and their aspirations, the way they conceptualize the problems that they face and potential solutions. The method is based on the photographic documentation of everyday life by persons who normally live in the documented life context and who have limited possibilities to make their voices heard.

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Photography, unlike written expression, can convey a lot of information without requiring a level of formal education or skill (e.g. advanced literacy).

According to the first promoters of the Photovoice method (Wang and Burris, 1997), this is a research method that is very appropriate for conducting a participatory need analysis at the level of vulnerable communities. Also according to Wang and Burris, this method can have three objectives:

- (1) Empowering people so as to record and reflect the strengths and concerns of the community,
- (2) Promoting critical dialog and knowledge of important issues through photo-based group discussions, and
- (3) Addressing decision and policy-makers.

When applying Photovoice methods to vulnerable groups, a positive impact was noticed, because the honest involvement in identifying, documenting and analyzing community problems can positively influence self-esteem (see also Cere, 2009). In the particular case of applying this method to people with disabilities (Booth and Booth, 2003), it was noted that it could be applied as a way of group reflection on the problems faced by a certain vulnerable group (e.g. mothers with learning difficulties), providing a very rich image of individual experiences.

Moreover, such a context has also generated the need to find an alternative way of publishing the results of the Photovoice projects conducted with people from vulnerable groups at a high risk of stigma: publishing the results of the participatory research and reflection, but not the photos. This solution was proposed by Booth and Booth (2003) so as to respond to the participants' desire not to publish the images generated during the project, in order to avoid exposing their daily lives to potential strangers. Thus, researchers have identified the solution of publishing an anonymized report without visual images, including only the description of the images generated by the participants (Booth and Booth, 2003). This solution was adapted for this project as well, as it offers the possibility of having a critical reflection on the daily reality using the photos taken during the workshops without the inconveniences of making public the image of vulnerable persons in vulnerable life situations.

Photographic documentation during Photovoice workshops is often done with the help of easy-to-use cameras and accompanied by a description of the images/settings photographed. Usually, the images document a specific problem or topic within the community that the participants belong to and/or the reflection is prompted by a set of questions prepared by the facilitator. Both the images and their description can then be shared with other people involved in the project in the form of a focus group, generating discussions about the facts that they represent and thus encouraging participants to analyze

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their daily lives in a critical and participatory manner, as well as allowing the facilitator (usually from outside the community) to develop an overview of the problems faced by the community.

At a later stage, the facilitator can discuss the images generated individually by each participant. In this case, the images are used to allow an in-depth interview about the way in which the individual living conditions are understood by those who live them and to initiate the discussion, starting not primarily from the interviewer's understanding of the topic discussed, but from the impressions of the interviewee, as described in the images produced by the latter. Both the images and the results of focus groups and interviews can be used to inform decision-makers about the perspective of vulnerable groups on their needs and can thus determine the appropriate distribution of the resources intended to improve community life. Many Photovoice projects also include an exhibition or a virtual form of making the images and their descriptions known to the world - this approach was not included in the design of this tool because it would involve the difficult-to-manage exhibition of the image of institutionalized persons. Instead of this presentation, by using the reflections obtained during the focus groups and individual interviews, a research report will be compiled reproducing as accurately as possible the participants' reflections and aspirations, using both the description of the images and extensive quotes. Furthermore, with the consent of the photo authors, the report will also include images that do not contain identifiable persons.

## 2. Objectives of the research tool

In this context, the Photovoice method will be used to document how persons with disabilities in residential institutions understand their life context and what they want to change about their life situation. The aim is to provide a space and techniques through which persons in institutions conveyed to policy-makers and decision-makers their perspective on their daily lives and aspirations. This research objective thus coincides with the objectives proposed for this type of tool by Wang and Burris.

The advantage of this approach is that it focuses on empowering participants to convey their perspective on their own lives and aspirations in a powerful manner. Therefore, this research tool not only supplements an investigative approach, but also aims to contribute to the transformation of the way in which the residential service system for people with disabilities listens to and respects the opinion of its beneficiaries - thus also contributing to fighting stereotypes and misconceptions about people with disabilities in the residential system and their right to self-determination.

The method will also pay more attention to the rights of persons with disabilities. This is a methodological choice in line with the advocacy objective of this tool and with the broader

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framework for analyzing the evaluation of public residential centers. A human rights-based approach to the situation of persons with disabilities living in residential centers allows for the translation of individual aspirations and/or their dialog with global public policy frameworks that decisively support their implementation. In order to operationalize in practical terms the human rights-based approach to the situation of persons with disabilities in residential centers, the methodology starts from the five topics proposed by the [WHO QualityRights Toolkit](#), pursued also through other research tools within the project. Thus, the five dimensions pursued are:

1. Adequate standard of living;
2. The enjoyment of the highest attainable standard of physical and mental health;
3. The right to exercise legal capacity and the right to personal liberty and the security of person;
4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse;
5. Living independently and being included in the community.

Although these dimensions will determine the use of the Photovoice tool, its design and strengths come precisely from the fact that **it is an open tool**, which allows to generate unexpected results and topics for the facilitator, but particularly relevant for the participants and for their understanding of life in the institutions, as well as of potential transformations in the sense of a community reform of these institutions. Therefore, **this research design will try to leave as much space as possible for ideas coming from the participants**, thus being able to supplement the other research methods (interview-type) applied as part of the wider activity of collecting data about residential centers for adults with disabilities, while also contributing decisively by generating messages from institutionalized people to decision-makers and public policy-makers.

### Ensuring the dignity of the participants

Given that this tool is aimed at empowering a vulnerable group (institutionalized persons with disabilities in the residential system) to convey their perspective on daily life and their aspirations, both the activity during the Photovoice workshops and the analysis of the data generated by the participatory application of this research tool will be conducted so as not to affect in any way the dignity of the participants and of the vulnerable group to which they belong. In this regard:

- The person who will implement the Photovoice methodology will have experience in carrying out this type of activity, as well as an in-depth knowledge about the field of disabilities and the rights of persons with disabilities.

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- All workshops will be designed in a participatory way so as to provide a free and safe environment for participants to express their opinion and be heard. The interview guides were designed to stimulate discussions and not to get answers from the participants. The data analysis method was designed so as to maximize the provision of space for the directly quoted opinions and experiences of the participants (in order to avoid and/or reveal distortion in the analysis process).
- The focus group and individual interview guides were analyzed to make sure that none of the questions affected the dignity of the participants, while still providing an opportunity to discuss difficult issues related to human rights violations in the participants' life context. Also, if the participants feel that a question affects them emotionally or their dignity, they will be asked to report this to the facilitator in order to exclude the question during subsequent applications of the tool in other RCs, as well as to avoid resumption of the topic during the workshop in question.
- Given that discussing daily life and individual relation with the aspirations can be a cause for emotional discomfort with a potential negative impact on individual well-being, the facilitator will insist from the beginning of the workshop and will recall this throughout the workshops, meetings and interviews, that none of the participants should feel compelled to answer a question or present an image, etc., with which they do not feel comfortable.
- If, during the Photovoice workshops, a participant realizes that her/his participation has a negative impact on her/his well-being or that (s)he wants to withdraw for any other reason, (s)he will have the option to do so without any negative consequence (maybe even keep the camera received after stating her/his willingness to participate in the workshops). The facilitator will explain this option in the beginning of the first meeting with the participants. In order to ensure that this option remains viable also in terms of collecting the data needed to implement this tool during the project, the opportunity to participate will be offered to a higher number of participants than the minimum required to obtain the research results.
- This methodology is designed in such a way that people participated without being discriminated against based on disability, age, gender or any other criteria - the working tools have been adapted to this effect (written journal, replaced by spoken journal, etc.).
- The anonymity of the participants will be ensured very carefully when reporting the research results. When drafting the research report, any information that could make the cited person identifiable will be deleted, and any information that is not directly relevant for the opinion or perspective presented will be deleted. Images containing identifiable persons will not be made public beyond the context of the focus groups, so as not to cause any inconvenience to the persons indirectly involved in the project.

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- In order to ensure that participants will not suffer from this participation in the residential context in which they live and where they will participate in the workshops, this will be notified to the case manager, specialized and care staff during the initial discussion with the contact person at the RC, when the facilitator will transmit and discuss information regarding the nature of the documentation activity and the participants' right to privacy.

### 3. The stages of applying the Photovoice method

The research tool aims at the participation of at least 20 institutionalized persons with disabilities from four residential centers in different regions of the country in a photographic project documenting their daily lives in the institutions.

#### Stages of preparation of the data collection phase

##### Stage 1: Selection of the RCs where the Photovoice workshops will take place

In order to ensure that a wide variety of perspectives are taken into account during the Photovoice workshops, the careful selection of these RCs is very important. The following criteria will be taken into account when selecting the four RCs in which the Photovoice research method will be applied: (i) development region (grouped into four geographical areas), (ii) type of residential center ("new type" RCs<sup>278</sup> and "old type" RCs<sup>279</sup>) and (iii) size of the RC (number of beneficiaries in the RC). From the combination of the four criteria, the selected RCs will have the following characteristics (see Table 1): (i) a new type RC in the northeast/southeast region with up to 50 beneficiaries; (ii) an old type RC in the Bucharest-Ilfov/south region with a number of beneficiaries between 50 and 79; (iii) a new type RC in the west/southwest region with a number of beneficiaries between 80 and 119; and (iv) an old type RC in the central/northwest region with 120 or more beneficiaries.

For each type of RC concerned, the RC with the number of beneficiaries closest to the average number of beneficiaries in the respective size category will be selected (in order to avoid arbitrariness in the selection and choose the typical RC). For example, given that for

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<sup>278</sup> The centers included in Decisions nos. 877 and 878 of October 30, 2018 are considered **new-type centers**: CAbR (Habilitation and Rehabilitation Center for Adults with Disabilities), CIA (Care and Assistance Center for Adults with Disabilities), CPVI (Center for Independent Living for Adults with Disabilities).

<sup>279</sup> Other types of centers defined by legislative documents prior to the above-mentioned decisions are considered to be **old-type centers**: CRRN (Neuropsychiatric Recovery and Rehabilitation Center), CRRPH (Center for the Recovery and Rehabilitation of Persons with Disabilities), CPRRP (Pilot Center for the Recovery and Rehabilitation of Persons with Disabilities), CITO (Center for Integration through Occupational Therapy).

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all RCs with 1 to 49 beneficiaries the average number of beneficiaries is 30, the selected RC in the northeast/southeast region will be the one among the 21 RCs in that category which has the closest number of beneficiaries to 30. If there are several RCs with a number of beneficiaries equally close to the average, the RC whose name begins with a letter closer to the beginning of the alphabet is selected. If, for objective reasons, a certain RC cannot be selected, the next RC that is the closest to the average number of beneficiaries for that respective category is chosen.

**Table 1: The situation of the RCs by development region, RC type and number of RC beneficiaries**

Region	RC type	Number of RC beneficiaries				Total
		1-49	50-79	80-119	120+	
Number of RCs						
Northeast and southeast	New center	21	19	5	0	45
	Old center	14	10	5	11	40
South-Muntenia and Bucharest-Ilfov	New center	14	4	2	3	23
	Old center	11	2	1	8	22
Southwestern Oltenia and west	New center	26	12	4	0	42
	Old center	7	3	6	1	17
Northwest and center	New center	18	12	4	1	35
	Old center	36	13	5	5	59
Total		147	75	32	29	283
Average number of RC beneficiaries						
Average		30	55	97	170	

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Note: the table indicates the situation of the RCs by data registered in March 2020. At the time of the selection, the data will be updated.

## Stage 2: Establishing the details for conducting the Photovoice workshops with the staff of the participating RCs

A preparatory meeting (by telephone or online) will be organized with the RC managers (and other team members, depending on the recommendations of the RC management and the GDSACP) to identify the particularities of each RC, the risks and problems anticipated by the staff concerning the carrying out of this activity in each RC, as well as their recommendations. A contact person from the RC's multidisciplinary team will also be appointed. The approach presented below can be customized for each RC, depending on the feedback received concerning those RCs.

## Stage 3: Informing potential participants about the Photovoice workshops

When preparing the first visit to the RC, the contact person will be required to inform the RC beneficiaries about the opportunity to participate in the Photovoice workshops and to communicate the details of the first meeting to those who wish to participate. Moreover, the contact person will be required to discuss with the facilitator about the potential problems that may arise regarding the specificity of the respective RC and/or of the persons wishing to participate, and to discuss together about how these problems could be addressed. The contact person in the RC is required to invite to the first meeting all those who wish to participate. The contact person will be required to present the possibility to participate in the Photovoice workshops to all residents, regardless of their type or degree of disability. To this effect, the contact person will be informed about the measures to make the Photovoice practices accessible so as to respond to the needs of persons with certain disabilities. Furthermore, once people have expressed an interest in participating, the facilitator will discuss with the multidisciplinary team and case manager about the opportunity and challenges of cooperating with certain residents who have expressed an interest - in order to adapt the research tool to these challenges.

## Stage 4: Participant selection

The first meeting in the RC will be attended by all the residents of the selected RC who informed the local contact person (member of the multidisciplinary team) that they would be interested in participating in the Photovoice workshops. From those present, a maximum of 7 persons per RC will be selected, taking into account the following criteria:

- They have to wish to participate throughout the activity and their participation should be voluntary in all three stages - both in preparation for and participation in the photo

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documentation, as well as in the processing of the photos through a focus group and during an individual interview;

- If there are more people than photo cameras or than can be appropriately included in a focus group, participants will be selected according to the following criteria:
  - a. A distribution as comprehensive as possible of the different characteristics (gender, disability, age, trans-institutional biographies/with a history within the community or family, their sleeping quarters in the institution);
  - b. Individual motivation to participate in the Photovoice workshops.
- A disability affecting the "typical" unfolding of the Photovoice project (e.g. visual impairment, which did not allow for the "typical" handling of the camera, intellectual disability or dyslexia, which did not allow for "typical" writing-reading) will not be a reason for exclusion from the Photovoice, but only a need to adapt the tool (more information can be found in the *Application context* section).

### Stages of the Photovoice workshops

In order to participate, each participant will receive a camera (digital or disposable film camera) to use for this documentation, as well as a notebook to write a short description of the picture and the reason for taking the picture. In the case of multi-purpose cameras, they will remain in the possession of the participants. In the case of participants who do not master writing and reading, they will be provided with a tape recorder or a device with a similar function to allow self-recording.

To the extent possible, each RC will provide a space for conducting the preparatory activities for the Photovoice intervention, and, subsequently, those of focus groups and the interviews. Where this is not possible, the solution of using a living room/sleeping quarter will be tested. It is essential that participants be provided with a confidential setting.

### Stage 1: Photovoice training session: training on the use of the camera, learning more about the Photovoice method and presentation of the documentation topics/questions (first visit)

Once the participants are selected, they will form a group of 4 to 7 persons, which will be trained on the Photovoice documentation method, as well as on how to use the cameras in order to send a message.

The training session will be designed in the form of a non-formal adult education session:

- It will start with an *energizer*<sup>280</sup>, followed by an exercise with the facilitator for getting to know each other.

<sup>280</sup> A warm-up activity in the beginning of a meeting, which stimulates interaction between the participants.

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- The facilitator will invite the participants to carry out a need analysis together (related to conveying messages about their daily life in the RC) in the form of a mini focus group prompted by the questions: *What would I want someone who is not from the RC to know about my life here? What would I want someone who is not from the RC to know about what I want? Who should know about these things in order to make my life here better?* This analysis will be followed by an informative discussion on the opportunity to send out a message to decision-makers and/or public policy-makers through the Photovoice workshop, which will end with a joint decision concerning certain recipients of the Photovoice message (local, national institutions, etc., and persons).
- Based on the messages that the participants want to convey, the facilitator will propose the production of staged images (forum theater technique, Thematic Guide 1) together with the participants and the posing of these images for documentation purposes (by the facilitator and by the participants). The facilitator will put the images generated by the participants in dialog with the rights of the persons with disabilities in the context of the CRPD and, by extension, of the project's analysis framework. This activity is also aimed at facilitating the participants' understanding of visual communication. Only those elements of the analysis framework and the CRPD that seem relevant after the discussion in point 2 will be thematized with the participants, and this will be done in an accessible language (starting from the material proposed by the Ceva de Spus Association, 2016).
- The next step is the photographic documentation training (technical and expressive). The facilitator will first clarify the technical details concerning the camera model: how to take photos, how to see them, etc. After clarifying these details, the training in terms of expressiveness will follow - where the facilitator will present the techniques for conveying emotion/perspective by framing the subject in the image.
- The research topics proposed by the participants in point 2 and discussed with the facilitator in relation to the CRPD will now be re-discussed in the form of questions that participants can answer through an image. In order to give the participants the opportunity to think about what they will photograph, the facilitator will ask a question and request the participants to write down, for 2-3 minutes, what photo ideas they have on the mentioned topic/question and how they would describe this image in a short text. The questions will be worded following the model of those in the guide, but only insofar as these topics are of interest for the participants, as it results from the initial need analysis. Participants will be asked to include at least two images that do not contain identifiable persons. If participants cannot or do not want to write down, they will be required to use the time to think about this. Then, the photos proposed will be discussed within the group. After this round, participants

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will be asked if they want their photos and texts to remain anonymous within the group or only for those outside the group (the larger research team) in order to know how to best organize the focus group.

- The participants will have between 4 and 10 days to take the photos, as well as to keep a photo journal in which to write short remarks about each photo taken and the question that it answers. In the case of participants with special needs that require the adaptation of the Photovoice technique, they will be allowed to form teams (with a person they trust). If there is no such person or if several people want this, the technique can be applied together with the facilitator, who agrees to stay for a few more hours to complete this.
- After collecting and anonymizing the photos from a RC, a small number of very good photos will be chosen to be presented to the next participants as an example.

## **Stage 2: Focus group image processing (second visit)**

The group will meet in the same place as for the previous meeting. For this stage, it is necessary to provide or the facilitator must bring a video projector to project the images during the focus group. In the case of disposable cameras, the facilitator will already have the images on the computer and the computer will be connected to the video projector. The facilitator will also bring a computer on which the photos can be transferred. In the case of digital images, the participants will first be invited to bring in turn their photos for the transfer and their photo journal. If the group so wished, the facilitator will change the name/order of the photos so that they are no longer identifiable and enter the text for each picture in the computer.

Once the group is reunited, the meeting will start again with an *energizer*, after which the participants will be invited to reflect on the photo documentation experience - if they had any difficulties, particularly pleasant moments, if they realized something new, etc.

After the initial phase, the participants will move on to the focus group phase (Thematic Guide 2) - the moment will be marked by turning on the tape recorder, with the participants' consent. The focus group will consist of projecting the images using the video projector in a thematic order and/or in the order of the photographers (depending on whether or not the participants decided that the photos should be anonymous at group level). When an image is projected, its description is read (by facilitator, if it is anonymous, or by the photographers, if it is not anonymous). This is when the group discussion will start in order to reflect a critical viewpoint on everyday reality and aspirations. The facilitator will discuss the 5 major topics where they seem relevant.

These discussions will be followed by an evaluative discussion about the focus group and then about the Photovoice method (thus obtaining feedback from the participants that will

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be used to evaluate the Photovoice tool and see what changes are necessary for its implementation in other RCs within the project).

### Stage 3: Individual interviews

The open interview (Thematic Guide 3) will take the form of a discussion starting initially from the images produced by each participant. The interviewee will be invited to reflect on the implications of the images produced in terms of message intended to be conveyed. During the second part of the interview, the person will be required to present her/his biography up to that point using as many of the images produced as possible. The interviewer will ask context questions and encourage the person to share her/his experiences in detail. Violent experiences and relationships with the other people in the RC and with the family will be explicitly thematized here, as they require a particularly protected setting. Also, a person's desires and anxieties regarding community life will be addressed in this setting. Each interview is designed to last between 30 minutes and 1 hour and a half, with an estimated average duration of 50 minutes.

## 4. Thematic guides

Thematic guides will be used as open tools to facilitate interaction during the workshops aimed at teaching the Photovoice practices, as well as during the focus group and one-on-one interviews. Therefore, it is important to indicate that no workshop or interview will include all the questions listed here; these are rather intended as aids for collective or individual reflection on topics with a high potential of impact on the daily life of institutionalized persons. If the topics proposed here in the form of questions are not considered relevant by the discussion partners, they will be replaced by a more open discussion based on the topics proposed by the discussion and interview partners.

### Thematic guide 1: Producing staged images

Staged images are a forum theater technique that allows the mastering of visual communication. When preparing for the Photovoice, they can be used to encourage participants to get actively involved and become familiar with both the photographic technique and with the transposition into images of the messages that they want to convey and the dialog with the thematic universe proposed by the other participants and the facilitator.

In the case of the proposed tool, the themes of the images start primarily from the participants' answers to the questions: (1) *What would I want someone who is not from the RC to know about my life here?* (2) *What would I want someone who is not from the RC to*

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*know about what I want?* - these will be put in dialog with a selection and interpretation of a series of elements from the [WHO QualityRights Toolkit](#) that will be brought into discussion by the facilitator. This will lead to the articulation of topics that can be easily represented using static or minimally dynamic settings "played"/presented by the participants.

The themes of the staged images to be proposed are listed below. These are just proposals to be made by the facilitator as a suggestion for reflection if this will be necessary, and not as imposed themes. In order to ensure that the themes do not capture the imagination of the participants, they will be proposed only after the need analysis and after uttering the two open questions (after the moment when the participants will launch their own ideas of topics of interest).

The proposals are:

WHO Dimension	Proposed themes
1. Adequate standard of living	<ul style="list-style-type: none"> <li>How can persons with locomotor disabilities and reduced mobility move around the institution</li> <li>The right to private space</li> <li>Food and clothes - a personal choice</li> <li>The right to communication and interaction inside and outside the institution</li> </ul>
2. The enjoyment of the highest attainable standard of physical and mental health	<ul style="list-style-type: none"> <li>Access to a doctor/going to the doctor's office</li> <li>Drug administration with/without consent (consent giving)</li> </ul>
3. The right to exercise legal capacity and the right to personal liberty and the security of person	<ul style="list-style-type: none"> <li>A decision observed</li> <li>Violation of the right to decide where/with whom I want to live</li> <li>How does the support person I want by my side look like/behave</li> </ul>
4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse	<ul style="list-style-type: none"> <li>When I was treated with respect</li> <li>When I felt that I was the victim of an abuse/violent episode</li> <li>When I witnessed an act of abuse/violence</li> </ul>



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- |   |  |
|---|--|
| 5. Living independently and being included in the community | ▪ The place where and the way I want to live |
|---|--|

If participants consider other themes to be more meaningful for their daily lives, their aspirations, the message they want to convey and/or the way in which they feel that their rights are respected or violated, they will be given the opportunity to create such settings.

### Thematic guide 2: Photovoice

After the staged image mini-workshop, participants will be invited to think about what photos can be produced in the context of the Photovoice activity. At this point, the difference between staged images and documentary images will be explained. The documentary image tries to capture something that is happening at the exact moment when this happens. What are the things that we see/notice every day/sometimes that could be photographed and sent out as a message to people who want to understand the daily life in the RC?

To this end, the facilitator will ask the participants questions which they will be invited to answer by proposing an image. After each question, all the participants will have time to think about possible images and (depending on their possibilities/preferences) to write them down. After all the participants have written down/selected their own ideas, they will be invited to share them with the group, each person writing down/retaining the ideas that they find interesting.

In order to prompt the discussion depending on the composition of the group, the facilitator will come back to questions retained during the conversations with the participants or choose from the following questions or statements (similarly reinterpreted in accordance with the WHO Quality Rights Toolkit) depending on the themes that seemed relevant to the group up to the focus group:

1. How can persons with locomotor disabilities and reduced mobility move around the institution?
2. How does my private space look like? How would I like my private space to look like?
3. The food that I want and the food that I receive/can make.
4. The clothes that I chose or were chosen for me?
5. When and how do I talk to my family or friends who are not in the RC? What/who stops me from talking to them?
6. What happens when I go to the doctor's office?
7. When was I unable to go to the doctor's office even though I wanted to?

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8. When did I get a drug that I did not want? When did I see someone receiving a drug that they did not want?
9. I feel respected when ...
10. I feel that I was not respected when ...
11. The support person whom I want by my side ...
12. When did I witness an act of violence? When have I been the victim of an act of violence?
13. How does the place where and the way I want to live look like and how does something/someone that stops me from living there, someone/something that helps me live there look like?
14. What should other people know about my/our life in the RC?
15. What should other people know about what I want?
16. Spending time outside the institution - where do I go, with whom and when?
17. What do I do in the RC during the day - what else would I like to do?

At the end of the discussion on possible themes, participants who wish to do so will receive a hard copy of the proposed questions, including the questions listed above or a slightly modified version thereof (after applying them in other RCs), as well as the questions selected by the facilitator throughout the meeting.

### Thematic guide 3: biographical interview based on the images taken during Photovoice

The purpose of the interview is to create an open setting for reflection on the process of photographic documentation of their daily lives, as well as on the rights of persons with disabilities and on how they were/are respected in the RCs. Therefore, the questions will be open and are intended only to guide the interaction and the reflection process.

Introductory questions	<ol style="list-style-type: none"> <li>1. How was the experience of documenting your daily life through photos? Did you notice anything new, something that you have not noticed before?</li> <li>2. How was it to listen to the other participants? What did you notice/learn by listening to them?</li> <li>3. What photo do you think conveys the strongest message? Why?</li> <li>4. Which photo (of all the photos taken, including by the other participants) impressed you the most?</li> <li>5. Which photo would you choose to convey the message that we want to convey as a group to decision-makers/someone else?</li> </ol>
------------------------	--

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Starting from the questions related to the photos above and from the notes taken by the facilitator during the focus group, the initial questions will be repeated based on the photos taken by the participant and from her/his descriptions	<p>6. You took a photo with the food/clothes, etc., that you want - can you tell me more about this? How is access to clothes/shopping organized in the RC?</p> <p>7. You did not answer with a photo to the question about where you want to live - do you mind telling me why you chose not to answer?</p>
Next, we will have questions regarding the person's biographical background	<p>8. Can you tell me something about your life before coming to the RC/childhood (in the case of those with trans-institutional biographies)?</p> <p>9. How did you come to live here?</p> <p>10. What impressed you the first time you saw this place? How had it been presented to you before you came here?</p> <p>11. How has your life changed since you have been here?</p> <p>12. What do you wish for the next three years? What about the next ten?</p>
In the end, some questions will be asked about the tool's limits from the perspective of the participant	<p>13. What do you think others would not understand about life in the RC by looking at these photos?</p> <p>14. What do you think others would not understand about your wishes by looking at these photos?</p>

### Application context and anticipated challenges

This research involves at least the following significant challenges that can be anticipated from the beginning:

- Working with persons with different disabilities and achieving their integration to the greatest extent possible. In order to address this challenge, it is necessary to adapt the approach to the needs and strengths of the target group. Therefore, the themes will be properly operationalized, being presented in an intelligible way, adapted so

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as to be understood by as many people as possible, including by those with intellectual disabilities (resources already developed in this regard will be used for support, for example the Ceva de Spus Guide: *"Our rights explained to our understanding: the UN Convention on the Rights of Persons with Disabilities"*). At the same time, the working methods using the Photovoice technique will be adapted to allow persons with visual impairments as well to participate in the documentation process. For them, the proposal will be to produce documentation images assisted by the facilitator or by one of the participants. For those who do not know how to read and write, the written photo journal is proposed to be replaced by an audio photo journal.

- The facilitator's work with persons with a significant biographical background and a daily vocabulary other than her own requires to check whether or not certain points were understood as intended, as well as to be careful to ask as open-ended questions as possible, trying to capture personal experience using the words of the person living it and not those of the facilitator. To this effect, the facilitator will act based on her own research experience with people with intellectual disabilities and/or with institutionalized persons.
- Lack of consent from the persons concerned for the audio recording (in the case of the interview, the focus group) or for the processing of their own image within the photo component. For interviews, if the interviewee does not consent to the recording, the interview will be documented using its transcript - the facilitator will have with her a tape recorder and two notebooks and a number of pencils/pens to ensure that this documentation can be done. In the case of image processing: although photos that identifiably represent other people with whom the participants normally come into contact will also be collected, these will only be used to facilitate the conversation during the focus group and the interview; this is why participants will be asked to obtain the consent of the persons whom they photograph in an identifiable manner. Photos related to everyday life are an essential component of the Photovoice methodology and will be used in this case to facilitate discussion in focus groups. No image containing an identifiable person will be made public. However, it is possible to get images that show unidentifiable people or images that do not include people, and that can be published within the project, following the decision of the NARPDCA (e.g. deliverable cover).
- Difficulty in ensuring with certainty that participants will not suffer from participating in this activity (see the section on objectives and the section on technical details for measures to this effect).
- Finally, managing the risk that some residents who do not participate in the Photovoice workshops feel wronged needs to be considered, as participation involves

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certain privileges, for example, receiving a photo camera. In order to ensure that residents (self-)excluded from participation do not feel wronged, customized solutions will be identified in each RC starting with the clarification, for all potential participants, residents of the respective RC, of the possibility to participate and the criteria of selection of participants (see preparation stage). There will also be a cooperation and communication with the interdisciplinary team in the RC through the contact person in the RC in order to mediate any conflicts arising during the photo session and subsequently. To this end, the facilitator will inform the contact person in the residential center about the possibility of inconveniences arising and will seek advice from the latter on the best way to address this issue.

## References

7. Ceva De Spus Association (2016). [Our rights in our own sense: the UN Convention on the Rights of Persons with Disabilities]. Available at: <http://www.cevadespus.ro/docs/drepturile-noastre-pe-intelesul-nostru-CDS.pdf>
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## ANNEX 7. QUESTIONNAIRE FOR DATA COLLECTION ABOUT RESIDENTIAL CENTERS FOR ADULTS WITH DISABILITIES - MATERIAL RESOURCES

### Component 1. Information about the material resources

#### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of public residential centers for adults with disabilities in terms of the material resources available to them and the living conditions they provide to those living in these RCs. As part of the administrative assessment of the RC, the instrument is used to collect information needed in order to analyze how the minimum quality standards are met and the ability of the RC to meet the needs of the residents.

**How to complete:** This fiche is to be completed individually for each residential center operating at the time of the research (1 June 2020).

**Source of information:** RC documents

**Responsible for completion:** the head of the RC/ RC coordinator or a person authorized by them

**Approximate average completion time:** 90 minutes

Last and first name of the person  
who completed the survey:

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Position within the RC:

---

Date of completion of the survey

Day	Month

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## A. GENERAL DATA ABOUT THE RC

**A1. Name of the RC:**

---

**A2. Location of the RC:**

a. County

---

b. Town/Commune

---

c. Village

---

d. Full address of the RC

---

e. Telephone

---

f. Email

---

**A3. In what year was the institution first established, regardless of the name that it had and the category of institution that it belonged to?**

--	--	--	--

**A4. Does the RC have...?**

Yes No

**A5. In the affirmative, in what year was it obtained?**

a. Notice of establishment, pursuant to Law no. 448/2006 ☐<sub>(1)</sub> ☐<sub>(2)</sub>

---

b. Notice of establishment, pursuant to Government Emergency Ordinance no. 69/2018 ☐<sub>(1)</sub> ☐<sub>(2)</sub>

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c. 5-year operating permit ☐<sub>(1)</sub> ☐<sub>(2)</sub>

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d. Temporary operating permit ☐<sub>(1)</sub> ☐<sub>(2)</sub>

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#### A6. RC capacity:

- |    |  |       |               |
|----|--|-------|---------------|
| a. | Capacity approved by Decision of the County Council or the Local Council .....                                 | _____ | beds          |
| b. | Total number of beneficiaries at the time of completion of the survey .....                                    | _____ | beneficiaries |
|    | Of which...  | _____ |               |
| c. | ...Women.....  | _____ |               |
| d. | ...Persons who need access technologies/assistive technologies and devices <sup>281</sup> .....                | _____ |               |
| e. | ... Persons who need space adaptations .....   | _____ |               |
| f. | ... Number of beneficiaries for whom assistive technologies and devices/access technologies are provided ..... | _____ |               |

#### A7. Does the RC provide the following assistive devices to all those who need them?

- |                                  | Yes                          | No                           |
|----------------------------------|------------------------------|------------------------------|
| a. Wheelchairs .....             | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| b. Walking frames .....          | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| c. Crutches, walking sticks..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| d. Toilet commode chair .....    | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

#### A8. Status

- |                                      | Yes                          | No                           |
|--------------------------------------|------------------------------|------------------------------|
| a. The RC has legal personality..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

<sup>281</sup> Include any type of device and technology that facilitates the access of a persons with disabilities to the physical, communication, informational environment (e.g. crutches, walking frames, wheelchairs, prostheses, hearing aids, Braille display, communication products etc.).

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- b. The RC conducts its activity based on a partnership with an APO (authorized private organization) ..... ☐<sub>(1)</sub> ☐<sub>(2)</sub>

**ANSWER A9 IF THE RC CONDUCTS ITS ACTIVITY BASED ON A PARTNERSHIP WITH AN APO**

**A9. Name of the APO:** \_\_\_\_\_

**A10. The RC is currently...:**

- Reorganized ..... ☐<sub>(1)</sub> ☐ **MOVE TO A15**
- Undergoing reorganization ..... ☐<sub>(2)</sub> ☐ **MOVE TO A15**
- Undergoing restructuring ..... ☐<sub>(3)</sub>
- Another situation; please indicate ..... ☐<sub>(4)</sub> ☐ **MOVE TO A15**

**ANSWER A11-A14 IF THE RC IS UNDERGOING RESTRUCTURING**

**A11. Are there funding solutions to implement the restructuring plan?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**ANSWER 12 IF YES, CODE 1 TO A11**

**A12. What will the sources for funding the implementation of the restructuring plan be?** Yes No

**TICK A SINGLE ANSWER ON EACH ROW**

- a. State budget ..... ☐<sub>(1)</sub> ☐<sub>(2)</sub>
- b. Local/county budget ..... ☐<sub>(1)</sub> ☐<sub>(2)</sub>
- c. EU funding ..... ☐<sub>(1)</sub> ☐<sub>(2)</sub>

**A13. What is the estimated date for the finalization of the restructuring of the RC?**

Day	Month	Year

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**A14. How many persons with disabilities from the RC have been/will be transferred to other services?**

- a. Total number of persons who have been or are to be transferred between 2019 and 2021 ..... persons
- Of which...
- b. ...Persons who have been transferred to PDs (protected dwellings) ..... persons
- c. ... Persons who have been transferred to PPAs (professional personal assistant)..... persons
- d. ... Persons who have been transferred in the community, to live together with their family, alone, with a partner or other persons ..... persons
- e. ... Persons who have been transferred to other residential centers ..... persons
- f. ... Persons to be transferred to PDs by 2021 ..... persons
- g. ... Persons to be transferred to PPAs by 2021 ..... persons
- h. ... Persons to be transferred in the community, to live together with their family, alone, with a partner or other persons ..... persons
- i. ... Persons to be transferred to other residential centers by 2021 . ..... persons
- j. Total number of persons who are to be transferred after 2021 ..... persons
- Of which...
- k. ...Persons who are to be transferred to PDs (protected dwellings) after 2021 ..... persons
- l. ... Persons who are to be transferred to PPAs (professional personal assistant) after 2021 ..... persons
- m. ... Persons who are to be transferred in the community, to live together with their family, alone, with a partner or other persons after 2021 ..... persons
- n. ... Persons who are to be transferred to other residential centers after 2021 ..... persons

**A15. Following reorganization/restructuring, the RC became/will become...?**

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**TICK A SINGLE ANSWER**

- Care and assistance center for adults with disabilities ..... ☐ (1)
- Center for the habilitation and rehabilitation of adults with disabilities ..... ☐ (2)
- Center for independent living for adults with disabilities ..... ☐ (3)
- Another situation; please indicate ..... ☐ (4)

**B. RC LOCATION AND ACCESSIBILITY**

**B1. The area where the RC is located is ...**

- In the center of the locality ..... ☐ (1)
- Between the center and the suburbs ..... ☐ (2)
- On the outskirts of the locality ..... ☐ (3)
- Outside the locality ..... ☐ (4)

**ANSWER B2 IF THE RC IS LOCATED IN A RURAL LOCALITY**

**B2. What is the distance from the RC to ...? Distance in Km**

- a. The nearest town .....
- b. The county seat .....
- c. The mayor's office .....
- d. The nearest hospital .....
- e. The nearest other RC .....

**FOR ALL CENTERS**

**B3. What is the distance from the RC to the nearest...? Distance in Km Or Walking minutes**

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- |    |  |       |       |
|----|--|-------|-------|
| a. | Grocery store/supermarket .....                              | _____ | _____ |
| b. | Post office .....  | _____ | _____ |
| c. | Bank .....   | _____ | _____ |
| d. | Bus/minibus station .....                                    | _____ | _____ |
| e. | Train station/stop .....                                     | _____ | _____ |
| f. | Park.....  | _____ | _____ |
| g. | Church.....  | _____ | _____ |
| h. | Hospital .....   | _____ | _____ |
| i. | Unit that provides habilitation/rehabilitation services..... | _____ | _____ |
| j. | Family practitioner.....                                     | _____ | _____ |

**B4. Is the access road to the RC practicable in bad weather conditions?** ☐ (1) Yes ☐ (2) No

**ANSWER B5 IF THE RC IS LOCATED IN A RURAL LOCALITY**

**B5. What is the frequency of the most easily accessible (has the closest station to the RC) means of public transportation during the day for RC beneficiaries and employees or visitors?**

**TICK A SINGLE ANSWER**

- Once every half hour or more often ..... ☐ (1)
- Once every hour ..... ☐ (2)
- Once every 2 to 3 hours ..... ☐ (3)
- There are at least 2 services a day, at intervals that exceed 3 hours.. ☐ (4)
- There is no service at all ..... ☐ (5)

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**B6. Does the RC have the following types of vehicles in running order?** Yes No

**TICK A SINGLE ANSWER ON EACH ROW**

- |   |                              |                              |
|---|------------------------------|------------------------------|
| a. Car .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| b. Minibus or other passenger vehicle with more than 8 seats .... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| c. Utility vehicles for freight transport .....                   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| d. Agricultural machinery and equipment .....                     | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

**ANSWER B7-B9 IF IT HAS CARS OR OTHER PASSENGER VEHICLES, CODE 1 TO B6 ITEM A OR B. OTHERWISE, GO TO SECTION C.**

**B7. How many passenger vehicles does the RC have?** vehicles

\_\_\_\_\_

**B8. Of these, how many are intended for transporting RC beneficiaries?** vehicles

\_\_\_\_\_

**B9. How many of the vehicles are adapted?** vehicles

\_\_\_\_\_

## **C. STRUCTURES BUILT**

**C0. Who owns the RC building(s) and the underlying land?**

**TICK A SINGLE ANSWER**

- The County Council/GDSACP (General Directorate for Social Assistance and Child Protection) ..... ☐ (1)
- The Local Council ..... ☐ (2)
- Another situation; please indicate..... ☐ (3)

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**C1. Please provide the following information about the built-up space of the RC**

- a. The number of buildings available to the RC.....
- b. The number of buildings that accommodate the beneficiaries ..... m<sup>2</sup>
- c. The total usable area of the buildings ..... m<sup>2</sup>
- d. The total usable area of the buildings accommodating the beneficiaries ..... m<sup>2</sup>

**C2. Within the institution, the premises accommodating the beneficiaries occupy...:**

**TICK A SINGLE ANSWER**

- a part (a floor, a block etc.) of a building ..... ☐ (1)
- a single separate building..... ☐ (2)
- several buildings (fully or partially occupied) ..... ☐ (3)

**C3. Is the RC located in the same building, in the same courtyard or it in the immediate vicinity of one or more services (social, medical, educational etc.) for adults and/or children?** ☐ (1) Yes ☐ (2) No

**ANSWER C4 IF "YES" TO C3. OTHERWISE, MOVE TO C5.**

**C4. What other services are located in the same courtyard/building or in the immediate vicinity?**

**FOR EACH SERVICE, PLEASE INDICATE THE NAME, TYPE AND CAPACITY THEREOF**



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a. Name of the service	b. Type of service				c. Capacity approved (Total no. of beds)
	Protected dwelling(s)	Other residential service	Day center	Other non-residential service	
1 _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	_____
2 _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	_____
3 _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	_____
4 _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	_____
5 _____	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	_____

**C5. What is the total area of the land underlying the RC building(s)?** m<sup>2</sup>

\_\_\_\_\_

C6. What facilities are there on the land underlying the RC (in the RC's courtyard)?	Yes	No
	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
a. Recreational zone with benches, pavilions etc. ...	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Relaxation and training equipment (fitness equipment, basketball hoops, swings etc.) .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Green space	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Chapel .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Vegetable garden .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Greenhouse/tunnel greenhouse.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Stable/kennel/paddock for livestock/hen house..	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Orchard.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Others, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

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**C6. What facilities are there on the land underlying the RC (in the RC's courtyard)?** Yes No

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**ANSWER C7 IF THE RC HAS ITS OWN FARMSTEAD, "YES" TO C6 ITEMS E TO H. OTHERWISE, MOVE TO C9.**

**C8. How many beneficiaries take part in activities around the RC's own farmstead?**

#### **D. STATE OF THE BUILDINGS AND OF RESIDENTIAL CENTER INFRASTRUCTURE**

**D1. In what year...**

- |  |                      |                      |                      |                      |   |
|--|----------------------|----------------------|----------------------|----------------------|---|
| a. was/were the building(s) that accommodate(s) the beneficiaries built? <sup>282</sup>                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <sub>(0)</sub> Before 1950 |
| b. were the latest consolidation, extension, capital repairs or modernization works done?                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <sub>(0)</sub> Never       |
| c. were adaptation/accommodation works, such as ramps, handrail, lift installation, toilet adaptation, done? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <sub>(0)</sub> Never       |

**D2. Concerning the building(s) that accommodate(s) the beneficiaries, how do you assess the state of the following?**

- |                                    | Very poor                               | Poor                                    | Neither, nor                            | Good                                    | Very good                               |
|------------------------------------|---|---|---|---|---|
| a. The facade of the building..... | <input type="checkbox"/> <sub>(1)</sub> | <input type="checkbox"/> <sub>(2)</sub> | <input type="checkbox"/> <sub>(3)</sub> | <input type="checkbox"/> <sub>(4)</sub> | <input type="checkbox"/> <sub>(5)</sub> |
| b. The roof.....                   | <input type="checkbox"/> <sub>(1)</sub> | <input type="checkbox"/> <sub>(2)</sub> | <input type="checkbox"/> <sub>(3)</sub> | <input type="checkbox"/> <sub>(4)</sub> | <input type="checkbox"/> <sub>(5)</sub> |

<sup>282</sup> In the event of several buildings built in different years, the year of construction of the oldest building will be indicated.

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- |   |                              |                              |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| c. Carpentry elements (windows, doors) ..                 | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| d. Sanitary facilities.....                               | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| e. Sewage.....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| f. Electrical installations.....                          | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| g. Heating systems .....                                  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| h. Common indoor spaces (hallways, staircases etc.) ..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| i. Thermal insulation .....                               | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| j. Sleeping quarters.....                                 | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |

**D3. How is the accommodation space in the RC heated?**

**TICK A SINGLE ANSWER**

- Individual heating unit ..... ☐ (1)
- Public district heating network..... ☐ (2)
- Gas stoves..... ☐ (3)
- Wood stoves ..... ☐ (4)
- Other means ..... ☐ (5)

**D4. In the accommodation space of the RC, the running water is provided...**

**TICK A SINGLE ANSWER**

- From the public network..... ☐ (1)
- From its own sources ..... ☐ (2)

**D5. Running water**

**TICK A SINGLE ANSWER**

- Is drinkable ..... ☐ (1)
- Is non-drinkable ..... ☐ (2)

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**D6. Hot water is provided**

**TICK A SINGLE ANSWER**

- Nonstop..... ☐ (1)
- Following a schedule ..... ☐ (2)

---

**D7. Domestic wastewaters are evacuated into...?**

**TICK A SINGLE ANSWER**

- The public network..... ☐ (1)
- A septic tank ..... ☐ (2)
- A drainable reservoir ..... ☐ (3)
- Other system ..... ☐ (4)

---

**D8. What adaptations are there in the RC?**

	Yes	No
a. Access ramps.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Tactile-visual warning surfaces .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Large walk through access doors .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Lifts .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Inclined planes .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Handrail .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Sound systems .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Adapted toilets .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Others, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

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<b>D9.</b>	<b>How often is the RC subject to...?</b>	At least once a month	Once every 2 to 3 months	Once every 4 to 6 months	Once a year	Whenever needed	<b>D10. When was the last time that the RC was subject to?</b>
a.	Disinsection .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	Month Year
b.	Pest extermination....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	

<b>D11.</b>	<b>Which of the following statements corresponds to the situation of the RC regarding the collection, storage and disposal of medical waste?</b>	<b>Yes</b>	<b>No</b>
a.	Hazardous medical waste is collected separately from non-hazardous and household waste.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b.	Hazardous medical waste is collected separately, according to their type.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c.	There is a special space for the temporary storage of hazardous medical waste where only authorized persons have access .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d.	The SSP (social service provider)/RC has a contract with an economic operator that transports, treats and disposes of medical waste.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

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## E. ACCOMMODATION CAPACITY AND CONDITIONS

### E1. Please provide the following information about the RC's accommodation capacity.

	Number	Total area
a. Total number of sleeping quarters, of which.....		
b. ... With one bed.....		
c. ... With two beds .....		
d. ... With three beds .....		
e. ... With four or more beds.....		
f. ... With adaptations for those in wheelchairs .....		
g. ... with individual toilet and bathroom/shower .....		
h. Total number of beds .....		
i. Isolation chambers .....		
j. Sleeping quarters that have been decommissioned following reorganization/restructuring		

### E2. Within the premises of the RC, what is the maximum number of beds in a sleeping quarter?

beds

### E3. How many sleeping quarters within the premises of the RC have the maximum number of beds?

sleeping quarters

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**E4. Please provide the following information about the amenities of the sleeping quarters**      Number

- a. Total number of cabinets... ..
- b. Total number of nightstands.....
- c. Total number of lamps .....
- d. Total number of coat racks .....

**E5. Within the accommodation space, what is the total number of...?**

- a. Total number of toilets, of which .....
- b. ... Women's toilets .....
- c. ... Men's toilets.....
- d. ... Unisex toilets.....
- e. ... Toilets adapted for persons with physical disabilities, cf. NP 051/2012.....
- f. Total number of squat toilets.....

**E6. To what extent is the beneficiaries' need for personal hygiene products from the following categories covered by the RC?**

- |                 | Totally covered by the RC    | Mostly covered by the RC     | Covered equally by the RC and beneficiaries /their | Mostly covered by beneficiaries/their guardians | Fully covered by beneficiaries/their guardians |
|-----------------|------------------------------|------------------------------|--|---|--|
| a. Toothbrushes | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3)                       | <input type="checkbox"/> (4)                    | <input type="checkbox"/> (5)                   |
| b. Toothpaste   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3)                       | <input type="checkbox"/> (4)                    | <input type="checkbox"/> (5)                   |
| c. Soap         | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3)                       | <input type="checkbox"/> (4)                    | <input type="checkbox"/> (5)                   |

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E6.	To what extent is the beneficiaries' need for personal hygiene products from the following categories covered by the RC?	Totally covered by the RC	Mostly covered by the RC	Covered equally by the RC and beneficiaries/their	Mostly covered by beneficiaries/their	Fully covered by beneficiaries/their
		(1)	(2)	(3)	(4)	(5)
d.	Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Toilet paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Women pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Men's shaving products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Adult diapers, underpads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Other personal hygiene products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E7. The clothes and linen of the RC beneficiaries are washed...?**

**TICK A SINGLE ANSWER**

- At the RC's own laundry..... ☐ (1)
- At the laundry of another RC or GDSACP service ..... ☐ (2)
- At a private laundry with which you have a contract ..... ☐ (3)

E8.	To what extent is the beneficiaries' need for clothing and bedding components covered by the RC?	Totally covered by the RC	Mostly covered by the RC	Covered equally by the RC and beneficiaries/their	Mostly covered by beneficiaries/their	Fully covered by beneficiaries/their
		(1)	(2)	(3)	(4)	(5)
a.	Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E6.	To what extent is the beneficiaries' need for personal hygiene products from the following categories covered by the RC?	Totally covered by the RC	Mostly covered by the RC	Covered equally by the RC and beneficiaries/their	Mostly covered by beneficiaries/their	Fully covered by beneficiaries/their
		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
c.	Bed linen, blankets, pillows	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

E9.	What is the frequency at which beneficiaries receive from the RC...?	At least once every 3 months	Once every 4 to 6 months	Once a year	Less than once a year	Whenever needed
a.	New clothes .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
b.	New footwear .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
c.	New bed linen, towels, other bedding components .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

## F. CATERING CONDITIONS

F1.	Which of the following spaces/facilities exist in the RC?	Yes	No
a.	Kitchen equipped according to standard no. 3 Module I of Order no. 82/2019 .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b.	Special spaces for storing food (pantry, cellar etc.)...	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c.	Dining room equipped according to standard no. 3 Module I of Order no. 82/2019 .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

**COMPLETE F2-F3 IF THERE IS A DINING ROOM, OTHERWISE MOVE TO F4**

**F2. What is the capacity of the dining room?** Seats

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**F3. The dining room is located...?**

**TICK A SINGLE ANSWER**

- In the building(s) where the beneficiaries live..... ☐ (1)
- In a building separate from the one in which they live..... ☐ (2)
- Another situation; please indicate..... ☐ (3)

---

**F4. Is the food of the beneficiaries...?**

**TICK A SINGLE ANSWER**

- Prepared in the RC's kitchen ..... ☐ (1)
- Provided by a catering company ..... ☐ (2)
- Provided by another RC of another GDSACP service ..... ☐ (2)

---

**F5. Do you use products from the RC's own farmstead or from that of other GDSACP service to prepare food?**

**TICK A SINGLE ANSWER**

- Yes, products from the RC's own farmstead ..... ☐ (1)
- Yes, products from the farmstead of another GDSACP service ..... ☐ (2)
- No..... ☐ (3)

---

**F6. Is the meal served...?**

**TICK A SINGLE ANSWER**

- By RC staff, at the tables ..... ☐ (1)
- In self-service regime ..... ☐ (2)

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**F7. How many of the RC beneficiaries receive food or are fed in their own accommodation?** \_\_\_\_\_ persons

<b>F8. How often are the RC beneficiaries involved in the following activities?</b>	<b>At each meal</b>	<b>Only for certain meals of the day</b>	<b>They are only involved occasionally</b>	<b>They are never involved</b>
a. Establishing the menu	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>
b. Preparing the food .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>
c. Setting the table.....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>
d. Serving the meal.....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>
e. Washing the dishes and cutlery	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>
f. Purchasing the necessary food .	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>

**F9. Besides the three meals, do you also offer snacks to the beneficiaries?** ☐<sub>(1)</sub> Yes, to all beneficiaries ☐<sub>(2)</sub> Yes, only to certain categories with special diets ☐<sub>(3)</sub> No

**COMPLETE F10 IF YOU OFFER SNACKS, CODE 1 OR 2 TO F7. OTHERWISE, MOVE TO F9.**

**F10. How many snacks are offered daily to the beneficiaries?** \_\_\_\_\_ snacks

**F11. Does the RC provide a space where beneficiaries have access to take their own fruit or snacks whenever they want to?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**F12. How often are they served to RC beneficiaries...?** ☐ Daily or almost daily ☐ 3 to 5 times a week ☐ 1 to 2 times a week ☐ Less often

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- |                                   |                              |                              |                              |                              |
|-----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| a. Fresh fruits.....              | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| b. Desserts made, not bought .... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| c. Pre-cooked or processed foods  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |

## G. FACILITIES FOR SPENDING FREE TIME

- | G1. Which of the following spaces exist within the premises of the RC?     | Yes                          | No                           |
|--|------------------------------|------------------------------|
| a. Common room/space for ensuring the socialization of beneficiaries ..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| b. Special room/space for receiving visitors .....                         | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| c. Intimate room for couples .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| d. Other spaces for recreation, entertainment, please indicate .....       | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

**COMPLETE G2-G4 IF THERE IS A SPACE FOR ENSURING THE SOCIALIZATION OF BENEFICIARIES, CODE 1 TO G1 ITEM A. OTHERWISE, MOVE TO G5.**

- |  |                              |                              |
|--|------------------------------|------------------------------|
| G2. How many spaces for ensuring the socialization of the beneficiaries exist in the RC? |                              | spaces                       |
| G3. What is the total area of the socialization spaces?                                  |                              | m <sup>2</sup>               |
| G4. What kind of furniture do the socializing spaces include?                            | Yes                          | No                           |
| a. Sofas.....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

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- |    |                |                              |                              |
|----|----------------|------------------------------|------------------------------|
| b. | Armchairs..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| c. | Chairs .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| d. | Benches .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| e. | Tables.....    | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

- | G2. | Within the premises of the RC, do beneficiaries have access to...? | Yes, whenever they want to   | Yes, a few hours a day       | Yes, but less often          | No, not at all               |
|-----|--|------------------------------|------------------------------|------------------------------|------------------------------|
| a.  | Television.....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| b.  | Radio .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| c.  | Computer .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| d.  | Internet .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| e.  | Telephone .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| f.  | Books.....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| g.  | Games, tables, rummy, chess etc. .                                 | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |
| h.  | Sports and leisure equipment/materials .....                       | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) |

- | G3. | In the locality where the RC is located, do the following places to which beneficiaries can have access if they wish to exist? | Yes                          | No                           |
|-----|--|------------------------------|------------------------------|
| a.  | Park .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| b.  | Gym/sports court .....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| c.  | Performance hall (cinema, theater, concerts)   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| d.  | Club, disco .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| e.  | Restaurants, bars .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

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- |    |  |                              |                              |
|----|--|------------------------------|------------------------------|
| f. | Museums, exhibition halls .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| g. | Library .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| h. | Other places for recreation, entertainment, leisure, please indicate ..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |


**G5. In 2019, how many trips were organized outside the locality for the beneficiaries of the RC?**

trips

**G6. How many of the RC beneficiaries went at least on one trip outside the locality in 2019?**

beneficiaries

## H. CONDITIONS FOR CONDUCTING SPECIFIC ACTIVITIES WITHIN THE RC PREMISES

<b>H1. What spaces for specific activities are there within the premises of the RC...?</b>					<b>H2. On a scale of 1 to 5, where 1 means "insufficient" and 5 "sufficient", how do you find the facilities in the spaces intended for specific activities compared to the needs of the RC beneficiaries?</b>				
		Yes, with an exclusive destination, for the mentioned purpose	Yes, in a multi-purpose space	No, there is no such space					
a.	Medical examination room .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
b.	Information and social counseling office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
c.	Psychological counseling office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
d.	Speech therapy office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

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H1. What spaces for specific activities are there within the premises of the RC...?		Yes, with an exclusive destination, for the mentioned purpose	Yes, in a multi-purpose space	No, there is no such space	H2. On a scale of 1 to 5, where 1 means "insufficient" and 5 "sufficient", how do you find the facilities in the spaces intended for specific activities compared to the needs of the RC beneficiaries?				
					Insufficient ← → Sufficient				
e.	Psychotherapy office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
f.	Massage/kinesiotherapy or physiotherapy room .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
g.	Hydrotherapy/thermotherapy/balneotherapy room .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
h.	Multisensory room (for psycho-sensory-motor stimulation) .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
i.	Occupational therapy office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
j.	Art therapy or other special therapies office.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
k.	Information and vocational counseling office .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
l.	Vocational training room.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
m.	Gym .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
n.	Other spaces for habilitation/rehabilitation, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
_____									
_____									



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**H3. In total, how many spaces/rooms for conducting counseling and habilitation/rehabilitation activities do you have at the RC?**

**H4. What is the total area of the spaces used for conducting counseling and habilitation/rehabilitation activities?**

m<sup>2</sup>

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## ANNEX 8. QUESTIONNAIRE FOR DATA COLLECTION ABOUT RESIDENTIAL CENTERS FOR ADULTS WITH DISABILITIES - HUMAN RESOURCES

### Component 2. Information about the human resources

#### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of residential centers for adults with disabilities in terms of the structure and volume of human resources available to them, of continuous vocational training and problems related to the lack or insufficiency of certain categories of specialists and personnel fluctuation. Part of the administrative evaluation of the RC, the instrument is used to gather the necessary information in order to analyze how the staff structure and volume are adequate to cover the service needs of the beneficiaries.

**How to complete:** This instrument contains three sub- instruments:

a questionnaire for collecting aggregate data on human resources at RC level;  
an individual fiche to be filled in for each person who actually works in the RC at the time of completing the questionnaire or who no longer works there, but worked during the past year (2019) and the first five months of 2020, terminating their employment contract or being suspended for a specified period;  
an information sheet on each vacant position at the start of the research (June 1<sup>st</sup>, 2020)

**Source of information:** RC documents, RC/GDSACP staff files

**Responsible for completion:** the persons designated for this purpose within the RC and the human resources department of the GDSACP

**Approximate average completion time:**

Questionnaire with aggregated data - 90 minutes;  
Employee's individual record - 20 minutes/ employee;  
The sheet of vacant positions - 5 minutes/ vacant position.

Last and first name of the person  
who completed the survey:

---

Position within the RC/GDSACP:

---

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Date of completion of the survey

Day	Month

## A. RC IDENTIFICATION DATA

A1. Name of the RC:

---

A2. Location of the RC:

a. County

---

b. Town/Commune

---

c. Village

---

d. Full address of the RC

---

e. Telephone

---

f. Email

---

## B. STAFF NUMBER AND STRUCTURE

B0. At the time of completion of the survey, what is...?

a. The total number of **employees** of the RC (number of positions set in the organizational chart): .....

Of which

b. Management staff .....

c. Specialized staff .....

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d.	Administrative staff .....	<input type="text"/>
Of the total number of positions set, <b>how many employees...</b> ?		
e.	Were actually working in the RC as full-time employees.	<input type="text"/>
Of which		
f.	Management staff .....	<input type="text"/>
g.	Specialized staff .....	<input type="text"/>
h.	Administrative staff .....	<input type="text"/>
i.	Persons with disabilities .....	<input type="text"/>
j.	Were actually working in the RC as part-time employees	<input type="text"/>
Of which		
k.	Specialized staff .....	<input type="text"/>
l.	Administrative staff .....	<input type="text"/>
m.	Persons with disabilities .....	<input type="text"/>
n.	Total number of <b>full-time jobs</b> that correspond to the employees working part-time in the RC .....	<input type="text"/>
o.	Were actually working elsewhere, not in the RC .....	<input type="text"/>
p.	The total number of vacant positions	<input type="text"/>
Of which		
q.	Specialized staff .....	<input type="text"/>
r.	Administrative staff .....	<input type="text"/>

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s.	Jobs temporarily vacated following suspension of the individual employment contract.....	<input type="text"/>
----	--	----------------------

**B1. Over the past year (2019), what was...?**

a.	The total number of employees of the RC whose employment contract was terminated <i>Of which</i>	<input type="text"/>
b.	Specialized staff .....	<input type="text"/>
c.	Administrative staff .....	<input type="text"/>
d.	The total number of persons hired in the RC <i>Of which</i>	<input type="text"/>
e.	Specialized staff .....	<input type="text"/>
f.	Administrative staff .....	<input type="text"/>



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**B2. For each of the following staff categories, please indicate the total number of positions set in the organizational chart, the total number of positions actually filled and the total number of full-time jobs that correspond to all the employees (including those with part-time jobs) who fill those positions. Also, please estimate the number of positions needed to cover the needs of the beneficiaries.**

	Specialized care and assistance staff; specialized and auxiliary staff	A. Total number of positions in the organizational chart	B. Total number of positions filled	C. Total number of full-time jobs	D. No. of positions needed to cover the needs of the beneficiaries
1.	Doctor (any specialty)				
2.	Registered nurse				
3.	Hospital nurse				
4.	Healthcare assistant				
5.	Physiokinesitherapist				
6.	Kinesitherapist				
7.	Physiotherapist				
8.	Masseur				
9.	Reintegration teacher				
10.	Education support worker				
11.	Psychologist				
12.	Psychotherapist				
13.	Resource teacher				
14.	Speech therapist/Speech pathologist				
15.	Sign language interpreter				
16.	Social worker				

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	Specialized care and assistance staff; specialized and auxiliary staff	A. Total number of positions in the organizational chart	B. Total number of positions filled	C. Total number of full-time jobs	D. No. of positions needed to cover the needs of the beneficiaries
17.	Of which, social worker with competence in mental health				
18.	Support worker				
19.	Social worker				
20.	Nutritionist and/or dietitian				
21.	Kindergarten teacher/Child-care provider				
22.	Instructor-educator for resocialization activities				
23.	Youth worker				
24.	Ergo therapist				
25.	Occupational therapist				
26.	Vocational counselor				
27.	Specialist in vocational assessment				
28.	Assisted employment specialist				
29.	Art therapist				
30.	Addiction counselor				
31.	Other specialists				

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	Administrative, housekeeping, maintenance-repairs, service staff	A. Total number of positions in the organizational chart	B. Total number of positions filled	C. Total number of full-time jobs
32.	Manager			
33.	Administrative staff			
34.	Economic staff			
35.	Other administrative positions requiring higher education degree			
36.	Cashier			
37.	Storekeeper			
38.	Caretaker, cleaning staff			
39.	Laundrywoman			
40.	Driver			
41.	Skilled laborer			
42.	Unskilled laborer			
43.	Other administrative positions requiring secondary or lower secondary education degree			

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B3. For each of the activities provided for in module IV of Annex 1 to Order no. 82/2019, please specify if these are conducted within the RC and, in the affirmative, please indicate the type of specialized staff involved in their execution, as well as if, in 2019, volunteers were involved in the respective activities. For staff type, please use the code list below the table.

ACTIVITIES	A. Is it conducted within the RC?		IN THE AFFIRMATIVE, B. What are the types of specialized staff involved? (FIVE ANSWERS AT MOST)					IN THE AFFIRMATIVE, C. In 2019, were there any volunteers involved in such activities?	
	Yes	No	Type 1	Type 2	Type 3	Type 4	Type 5	Yes	No
1. Information and social protection	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
2. Psychological counseling	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
3. Speech therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
4. Psychotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
5. Massages, kinesiotherapy or physiotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
6. Hydrotherapy, thermotherapy, balneotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
7. Art or music therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
8. Psycho-sensory-motor stimulation	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
9. Occupational therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
10. Vocational/occupational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
11. Care and assistance	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
12. ILS - Preserving/Developing cognitive skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
13. ILS - Preserving/Developing day-to-day skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)						<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

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	A. Is it conducted within the RC?		IN THE AFFIRMATIVE, B. What are the types of specialized staff involved? (FIVE ANSWERS AT MOST)					IN THE AFFIRMATIVE, C. In 2019, were there any volunteers involved in such activities?	
ACTIVITIES	Yes	No	Type 1	Type 2	Type 3	Type 4	Type 5	Yes	No
14. ILS - Preserving/Developing communication skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
15. ILS - Preserving/Developing mobility skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
16. ILS - Preserving/Developing self-care skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
17. ILS - Preserving/Developing the skills to take care of one's health	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
18. ILS - Preserving/Developing self-management skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
19. ILS - Preserving/Developing interaction skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
20. Education, training for work	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
21. Assistance and support in making a decision	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
22. Social and civic integration and participation	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>						<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>

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In order to indicate the staff types in columns Type1-Type5, please use the following codes:

- |                              |  |  |   |
|------------------------------|--|--|---|
| 1. Doctor (any specialty)    | 12. Psychotherapist                                | 19. Social worker                                      | 25. Occupational therapist              |
| 2. Registered nurse          | 13. Resource teacher                               | 20. Nutritionist and/or dietitian                      | 26. Vocational counselor                |
| 3. Hospital nurse            | 14. Speech therapist/Speech pathologist            | 21. Kindergarten teacher/Child-care provider           | 27. Specialist in vocational assessment |
| 4. Healthcare assistant      | 15. Sign language interpreter                      | 22. Instructor-educator for resocialization activities | 28. Assisted employment specialist      |
| 5. Physiokinesitherapist     | 16. Social worker                                  | 23. Youth worker                                       | 29. Art therapist                       |
| 6. Kinesitherapist           | 17. Social worker with competence in mental health | 24. Ergotherapist                                      | 30. Addiction counselor                 |
| 7. Physiotherapist           | 18. Support worker                                 |  | 31. Other specialists                   |
| 8. Masseur                   |  |  |   |
| 9. Reintegration teacher     |  |  |   |
| 10. Education support worker |  |  |   |
| 11. Psychologist             |  |  |   |

B4.

What is the total number of RC employees with responsibilities in administering psychotropic drugs?

Of which

- |    |                        |                      |
|----|------------------------|----------------------|
| a. | Registered nurses..... | <input type="text"/> |
| b. | Doctors .....          | <input type="text"/> |
| c. | Other employees.....   | <input type="text"/> |

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B5. Over the past two years, were there any complaints, reports or self-reports regarding the following types of acts committed against beneficiaries by RC employees or by other beneficiaries? <b>TICK ALL APPLICABLE ANSWERS</b>					IF YES TO B5 B6. Were the reported facts confirmed?		IF YES TO B6 B7. What action was taken against the employees found guilty?									
			No	Yes, acts committed by employees	Yes, acts committed by beneficiaries	Yes, acts committed by employees and beneficiaries	Yes	No	0. No action 1. Written reprimand/warning 2. Decreased wage rights 3. Demotion/suspension of the right to promotion 4. The disciplinary termination of the individual employment contract 5. Start of criminal prosecution 6. Other measures, please indicate							
a.	Verbal abuse .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
b.	Physical abuse .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
c.	Psychological abuse .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
d.	Sexual abuse .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
e.	Economic abuse .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
f.	Physical neglect .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		
g.	Emotional neglect .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)		

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h.	Exploitation .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(0)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(5)</sub>	<input type="checkbox"/> <sub>(6)</sub>
i.	Torture, cruel, inhuman or degrading treatment .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(0)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(5)</sub>	<input type="checkbox"/> <sub>(6)</sub>
j.	Other types of violence .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(0)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(4)</sub>	<input type="checkbox"/> <sub>(5)</sub>	<input type="checkbox"/> <sub>(6)</sub>

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## C. CONTINUOUS PROFESSIONAL TRAINING

- C1. In 2019, was there an annual instruction and professional training plan? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No
- C2. For each of the following topics, please specify if there were any staff instruction/training sessions/modules included in the 2019 plan and please fill in the columns in the table below:
- A. Were there any such staff instruction/training sessions included in the 2019 plan?
  - B. Were there training sessions on this topic held in 2019?
  - C. How many such training sessions were held in total in 2019?
  - D. How many of the RC employees participated in these training sessions in total?
  - E. Were persons with disabilities involved as trainers in these sessions?

	Topic	A		B		C	D	E	
		Yes	No	Yes	No	Total no. of sessions	Total no. of participants	Yes	No
1.	Equal opportunities	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
2.	Prevention, recognition and reporting of the forms of exploitation, violence and abuse	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
3.	Respect for diversity	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
4.	Respect for and promotion of the individual autonomy and independence of persons with disabilities	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
5.	Respect for the dignity and intimacy of the beneficiary	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
6.	Use of assistive technologies and devices and access technologies needed in the activity of preserving/developing cognitive skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>

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	Topic	A		B		C	D	E	
		Yes	No	Yes	No	Total no. of sessions	Total no. of participants	Yes	No
7.	Recognition of the cases/forms of torture, cruel, inhuman or degrading treatment	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
8.	UN Convention on the Rights of Persons with Disabilities	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
9.	Respect for the rights of the beneficiaries	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
10.	Training on the provisions of the Code of Ethics	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
11.	Assistance and support in making a decision	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
12.	Techniques for de-escalating crisis situations	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
13.	First aid	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
14.	Assistance and care for people with reduced mobility (including for preserving/developing mobility skills)	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
15.	Communication with persons with disabilities and carrying out activities aimed at preserving/developing communication skills	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
16.	Others, please indicate .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
17.	.....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
18.	.....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>			<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>

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## D. VOLUNTEERING AND NGO PARTNERSHIPS

D1. In 2019, how many persons worked as volunteers in the RC,  
under Law no. 78/2014?

Of which

a. How many persons worked as volunteers in specialized positions,  
under Law no. 78/2014? .....

b. How many persons worked as volunteers in administrative positions  
.....

D2. Does the RC collaborate in its current activity or on  
certain projects with any NGO, university, research  
institute, hospital, local public institution etc.?

☐ (1) Yes

☐ (2) No

COMPLETE D3 AND D4 ONLY IF YES TO D2. OTHERWISE, MOVE TO SECTION E.

D3. What services does the collaboration concern? WRITE THE NAME OF THE SERVICE/PROJECT IN CLEAR			D4. In the affirmative, what is the name of the organization that the RC is currently collaborating with?
	Yes	No	
1. Information on HIV/AIDS .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
2. Information on intimate relationships and sex .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
3. Information on reproduction and family planning .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
4. Information on illegal substances, alcohol or tobacco addiction .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
5. Theoretical and practical training on the use of access devices and technologies needed in the activity of preserving/developing cognitive skills...	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
6. Professional counseling and guidance....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
7. Internships, apprenticeship, volunteering .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
8. Assistance and support in making a decision.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....
9. Others, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	.....

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<b>D3. What services does the collaboration concern?</b> <b>WRITE THE NAME OF THE SERVICE/PROJECT IN CLEAR</b>	Yes No	<b>D4. In the affirmative, what is the name of the organization that the RC is currently collaborating with?</b>
10. ....	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	.....
11. ....	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	.....

**D5. If a beneficiary needed the following types of support, how would you find the human resources to provide her/him with the necessary support?**

**A SINGLE ANSWER FOR EACH ITEM**

a. Sign language interpreter .....	<input type="checkbox"/> (1) You would call a person from the RC <input type="checkbox"/> (2) You would ask the SSP (social service provider) support <input type="checkbox"/> (3) You would call a person known in the community <input type="checkbox"/> (4) You would call a known organization in the county <input type="checkbox"/> (5) We do not have access to such a resource
b. Specialist in alternative and augmentative communication .....	<input type="checkbox"/> (1) You would call a person from the RC <input type="checkbox"/> (2) You would ask the SSP support <input type="checkbox"/> (3) You would call a person known in the community <input type="checkbox"/> (4) You would call a known organization in the county <input type="checkbox"/> (5) We do not have access to such a resource
c. Interpreter for a language other than Romanian .....	<input type="checkbox"/> (1) You would call a person from the RC <input type="checkbox"/> (2) You would ask the SSP support <input type="checkbox"/> (3) You would call a person known in the community <input type="checkbox"/> (4) You would call a known organization in the county <input type="checkbox"/> (5) We do not have access to such a resource
d. Legal counseling and assistance services ..	<input type="checkbox"/> (1) You would call a person from the RC <input type="checkbox"/> (2) You would ask the SSP support <input type="checkbox"/> (3) You would call a person known in the community <input type="checkbox"/> (4) You would call a known organization in the county

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□<sup>(5)</sup> We do not have access to such a resource

## E. EMPLOYEE'S INDIVIDUAL FICHE

THIS SECTION SHALL BE COMPLETED INDIVIDUALLY FOR EACH EMPLOYEE ACTUALLY WORKING IN THE RC AT THE TIME OF COMPLETION OF THE SURVEY OR WHO NO LONGER WORKS THERE, BUT WHO WORKED OVER THE PAST YEAR (2019), WHOSE EMPLOYMENT CONTRACT WAS TERMINATED OR SUSPENDED FOR A FIXED PERIOD, REGARDLESS OF THE TYPE OF STAFF, THE TYPE OF EMPLOYMENT CONTRACT AND WHETHER OR NOT THE EMPLOYEE HAS A DIRECT CONTRACT WITH THE RC OR WITH ANOTHER INSTITUTION.

For each employee actually working in the RC (full or part-time) or who worked there in 2019, the following data will be recorded:

E1.	Single identification code: <sup>283</sup>	
E2.	Function held within the RC?	..... (WRITE IN CLEAR, ACCORDING TO THE JOB TITLE LIST OF THE GDSACP)
E3.	The regular working hours are...?	1. complete (full-time) 2. partial
E4.	The normal duration of the working week at the RC	(in hours)   ____   ____   <i>The time spent to/from work is not included.</i>
E5.	Of which, how many hours per week does (s)he work directly with the RC beneficiaries?	(in hours)   ____   ____
E6.	ONLY FOR THE SPECIALIZED STAFF Number of beneficiaries assigned	____   ____   beneficiaries

<sup>283</sup> The single identification code is composed of the employee's initials and the last 4 digits of his personal identification code.





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<b>E7. Type of legal relationship between the employee and the institution where (s)he is employed</b>	1 - permanent employment contract 2 - fixed-term employment contract 3 - legal agreement/mandate/service agreement 4 - employment
<b>E8. The institution that has a legal relationship with</b>	1 - this RC 2 - other RC/county service 3 - GDSACP 4 - A different institution, namely: <i>(Write in clear here)</i>
<b>E9. Does (s)he work in other departments of the GDSACP as well?</b>	1. yes          2. no
<b>E10. At the time of completion of the survey, is (s)he still working at the RC?</b>	1. yes          2. no
<b>E11. IF (S)HE IS NO LONGER WORKING AT THE RC</b> <b>Why is (s)he no longer working at the RC?</b>	1 - got transferred to another GDSACP service 2 - got a job within a department of a private provider 3 - got a job in another field 4 - retired 5 - Has her/his employment contract suspended during her/his parental leave of absence 6 - Another situation 9 - We have no information about what (s)he did after leaving the RC

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E12.	<p>ONLY IF (S)HE LEFT THE RC OR HER/HIS CONTRACT IS SUSPENDED</p>	1. yes	2. no
Did the job remain vacant?			
E13.	Gender of the employee	1. male 2. female	
E14.	Age of the employee	(in completed age)   ____   ____   years	
E15.	<p>The last level of education graduated</p> <p>COMPLETE THE CODE OF THE LAST (HIGHEST) LEVEL OF EDUCATION GRADUATED AND NOT THAT OF THE ONE CURRENTLY ATTENDED.</p>	<p>1 - 8 grades at most</p> <p>2 - Vocational, apprentice or complementary school</p> <p>3 - grades 9-11 (high school not completed)</p> <p>4 - high school completed, without a baccalaureate diploma</p> <p>5 - high school completed, with a baccalaureate diploma</p> <p>6 - specialized/technical post-secondary schools for foremen</p> <p>7 - higher education, bachelor's degree</p> <p>8 - postgraduate studies (master, PhD)</p>	
E16.	<p>ONLY FOR PERSONS WITH POST- SECONDARY, UNIVERSITY OR POST-UNIVERSITY EDUCATION DEGREE.</p> <p>What is the specialization graduated?</p>	<p>.....</p> <p>(WRITE IN CLEAR, ACCORDING TO THE JOB TITLE LIST OF THE GDSACP)</p>	
E17.	<p>Has (s)he attended specialization/training courses over the past 2 years?</p>	1. yes	2. no

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E18.	Has (s)he participated in training sessions related to her/his current activity within the RC over the past 2 years?	1. yes	2. no
E19.	<p>FOR INSTRUCTED/TRAINED PERSONS ONLY, YES TO E17 OR E18</p> <p>What was topic of the most recent courses/trainings attended?</p> <p>FIVE ANSWERS AT MOST</p>	<p>USE THE CODES IN THE E19 LIST</p> <p>Topic 1   ____   _____</p> <p>Topic 2   ____   _____</p> <p>Topic 3   ____   _____</p> <p>Topic 4   ____   _____</p> <p>Topic 5   ____   _____</p>	
E20.	Would (s)he need training courses?	1. yes	2. no
E21.	<p>ONLY FOR THE PERSONS WHO NEED COURSES</p> <p>What topic?</p>	<p>.....</p> <p>(WRITE IN CLEAR)</p>	
E22.	<p>ONLY FOR THE SPECIALIZED STAFF WITH A UNIVERSITY DEGREE</p> <p>Did (s)he benefit from supervision in 2019?</p>	1. yes	2. no
E23.	Does (s)he live in the locality where the RC is located or does (s)he commute from home to the RC?	<p>1 - (s)he lives in that locality</p> <p>2 - (s)he commutes</p>	
E24.	Is (s)he a member of the multidisciplinary team?	1. yes	2. no
E25.	Is (s)he a case manager?	1. yes	2. no
E26.	IF YES TO E25	____   beneficiaries	

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For how many beneficiaries is (s)he a case manager?

E27.	Has (s)he ever taken an introductory course in sign language or other alternative forms of communication?	1. yes	2. no
------	---	--------	-------

## E19 List

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Equal opportunities</li> <li>2. Prevention, recognition and reporting of the forms of exploitation, violence and abuse</li> <li>3. Respect for diversity</li> <li>4. Respect for and promotion of the individual autonomy and independence of persons with disabilities</li> <li>5. Respect for the dignity and intimacy of the beneficiary</li> <li>6. Use of assistive technologies and devices and access technologies needed in the activity of preserving/developing cognitive skills</li> <li>7. Recognition of the cases/forms of torture, cruel, inhuman or degrading treatment</li> <li>8. UN Convention on the Rights of Persons with Disabilities</li> <li>9. Respect for the rights of the beneficiaries</li> <li>10. Training on the provisions of the Code of Ethics</li> </ol> | <ol style="list-style-type: none"> <li>11. Assistance and support in making a decision</li> <li>12. Techniques for de-escalating crisis situations</li> <li>13. First aid</li> <li>14. Assistance and care for people with reduced mobility (including preserving/developing mobility skills)</li> <li>15. Communication with persons with disabilities and carrying out activities aimed at preserving/developing communication skills</li> <li>16. Others</li> </ol> |
|---|--|

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## F. THE SHEET OF VACANT POSITIONS AT THE TIME OF COMPLETION OF THE SURVEY

**THIS SECTION SHALL BE COMPLETED INDIVIDUALLY FOR EVERY RC POSITION THAT IS CURRENTLY NOT FILLED BY AN EMPLOYEE**

<b>F1. Vacant position</b>	..... (WRITE IN CLEAR, ACCORDING TO THE JOB TITLE LIST OF THE GDSACP)
<b>F2. Professional grade/level</b>	I II III IV 5 - Senior 6 - Specialist 7 - Under supervision 8 - Junior
<b>F3. Level of education</b>	1 - Lower secondary education 2 - Upper secondary education (vocational school, high school) 3 - Post-secondary education 4 - Higher education
<b>F4. This position is...?</b>	1. Full-time 2. Part-time
<b>F5. For how long has this position been vacant?</b>	__ __  months
<b>F6. How many competitions were organized during this period to fill this position?</b>	__ __  competitions





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## ANNEX 9. QUESTIONNAIRE FOR DATA COLLECTION ABOUT RESIDENTIAL CENTERS FOR ADULTS WITH DISABILITIES - FINANCIAL RESOURCES

### Component 3. Information about the financial resources

#### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the assessment of public residential centers for adults with disabilities in terms of the financial resources allocated and used to provide services to residents. As part of the administrative evaluation of the RC, the instrument is used to collect information needed to analyze the structure of expenditure and costs per beneficiary in order to make them more efficient.

**How to complete:** This instrument contains two sub-instruments:

- a brief questionnaire to collect aggregate data on RC revenues and average costs per beneficiary;
- a summary table with the budget execution for the years 2018 and 2019.

**Source of information:** RC/GDSACP accounting documents

**Responsible for completion:** person within the accounting department of GDSACP or the chief accountant, if the RC has legal personality

**Approximate average completion time:** 120 minutes

Last and first name of the person who actually completed the survey: \_\_\_\_\_

Position within the RC/GDSACP: \_\_\_\_\_

Date of completion of the survey

Day	Month

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## A. RC IDENTIFICATION DATA

A1. Name of the RC: \_\_\_\_\_

A2. Location of the RC:

a. County \_\_\_\_\_

b. Town/Commune \_\_\_\_\_

c. Village \_\_\_\_\_

d. Full address of the  
RC \_\_\_\_\_

e. Telephone \_\_\_\_\_

f. Email \_\_\_\_\_

A3. Legal form

a. The RC has legal personality.....

Yes

No

☐ (1)

☐ (2)

b. The RC manager is a tertiary authorizing officer .....

☐ (1)

☐ (2)

COMPLETE A4 IF THE RC HAS LEGAL PERSONALITY. OTHERWISE, MOVE TO A5.

A4. RC tax identification code: \_\_\_\_\_

A5. What was the total monthly average cost per RC  
beneficiary, established by decision of the  
County/Local Council in 2018 and 2019?

RON/month/beneficiary

a. Total monthly average cost/beneficiary in 2018, of  
which.....

b. Average expenditure on goods and services.....

c. Total monthly average cost/beneficiary in 2019, of  
which.....

d. Average expenditure on goods and services.....

A6. What was the total income of the RC in 2018 and  
2019, broken down by funding sources?

2018

2019

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• State budget .....	RON	RON
• Budget of the County/Local Council.....	RON	RON
• Beneficiary/guardian contributions .....	RON	RON
• Projects using European funds .....	RON	RON
• Donations, cash sponsoring .....	RON	RON
• Other sources .....	RON	RON
• Total income (a+b+c+d+e+f) .....		

## B. BUDGET IMPLEMENTATION FOR 2018 AND 2019

Please enter in the "RC spending execution account" Excel sheet the total spending registered by the RC in 2018 and 2019, by categories of expenditure.



Center spending  
execution account.xls

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**"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod SIPOCA/SMIS2014+: 618/127529**

## ANNEX 10. FICHE FOR COLLECTING DATA ON EACH PERSON WITH DISABILITIES FROM RESIDENTIAL CENTERS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to improving the knowledge about persons with disabilities living in public residential centers (RC) and how the services provided meet the needs of the beneficiaries. As part of the RC's administrative evaluation, the instrument is used to gather the information needed to determine the level of assistance needed and to estimate the options for transferring persons with disabilities to an alternative way of living in the community.

**How to complete:** This fiche is to be completed individually for each person currently receiving services in a residential center (RC) for adults with disabilities, or who has received such services between **1 January 2019 - 31 May 2020**.

**Source of information:** personal file of the beneficiary

**Responsible for completion:** the case manager/ other person from the multidisciplinary team within the RC designated for this purpose by the director of DGASPC/ the leader of the RC. For the medical section, assistance from the doctor/nurse will also be required.

**Approximate average completion time:** 60 minutes (90 minutes in extended version)

Last and first name of the person  
who actually completed the survey:

---

Position within the RC/GDSACP:

---

Date of completion of the survey

Day	Month

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## A. ADMINISTRATIVE DATA

A1. Name of the RC:

A2. Location of the RC:

a. County

b. Town/Commune

c. Village

A3. Does the beneficiary have a case manager appointed? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

## B. IDENTIFICATION AND SOCIAL-DEMOGRAPHIC DATA

B1. Anonymized beneficiary identification code:

*I<sub>N</sub> - LAST NAME INITIAL; I<sub>P</sub> - FIRST NAME INITIAL; CCCC - LAST 4 DIGITS OF THE PERSONAL IDENTIFICATION CODE*

I <sub>N</sub>	I <sub>P</sub>	C	C	C	C

B2. Gender of the beneficiary: ☐<sub>(1)</sub> Male ☐<sub>(2)</sub> Female

B3. Age upon completion of the survey:  completed age

B4. Degree of disability

*TICK A SINGLE ANSWER →*

☐<sub>(1)</sub> Low

☐<sub>(2)</sub> Mild

☐<sub>(3)</sub> High

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- ☐ (4) Severe
- ☐ (5) Severe with personal assistant
- ☐ (5) No disability certificate

**B5cod.** What is (are) the code(s) of the disease(s) indicated in the appendix to the disability certificate?

COD1	COD2	COD3	COD4	COD5
------	------	------	------	------

**B5.** Type of disability according to the appendix to the disability certificate

**TICK A SINGLE ANSWER →**

- ☐ (1) Physical
- ☐ (2) Somatic
- ☐ (3) Hearing
- ☐ (4) Visual
- ☐ (5) Mental
- ☐ (6) Psychic
- ☐ (7) Associated
- ☐ (8) HIV/AIDS
- ☐ (9) Rare diseases
- ☐ (10) Deaf-blindness

**B5C1.** The validity of the certificate is...

- ☐ (1) Permanent ☐ (2) Revisable

**B6.** Domicile prior to admission to the RC

County

Town/Commune

**B7.** Current marital status

**TICK A SINGLE ANSWER →**

- ☐ (1) Single
- ☐ (2) Married
- ☐ (3) In cohabitation/in a relation with a partner
- ☐ (4) Divorced/Separated
- ☐ (5) Widow(er)

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COMPLETE B8 IF THE PERSON IS MARRIED OR IN A RELATION WITH A PARTNER, CODE 2 OR 3 TO B7. OTHERWISE, MOVE TO B10

**B8. Husband/Wife/Partner...**

**TICK A SINGLE ANSWER →**

- ☐ (1) Is a beneficiary of the same RC
- ☐ (2) Is a beneficiary of another residential service
- ☐ (3) Lives independently in the community
- ☐ (4) Other situation; please indicate ...

COMPLETE B9 IF THE HUSBAND/WIFE/PARTNER IS A BENEFICIARY OF THE SAME RC, CODE 1 TO B8. OTHERWISE, MOVE TO B10.

**B9. Does the beneficiary live with the husband/wife/partner in the same sleeping quarters?**

☐ (1) Yes ☐ (2) No

**B11. The level of education reached:**

**TICK A SINGLE ANSWER**

- No education ..... ☐ (1)
- Primary education (grades 1-4) ..... ☐ (2)
- Lower secondary education (grades 5-8) ..... ☐ (3)
- Vocational education ..... ☐ (4)
- High school not completed (grades 9-11) ..... ☐ (5)
- High school completed, without a baccalaureate diploma ☐ (6)
- High school completed, with a baccalaureate diploma .... ☐ (7)
- Post-secondary school ..... ☐ (8)
- Higher education ..... ☐ (9)
- Other, please indicate ..... ☐ (10)

**B11A. According to the documents in the file, does the person have the following educational needs ...?**

Yes No

a. To learn to read ..... ☐ (1) ☐ (2)

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B11A.	According to the documents in the file, does the person have the following educational needs ...?	Yes	No
b.	To learn to write .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>
c.	Other educational needs, which? .....	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>

---

B11D.	Over the past 12 months, has the beneficiary received any support for maintaining/improving her/his level of education?	<input type="checkbox"/> <sub>(1)</sub>	Yes	<input type="checkbox"/> <sub>(2)</sub>	No	<input type="checkbox"/> <sub>(3)</sub>	Not applicable
-------	---	---	-----	---	----	---	----------------

---

**B12. Current occupation:**

**MULTIPLE ANSWER**

- |    |   |   |               |
|----|---|---|---------------|
| a. | Beneficiary of a first or second degree disability pension .            | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B16 |
| b. | Beneficiary of a third degree disability pension.....                   | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B16 |
| c. | Beneficiary of an old-age pension .....                                 | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B16 |
| d. | Person who cannot work, without assessment of work capacity .....       | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B16 |
| e. | Person without the right to work because of being legally incapacitated | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B16 |
| f. | Person with the capacity for work who does not work .....               | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B13 |
| g. | Full-time employee .....  | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B14 |
| h. | Part-time employee .....  | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B14 |
| i. | The beneficiary works occasionally or is a day laborer ....             | <input type="checkbox"/> <sub>(1)</sub> | → MOVE TO B13 |
- 

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j. Other, please indicate .....

☐<sub>(1)</sub>

→ MOVE TO  
B16

COMPLETE B13 IF THE PERSON HAS THE CAPACITY FOR WORK BUT DOES NOT WORK OR WORKS OCCASIONALLY, CODE 4 OR 7 TO B12

B13. Has the beneficiary ever been hired? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(9)</sub> There is no information

IF NO, CODE 2 AT B13

B13B. Does the beneficiary have any kind of work experience (by day, undeclared, volunteering etc.)? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(9)</sub> There is no information

COMPLETE B14B FOR ALL THOSE WHO CURRENTLY HAVE THE CAPACITY FOR WORK, OTHERWISE, MOVE TO B16.

B14B. Over the past 12 months, has the beneficiary received any support for maintaining/improving her/his level of readiness for work? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(3)</sub> Not applicable

B16. Over the past 6 months, did the beneficiary have a regular source of income? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(9)</sub> Unknown

COMPLETE B17-B18 IF THE BENEFICIARY HAD A REGULAR INCOME OVER THE PAST 6 MONTHS, CODE 1 TO B16. OTHERWISE, MOVE TO B19.

B17. What was the beneficiary's source of income over the past 6 months?

TICK ALL APPLICABLE ANSWERS →

B18. What amount was received in January 2020 from this source?

Salary .....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON
Pension.....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON
Disability pension.....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON

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Survivor's pension .....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON
Independent activities.....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON
Other sources, please indicate .....	<input type="checkbox"/> <sub>(1)</sub>	_____	RON

**B19. Does the person benefit from the protection measure of being declared legally incapacitated (was declared legally incapacitated)?**

☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No → **MOVE TO B21**

**COMPLETE B20A AND B20B IF THE PERSON WAS DECLARED LEGALLY INCAPACITATED, CODE 1 TO B19.**

**B20A. In what year was the beneficiary declared legally incapacitated?**

**B20B. Who is the beneficiary's legal representative/guardian?**

**TICK A SINGLE ANSWER**

- A member of the family ☐<sub>(1)</sub>
- .....
- A representative of the local public administration ☐<sub>(2)</sub>
- .....
- A representative of the Guardianship Authority ☐<sub>(3)</sub>
- .....
- The head of the residential center ☐<sub>(4)</sub>
- .....
- Another employee of the RC ☐<sub>(5)</sub>
- .....
- The director of the GDSACP ☐<sub>(6)</sub>
- .....
- Other person; please indicate ☐<sub>(7)</sub>
- .....
- At the moment there isn't one designated ☐<sub>(8)</sub>
- .....

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IF YES

**B22. Does the person benefit from...?**

B21. Does the person need...?	Yes	No	Yes	No
a. Sign language interpreter.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Hearing aid.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Glasses.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Special communication devices.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Crutches, walking sticks or walking frames .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Wheelchair.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Orthotics .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Prostheses.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Other assistive devices and technologies, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
.....				
.....				

## C. INSTITUTIONALIZATION RECORD

### C1. WHICH OF THE FOLLOWING APPLIES TO THE BENEFICIARY?

- a. The beneficiary does not have any known family or relatives.... ☐ (1)
- b. The beneficiary has known family or relatives ..... ☐ (1)
- c. The beneficiary owns a dwelling ..... ☐ (1)

C2. Are the reasons for institutionalization known? ☐ (1) Yes ☐ (2) No

COMPLETE C3 IF YES, CODE 1 AT C2. OTHERWISE, MOVE TO C3.

### C3. Which of the following reasons for institutionalization apply to the beneficiary?

TICK ALL THE ANSWERS THAT APPLY TO THE BENEFICIARY'S CASE

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- a. The family/relatives were no longer able to take care of the beneficiary ..... ☐ (1)
- b. The beneficiary was left without a personal assistant ..... ☐ (1)
- c. The beneficiary comes from the child protection system and was transferred to residential centers for adults with disabilities due to the lack of an alternative in the community ..... ☐ (1)
- d. The beneficiary comes from the child protection system and was transferred to residential centers for adults with disabilities due to other reasons ..... ☐ (1)
- e. There are no home care services in the community where the beneficiary lived ..... ☐ (1)
- f. There are no other types of services available in the community that the beneficiary would need ..... ☐ (1)
- g. Other reasons, please indicate ..... ☐ (1)

C4. In what year was the beneficiary admitted to the protection system for adults with disabilities?

C5. When was (s)he first admitted to this residential center?

Month	Year

C6. Where was the beneficiary coming from when admitted to this RC?

**TICK A SINGLE ANSWER**

- From a family/community ..... ☐ (1)
- From the child protection system ..... ☐ (2)
- From another residential center for adults with disabilities ..... ☐ (3)
- From protected dwellings for adults with disabilities ..... ☐ (4)
- From a psychiatric hospital ..... ☐ (5)
- From somewhere else, please indicate ..... ☐ (7)

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C8. When this inquiry started (June 1, 2020) did the person still benefit from services within the RC? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

COMPLETE C9 IF "NO", CODE 2 TO C8. OTHERWISE, MOVE TO SECTION D

C9. Was the provision of services to the beneficiary suspended or discontinued?

TICK A SINGLE ANSWER

It was suspended ..... ☐<sub>(1)</sub> → MOVE TO C17

It was discontinued ..... ☐<sub>(2)</sub>

COMPLETE C10- C11 IF "IT WAS DISCONTINUED", CODE 2 TO C9.

C10. When was the provision of services to the beneficiary in this residential center discontinued?

Month

Year

C11. What is the reason for the discontinuation of service provision in the RC?

TICK A SINGLE ANSWER

The beneficiary died ..... ☐<sub>(1)</sub> → MOVE TO C14

The beneficiary was transferred, upon request, to another residential center ..... ☐<sub>(2)</sub> → MOVE TO SECTION D

The beneficiary was transferred, upon request, to a protected dwelling..... ☐<sub>(3)</sub> → MOVE TO SECTION D

The beneficiary went back in the community, upon request ..... ☐<sub>(4)</sub> → MOVE TO SECTION D

The beneficiary violated the contractual terms..... ☐<sub>(5)</sub> → MOVE TO SECTION D

The RC could no longer provide the appropriate services .. ☐<sub>(6)</sub> → MOVE TO SECTION D

The contract was not renewed upon expiry of the term stipulated therein..... ☐<sub>(7)</sub> → MOVE TO SECTION D

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The beneficiary left the RC, upon request, without communicating her/his destination ..... ☐ (8)

→ MOVE TO  
SECTION D

Other reason, please indicate..... ☐ (9)

→ MOVE TO  
SECTION D

**COMPLETE C14-C15 IF "THE BENEFICIARY DIED", CODE 1 TO C11.**

**C14. What was the cause of death according to the death certificate?**

Direct cause .....  
(immediate) .....

Prior cause .....  
.....

**C15. Where did the death occur?**

**TICK A SINGLE ANSWER**

Within the premises of the RC ..... ☐ (1)

At the hospital..... ☐ (2)

Somewhere else ..... ☐ (3)

**COMPLETE C17 IF "IT WAS SUSPENDED", CODE 1 TO C9. OTHERWISE, MOVE TO SECTION D**

**C17. What is the reason for the suspension of service provision in the RC?**

**TICK A SINGLE ANSWER**

The beneficiary returned to her/his family for a maximum of 15 days, upon her/his own request or upon request by her/his legal representative ..... ☐ (1)

The beneficiary left for a maximum of 60 days, upon her/his own request or upon request by her/his legal representative ..... ☐ (2)

The beneficiary was admitted to the hospital for a period exceeding 30 days. ☐ (3)

The beneficiary was transferred to another institution to take part in specialized programs ..... ☐ (4)

Other reason, please indicate..... ☐ (5)





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Instrumente Structurale  
2014-2020

IF THE PROVISION OF SERVICES TO THE PERSON STOPPED IN THE RC, FOR ANY REASON, THE COMPLETION OF THE SURVEY ENDS HERE. FOR ALL OTHERS, PLEASE CONTINUE COMPLETION OF SECTIONS D TO F

#### D. THE CUSTOMIZED PLAN, THE MULTIDISCIPLINARY ASSESSMENT, THE NEED FOR ASSISTANCE

D1. Over the past 6 months, what were the activities and services that...?	a. ...The person needed?		b. ... The person benefited from?		
	Yes	No	Yes	No	The beneficiary refused
1. Information and social protection	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
2. Psychological counseling	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
3. Speech therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
4. Psychotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
5. Habilitation/Rehabilitation - Massages, kinesiotherapy or physiotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
6. Habilitation/Rehabilitation - Hydrotherapy, thermotherapy, balneotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
7. Habilitation/Rehabilitation - Art or music therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
8. Habilitation/Rehabilitation - Psycho-sensory-motor stimulation	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
9. Habilitation/Rehabilitation - Occupational therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
10. Habilitation/Rehabilitation - Vocational/occupational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
11. Care and assistance - support for dressing/undressing, putting on/ taking off shoes, choosing the right clothes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
12. Care and assistance - support for ensuring daily hygiene	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
13. Care and assistance - support for medication administration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14. Care and assistance - support for specific problems such as catheterization, prevention of pressure ulcer, others	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

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15. Care and assistance - support for changing the position of the body, to move the body from a horizontal position to another position, turning from one side of the body to the other	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
16. Care and assistance - support for transfer and mobilization, moving inside/ outside	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17. Care and assistance - support for nutrition and hydration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
18. DVI - Preserving/Developing cognitive skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19. DVI - Preserving/Developing day-to-day skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
20. DVI - Preserving/Developing communication skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
21. DVI - Preserving/Developing mobility skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
22. DVI - Preserving/Developing self-care skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
23. DVI - Preserving/Developing the skills to take care of one's health	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
24. DVI - Preserving/Developing self-management skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
25. DVI - Preserving/Developing interaction skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26. Education, training for work	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
27. Assistance and support in making a decision	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
28. Social and civic integration and participation	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

**D2. The beneficiary needs support to exercise, preserve and maintain...** Continuous Regular Sequential Minimum Does not need support

- a. ...cognitive skills (language development, reading, writing, counting skills, skills in using access technologies, e.g. writing tools, thinking development, selection of options for making a decision and carrying it out, others) .....

☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)

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- b. ...day-to-day skills (performing a single task, performing multiple tasks, organizing, planning and completing a daily schedule, time management, self-control of behavior, expressing appropriate emotions, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- c. ...communication skills (diversification of communication through verbal and non-verbal messages, development of sign language, skills to exchange ideas/talk with one or more people, use of communication tools, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- d. ...mobility skills (changing body position, moving or manipulating objects using the hand, fingers, arm, other parts of the body, moving by walking or other forms, moving using equipment or means of transport, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- e. ...self-care skills (washing and wiping the body or parts of the body, intimate toilet, dressing/undressing, eating/drinking, choosing appropriate clothing and footwear, order and cleanliness of personal items, others)..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- f. ... the skills to take care of one's health (maintaining personal hygiene and of the living space, maintaining a balanced diet, daily physical activity, awareness of the risks of physical abuse on oneself, of swallowing inedible objects, poisoning, trauma, others)..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)

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- g. ...self-management skills  
(preparing and serving food,  
cleaning one's own space, cleaning  
and arranging clothing and  
footwear, caring for support  
devices, purchasing goods, helping  
other persons in the room/group  
regarding walking, communication  
or care, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- h. ... interaction/interpersonal skills  
(developing the ability to have a  
conversation, to behave in different  
situations, to use different services,  
behaviors necessary to establish  
simple or complex interactions with  
known or unknown people, sex  
education, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- i. ...skills to conduct economic  
operations (developing the skills to  
use money to buy products, saving,  
using a bank card, others) ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- j. ...social skills ..... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)
- k. ...interest in business activities.... ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5)

**D3. Overall, taking into account the degree of autonomy and the development of independent living skills, to what extent does the person need assistance, care, monitoring and guidance?**

**TICK A SINGLE ANSWER**

- Continuously (without interruption) ..... ☐ (1)
- Regularly (daily, during specific time slots) ..... ☐ (2)
- Sequentially (from time to time, in certain situations) ..... ☐ (3)
- Minimally (at certain times for operations conducted over a long period of time)  
..... ☐ (4)
- Not at all..... ☐ (5)
- There is no information ..... ☐ (9)

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**E. ASSISTANCE FOR SPECIAL MEDICAL NEEDS (TO BE COMPLETED WITH THE SUPPORT OF THE RC DOCTOR OR OF THE CHIEF NURSE)**

E3B. Throughout 2019, did the beneficiary receive the following medical services?	Yes	No
a Usual blood tests.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b Blood pressure measurement .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c Flu shot .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d Dental exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e Dermatological exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Testing for TB infection.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g Eye exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h ENT exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Pap smear (for women only) .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
j. Mammography (for women only) .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

E4. Is the beneficiary in the records of a hospital/specialist as suffering from one or several chronic diseases? ☐ (1) Yes ☐ (2) No

E7. How many times has (s)he been admitted to a hospital, other than a psychiatry hospital, in 2019?

E8. In total, how many days was the beneficiary admitted to a hospital, other than a psychiatry hospital, in 2019?

E9. How many times was the beneficiary admitted to a psychiatric hospital/ward, in 2019?

**COMPLETE E9A-E10A IF THE BENEFICIARY WAS ADMITTED AT LEAST ONCE, CODE>0 TO E9.**

E9A. Was the beneficiary admitted voluntarily or involuntarily? ☐ (1) Voluntarily ☐ (2) Involuntarily

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E10A. In total, how many days was the beneficiary admitted to a psychiatric hospital/ward, in 2019?  days

E10B. How many times did he/she benefit from a psychiatric consultation during 2019? ☐<sub>(0)</sub> Never ☐<sub>(1)</sub> Once ☐<sub>(2)</sub> Two or more times

E11. Does the beneficiary have a specific prevention, intervention and recovery plan, prepared by specialists, to be followed in the RC? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

E12. What are the current (at the time of completing the survey) special medical needs of the beneficiary, as identified by the medical specialists?

**TICK ALL APPLICABLE ANSWERS**

- a. Long-term medical treatment with over-the-counter drugs.. ☐<sub>(1)</sub>
- b. Long-term medical treatment with prescription drugs..... ☐<sub>(1)</sub>
- c. Regular visits to/exams by a medical specialist ..... ☐<sub>(1)</sub>
- d. Periodic hospital admissions ..... ☐<sub>(1)</sub>
- e. Periodic lab tests ..... ☐<sub>(1)</sub>
- f. Radiology and medical imaging ..... ☐<sub>(1)</sub>
- g. Surgery ..... ☐<sub>(1)</sub>
- h. Dialysis..... ☐<sub>(1)</sub>
- i. Assisted nutrition and hydration..... ☐<sub>(1)</sub>
- j. Mechanical ventilation ..... ☐<sub>(1)</sub>
- k. Chemotherapy, radiotherapy or other forms of treatment of neoplasms... ☐<sub>(1)</sub>
- l. Treatment for urinary incontinence..... ☐<sub>(1)</sub>
- m. Prevention / Treatment of pressure ulcers ..... ☐<sub>(1)</sub>
- n. Dental services ..... ☐<sub>(1)</sub>
- o. Counseling and specific therapies for behavioral or affective disorders ..... ☐<sub>(1)</sub>
- p. Physiotherapy services and balneology ..... ☐<sub>(1)</sub>

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**E12. What are the current (at the time of completing the survey) special medical needs of the beneficiary, as identified by the medical specialists?**

**TICK ALL APPLICABLE ANSWERS**

- q. Counseling and treatment for alcohol, tobacco, drug addictions etc. .... ☐<sub>(1)</sub>
- r. Assistive devices and technologies and access technologies . ☐<sub>(1)</sub>
- s. Other complex needs for medical care, please indicate ..... ☐<sub>(1)</sub>

**E13. Is the beneficiary currently receiving psychotropic drugs?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**E16. The psychotropic drugs were administered following...?**

**TICK A SINGLE ANSWER**

- The beneficiary's informed consent ..... ☐<sub>(1)</sub>
- The consent of the legal representative ..... ☐<sub>(2)</sub>
- There is no written consent to this effect..... ☐<sub>(2)</sub>
- Not administered..... ☐<sub>(3)</sub>

**COMPLETE E21-E23 ONLY IF THE BENEFICIARY IS A WOMAN BELOW 50 YEARS OF AGE**

**E21. Is the beneficiary currently using hormonal contraception?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**E23. In the last year, has the beneficiary received services regarding reproductive health education and family planning?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

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## F. SOCIAL RELATIONS AND PARTICIPATION

F1. Over the past 12 months, how often did the beneficiary do the following things....?

**TICK A SINGLE ANSWER ON EACH ROW**

	Frequently	Rarely	Not at all	Unknown
a. Met family members, relatives outside the RC	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
b. Received the visit of a family member at the RC	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
c. Spoke on the phone with a family member	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
d. Went shopping, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
e. Went to the community church, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
f. Went to the park, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
g. Used public transport, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
h. Participated in cultural, sporting or entertainment activities outside the RC, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)

**COMPLETE F2 IF, IN THE PAST YEAR, THE PERSON HAD ANY CONTACT WITH A FAMILY MEMBER, CODE<5 TO F1 ITEMS A TO C.**

**F2. What is the kinship between the persons in the extended family with whom the beneficiary has come into contact in the past year and the beneficiary? (what are the respective persons to the beneficiary)**

**TICK ALL APPLICABLE ANSWERS**

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- a. Mother/Father ..... ☐ (1)
- b. Son/Daughter/Son-in-law/Daughter-in-law ..... ☐ (1)
- c. Brother/Sister/Brother-in-law/Sister-in-law ..... ☐ (1)
- d. Nephew/Niece ..... ☐ (1)
- e. Uncle/Aunt ..... ☐ (1)
- f. Cousin ..... ☐ (1)
- g. Other type of kinship ..... ☐ (1)

**F5. From the Evaluation Fiche, PP, Beneficiary Fiche, other documents from the file, it appears that the beneficiary:**

**TICK A SINGLE ANSWER ON EACH ROW**

	Frequently	Rarely	Not at all	Unknown
a. Participates in the daily activities of the RC	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
b. Respects the working hours for the activities in the PP	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
c. Participates in household activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
d. Takes advantage of education/ training opportunities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
e. Gets involved in leisure activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
f. Provides support to other beneficiaries	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
g. Is preoccupied to have a neat appearance	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
h. Maintains relationships, communicates with other people	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)

**F3. What is the hosting arrangement preferred/desired by the beneficiary/legal representative?**

- to remain in the current RC ..... ☐ (1)
- to return to the family ..... ☐ (2)
- to return to her/his own home ..... ☐ (3)
- to move to a protected dwelling ..... ☐ (4)
- to move to another residential center for adults with disabilities .. ☐ (5)
- to move to a residential center for the elderly ..... ☐ (6)

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- to move to another health care institution/ social-medical unit .... ☐ (7)
- to move to a PPA ..... ☐ (8)
- to move elsewhere ..... ☐ (9)
- uncertain about the decision/cannot state with certainty ..... ☐ (10)

**F6. Will the beneficiary leave the RC in the next 12 months?** ☐ (1) Yes ☐ (2) No

**COMPLETE F7 IF YES, CODE 1 AT F6**

**F7. Where is he/she going to move?**

- He/she will return to the family ..... ☐ (1)
- He/she will return to his/her own home ..... ☐ (2)
- To social housing ..... ☐ (3)
- To a protected dwelling ..... ☐ (4)
- To another residential center for adults with disabilities ..... ☐ (5)
- To a residential center for the elderly ..... ☐ (6)
- To another health care institution/ social-medical unit ..... ☐ (7)
- To a PPA ..... ☐ (8)
- Elsewhere ..... ☐ (9)
- Hasn't decided yet ..... ☐ (10)

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## ANNEX 11. EXTENDED FICHE FOR COLLECTING DATA ON A SAMPLE OF PERSONS WITH DISABILITIES FROM RESIDENTIAL CENTERS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to improving the knowledge about persons with disabilities living in public residential centers (RC) and how the services provided meet the needs of the beneficiaries. As part of the RC's administrative evaluation, the instrument is used to collect the information needed to determine the level of assistance necessary and to estimate the options for transferring persons with disabilities to an alternative way of living in the community.

**How to complete:** This form is to be completed individually for each person who currently benefits from services in a residential center for adults with disabilities, or who has benefited from such services between **1 January 2019 - 31 May 2020**.

**Source of information:** personal file of the beneficiary

**Responsible for completion:** the case manager/ other person from the multidisciplinary team within the RC designated for this purpose by the director of DGASPC/the leader of the RC. For the medical section, assistance from the doctor/nurse will also be required.

**Approximate average completion time:** 60 minutes (90 minutes in extended version)

Last and first name of the person who actually completed the survey: \_\_\_\_\_

Position within the RC/GDSACP: \_\_\_\_\_

Date of completion of the survey

--	--

Day    Month

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## A. ADMINISTRATIVE DATA

A1. Name of the RC: \_\_\_\_\_

A2. Location of the RC:

a. County \_\_\_\_\_

b. Town/Commune \_\_\_\_\_

c. Village \_\_\_\_\_

A3. Which of the following documents exist in the personal file of the beneficiary?

**MULTIPLE ANSWER →**

a. Decision/Order of admission to the RC ..... ☐ (1)

b. Request for admission ..... ☐ (1)

c. Copies of the ID and civil-status documents, where appropriate ..... ☐ (1)

d. Copy of the ID document of the legal representative, where appropriate ..... ☐ (1)

e. The last pension slip or the proof of income, where appropriate ..... ☐ (1)

f. Social survey report..... ☐ (1)

(CONTINUED A3)

g. Initial assessment of the multidisciplinary team ..... ☐ (1)

h. Copy of the Disability certificate ..... ☐ (1)

i. Copy of the beneficiary's Customized Plan (CP) ..... ☐ (1)

j. Copy of the beneficiary's Individualized Service Plan (ISP)..... ☐ (1)

k. Individualized Rehabilitation and Social Integration Plan (IRSIP) ..... ☐ (1)

l. Service provision contract ..... ☐ (1)

m. Payment commitment ..... ☐ (1)

n. Beneficiary assessment sheet (Appendix to Decisions nos. 878 and 877/2018) ..... ☐ (1)

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- o. Health monitoring file ..... ☐<sub>(1)</sub>
- p. Individualized prevention, intervention and recovery plan, where appropriate ..... ☐<sub>(1)</sub>
- q. Service provision suspension/discontinuation sheet ..... ☐<sub>(1)</sub>
- r. Consent of the beneficiary/legal representative for medical care and treatment ..... ☐<sub>(1)</sub>

A4. Does the ISP and/or IRSIP mention RC admission as a protection measure? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(3)</sub> no ISP/IRSIP

A5. Does the beneficiary have a case manager appointed? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

COMPLETE A6 IF YES, CODE 1 TO A5.

A6. Does the appointed case manager work in the RC? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

## B. IDENTIFICATION AND SOCIAL-DEMOGRAPHIC DATA

B1. Anonymized beneficiary identification code:

I<sub>N</sub> - SURNAME INITIAL; I<sub>P</sub> - FIRST FORENAME INITIAL; CCCC - LAST 4 DIGITS OF THE PERSONAL IDENTIFICATION CODE

I <sub>N</sub>	I <sub>P</sub>	C	C	C	C

B2. Gender of the beneficiary: ☐<sub>(1)</sub> Male ☐<sub>(2)</sub> Female

B3. Age upon completion of the survey:  completed age

B4. Degree of disability  
TICK A SINGLE ANSWER →

☐<sub>(1)</sub> Low  
☐<sub>(2)</sub> Mild  
☐<sub>(3)</sub> High  
☐<sub>(4)</sub> Severe  
☐<sub>(5)</sub> Severe with personal assistant

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☐ (5) No disability certificate

B5cod.	What is (are) the code(s) of the disease(s) indicated in the appendix to the disability certificate?	COD1	COD2	COD3	COD4	COD5

B5. Type of disability according to the appendix to the disability certificate

TICK A SINGLE ANSWER →

- ☐ (1) Physical  
☐ (2) Somatic  
☐ (3) Hearing  
☐ (4) Visual  
☐ (5) Mental  
☐ (6) Psychic  
☐ (7) Associated  
☐ (8) HIV/AIDS  
☐ (9) Rare diseases  
☐ (10) Deaf-blindness

B5C1. The validity of the certificate is...

☐ (1) Permanent

☐ (2) Revisable

COMPLETE B5C2 IF THE CERTIFICATE IS REVISABLE, CODE 2 TO B5C1

B5C2. Is the certificate valid?

☐ (1) Yes ☐ (2) No

B6. Domicile prior to admission to the RC

County

Town/Commune

B7. Current marital status

TICK A SINGLE ANSWER →

- ☐ (1) Single  
☐ (2) Married  
☐ (3) In cohabitation/in a relation with a partner  
☐ (4) Divorced/Separated  
☐ (5) Widow(er)

COMPLETE B8 IF THE PERSON IS MARRIED OR IN A RELATION WITH A PARTNER, CODE 2 OR 3 TO B7. OTHERWISE, MOVE TO B10

B8. Husband/Wife/Partner...

☐ (1) Is a beneficiary of the same RC

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**TICK A SINGLE ANSWER →**

- ☐ (2) Is a beneficiary of another residential service
- ☐ (3) Lives independently in the community
- ☐ (4) Another situation; please indicate .  
.....

**COMPLETE B9 IF THE HUSBAND/WIFE/PARTNER IS A BENEFICIARY OF THE SAME RC, CODE 1 TO B8. OTHERWISE, MOVE TO B10.**

**B9. Does the beneficiary live with the husband/wife/partner in the same sleeping quarters?** ☐ (1) Yes ☐ (2) No

**B10. Has the beneficiary ever been enrolled in a form of education?**

**TICK A SINGLE ANSWER**

- Yes, in the mass education system... ☐ (1)
- Yes, in the special education system ☐ (2)
- Yes, in both systems..... ☐ (3)
- No, the beneficiary has never been to school ..... ☐ (4)

**B11. The level of education reached:**

**TICK A SINGLE ANSWER**

- No education ..... ☐ (1)
- Primary education (grades 1-4) ..... ☐ (2)
- Lower secondary education (grades 5-8) ..... ☐ (3)
- Vocational education ..... ☐ (4)
- High school not completed (grades 9-11) ..... ☐ (5)
- High school completed, without a baccalaureate diploma ☐ (6)
- High school completed, with a baccalaureate diploma .... ☐ (7)
- Post-secondary school..... ☐ (8)
- Higher education..... ☐ (9)
- Other, please indicate ..... ☐ (10)

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**B11A. According to the documents in the file, does the person have the following educational needs ...?** Yes No

- a. To learn to read ..... ☐ (1) ☐ (2)
- b. To learn to write ..... ☐ (1) ☐ (2)
- c. Other educational needs, which? ..... ☐ (1) ☐ (2)

**B11D. Over the past 12 months, has the beneficiary received any support for maintaining/improving her/his level of education?** ☐ (1) Yes ☐ (2) No ☐ (3) Not applicable

**COMPLETE B11E AND B11F IF YES, CODE 1 TO B11D.**

**B11E. What was the nature of the support received?**

**TICK ALL APPLICABLE ANSWERS**

- a. Support to learn how to write, read, count..... ☐ (1)
- b. Support to enroll in a form of education ..... ☐ (1)
- c. Support to meet the requirements of the school/vocational institution..... ☐ (1)
- d. Support to attend educational fairs..... ☐ (1)
- e. Participation in support groups ..... ☐ (1)
- f. Training as to how to use the assistive technologies needed in the educational process..... ☐ (1)

**B11F. Where did the support come from?**

**TICK ALL APPLICABLE ANSWERS**

- a. The RC employees ..... ☐ (1)
- b. The volunteers at the RC ..... ☐ (1)
- c. School units ..... ☐ (1)
- d. Non-governmental organizations with which the RC has collaborative partnerships... ☐ (1)
- e. Religious organizations..... ☐ (1)
- f. Local administration..... ☐ (1)
- g. Someone else, who? ..... ☐ (1)

**B12. Current occupation:**

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### MULTIPLE ANSWER

- |    |   |   |                  |
|----|---|---|------------------|
| a. | Beneficiary of a first- or second-degree disability pension                   | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |
| b. | Beneficiary of a third-degree disability pension .....                        | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |
| c. | Beneficiary of an old-age pension .....                                       | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |
| d. | Person who cannot work, without assessment of work capacity .....             | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |
| e. | Person without the right to work because of being legally incapacitated ..... | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |
| f. | Person with the capacity for work who does not work ....                      | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B13 |
| g. | Full-time employee .....  | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B14 |
| h. | Part-time employee .....  | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B14 |
| i. | The beneficiary works occasionally or is a day laborer ....                   | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B13 |
| j. | Other, please indicate .....  | <input type="checkbox"/> <sub>(1)</sub> | → MOVE<br>TO B16 |

COMPLETE B13 IF THE PERSON HAS THE CAPACITY FOR WORK BUT DOES NOT WORK OR WORKS OCCASIONALLY, CODE 4 OR 7 TO B12

B13. Has the beneficiary ever been hired? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

IF NO, CODE 2 AT B13

B13B. Does the beneficiary have any kind of work experience (by day, undeclared, volunteering etc.)? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No ☐<sub>(9)</sub> There is no information

COMPLETE B14B-B14D FOR ALL THOSE WHO CURRENTLY HAVE WORK CAPACITY, OTHERWISE GO TO B16

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**B14B. Over the past 12 months, has the beneficiary received any support for maintaining/improving her/his level of readiness for work?**

☐ (1) Yes    ☐ (2) No    ☐ (3) Not applicable

**COMPLETE B14C AND B14D IF YES, CODE 1 TO B14B.**

**B14C. What was the nature of the support received?**

**TICK ALL APPLICABLE ANSWERS**

- a. Support to take part in internships/apprenticeships/volunteering in order to prepare for work..... ☐ (1)
- b. Support to take part in vocational training courses..... ☐ (1)
- c. Support to attend job fairs ..... ☐ (1)
- d. Pre-employment counseling ..... ☐ (1)
- e. Post-employment counseling, including support to keep the job..... ☐ (1)
- f. Legal counseling for the conclusion of the employment contract etc. .. ☐ (1)
- g. Training as to how to use the assistive technologies needed at the workplace ..... ☐ (1)
- h. Participation in support groups ..... ☐ (1)

**B14D. Where did the support come from?**

**TICK ALL APPLICABLE ANSWERS**

- a. The RC employees..... ☐ (1)
- b. CAE (County Agency for Employment) ..... ☐ (1)
- c. The volunteers at the RC..... ☐ (1)
- d. School units ..... ☐ (1)
- e. Non-governmental organizations with which the RC has collaborative partnerships..... ☐ (1)
- f. Religious organizations ..... ☐ (1)
- g. Local administration ..... ☐ (1)
- h. Someone else, who?..... ☐ (1)

**COMPLETE B15 IF THE PERSON IS HIRED, CODE 5 OR 6 TO B12. OTHERWISE, MOVE TO B16.**

**B15. How many hours per week does the beneficiary work at her/his workplace?**

Hours/week

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**B16. Over the past 6 months, did the beneficiary have a regular source of income?**

☐ (1) Yes

☐ (2) No

☐ (9) Unknown

**COMPLETE B17 IF THE BENEFICIARY HAD A REGULAR INCOME OVER THE PAST 6 MONTHS, CODE 1 TO B16. OTHERWISE, MOVE TO B18.**

**B17. What was the beneficiary's source of income over the past 6 months?**

**TICK ALL APPLICABLE ANSWERS →**

a.	Salary .....	<input type="checkbox"/> (1)	RON
b.	Pension .....	<input type="checkbox"/> (1)	RON
c.	Disability pension .....	<input type="checkbox"/> (1)	RON
d.	Survivor's pension .....	<input type="checkbox"/> (1)	RON
e.	Independent activities .....	<input type="checkbox"/> (1)	RON
f.	Other sources, please indicate .....	<input type="checkbox"/> (1)	RON

**B18. What amount was received in January 2020 from this source?**

**B19. Does the person benefit from the protection measure of being declared legally incapacitated (was declared legally incapacitated)?**

☐ (1) Yes

☐ (2) No → **MOVE TO B21**

**COMPLETE B20A AND B20B IF THE PERSON WAS DECLARED LEGALLY INCAPACITATED, CODE 1 TO B19.**

**B20A. In what year was the beneficiary declared legally incapacitated?**

**B20B. Who is the beneficiary's legal representative/guardian?**

**TICK A SINGLE ANSWER**

- A member of the family ..... ☐ (1)
- A representative of the local public administration ..... ☐ (2)
- A representative of the Guardianship Authority ..... ☐ (3)
- The head of the residential center ..... ☐ (4)
- Another employee of the RC ..... ☐ (5)
- The director of the GDSACP ..... ☐ (6)
- Another person; please indicate ..... ☐ (7)
- There is currently no designated one ..... ☐ (8)

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## IN THE AFFIRMATIVE

### B22. Does the person benefit from...?

B21. Does the person need...?	Yes	No	Yes	No
a. Sign language interpreter.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Hearing aid.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Glasses.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Special communication devices.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Crutches, walking sticks or walking frames .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Wheelchair .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Orthotics .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Prostheses.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Other assistive devices and technologies, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
.....				
.....				

## C. INSTITUTIONALIZATION RECORD

### C1. Which of the following applies to the beneficiary?

#### TICK ALL THE ANSWERS THAT APPLY TO THE BENEFICIARY'S CASE

- a. The beneficiary does not have any known family or relatives ..... ☐ (1)
- b. The beneficiary has known family or relatives ..... ☐ (1)
- c. The beneficiary owns a dwelling ..... ☐ (1)

### C2. Are the reasons for institutionalization known? ☐ (1) Yes ☐ (2) No

COMPLETE C3 IF YES, CODE 1 AT C2. OTHERWISE, MOVE TO C3.

### C3. Which of the following reasons for institutionalization apply to the beneficiary?

#### TICK ALL THE ANSWERS THAT APPLY TO THE BENEFICIARY'S CASE

- a. The family/relatives were no longer able to take care of the beneficiary..... ☐ (1)
- b. The beneficiary was left without a personal assistant ..... ☐ (1)

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- c. The beneficiary comes from the child protection system and was transferred to residential centers for adults with disabilities due to the lack of an alternative in the community ..... ☐ (1)
- d. The beneficiary comes from the child protection system and was transferred to residential centers for adults with disabilities due to other reasons ..... ☐ (1)
- e. There are no home care services in the community where the beneficiary lived ..... ☐ (1)
- f. There are no other types of services available in the community that the beneficiary would need ..... ☐ (1)
- g. Other reasons, please indicate ..... ☐ (1)
- .....
- .....

C4. In what year was the beneficiary admitted to the protection system for adults with disabilities?

C5. When was (s)he first admitted to this residential center?

Month	Year

C6. Where was the beneficiary coming from when admitted to this RC?

**TICK A SINGLE ANSWER**

- From a family/community ..... ☐ (1)
- From the child protection system ..... ☐ (2)
- From another residential center for adults with disabilities ..... ☐ (4)
- From protected dwellings for adults with disabilities ..... ☐ (5)
- From a psychiatric hospital ..... ☐ (6)
- From somewhere else, please indicate ..... ☐ (7)

**COMPLETE C7 IF THE PERSON COMES FROM A FAMILY/COMMUNITY, CODE 1 TO C6. OTHERWISE, MOVE TO C8.**

C7. What kind of services did the person benefit from over the past 2 years of living in the community, before being admitted to the RC?

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**TICK ALL THE ANSWERS THAT APPLY TO THE BENEFICIARY'S CASE**

- a. Personal assistant..... ☐ (1)
- b. Home care services..... ☐ (1)
- c. The services of a mobile team..... ☐ (1)
- d. Counseling and assistance services provided at a day center..... ☐ (1)
- e. Habilitation and rehabilitation services..... ☐ (1)
- f. Services aimed at preserving and developing independent living skills ..... ☐ (1)
- g. Professional counseling and orientation services ..... ☐ (1)
- h. Other social services, please indicate ..... ☐ (1)
- i. There is no information ..... ☐ (1)

**C8. When this inquiry started did the person still benefit from services within the RC?** ☐ (1) Yes ☐ (2) No

**COMPLETE C9 IF "NO", CODE 2 TO C8. OTHERWISE, MOVE TO SECTION D**

**C9. Was the provision of services to the beneficiary suspended or discontinued?**

**TICK A SINGLE ANSWER**

- It was suspended ..... ☐ (1) → **MOVE TO C17**
- It was discontinued ..... ☐ (2)

**COMPLETE C10- C11 IF "IT WAS DISCONTINUED", CODE 2 TO C9.**

**C10. When was the provision of services to the beneficiary in this residential center discontinued?**

Month	Year

**C11. What is the reason for the discontinuation of service provision in the RC?**

**TICK A SINGLE ANSWER**

- The beneficiary died ..... ☐ (1) → **MOVE TO C14**
- The beneficiary was transferred, upon request, to another residential center ..... ☐ (2) → **MOVE TO SECTION D**
- The beneficiary was transferred, upon request, to a protected dwelling..... ☐ (3) → **MOVE TO SECTION D**

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- The beneficiary went back in the community, upon request ..... ☐ (4) → ASK C12
- The beneficiary violated the contractual terms..... ☐ (5) → MOVE TO SECTION D
- The RC could no longer provide the appropriate services .. ☐ (6) → MOVE TO SECTION D
- The contract was not renewed upon expiry of the term stipulated therein..... ☐ (7) → MOVE TO SECTION D
- The beneficiary left the RC, upon request, without communicating her/his destination ..... ☐ (8) → MOVE TO SECTION D
- Other reason, please indicate..... ☐ (9) → MOVE TO SECTION D

COMPLETE C12-C13 IF THE BENEFICIARY WENT BACK IN THE COMMUNITY, CODE 4 TO C11.

**C12. Who is the beneficiary currently living with?**

**TICK A SINGLE ANSWER**

- With a partner ..... ☐ (1)
- With one or several family members (included extended family) ..... ☐ (2)
- Alone..... ☐ (3)
- With someone else ..... ☐ (4)
- Unavailable information ..... ☐ (9)

**C13. Where is the beneficiary currently living?**

**TICK A SINGLE ANSWER**

- In a dwelling owned by herself/himself/by her/his partner/by her/his family ..... ☐ (1)
- In a rented dwelling ..... ☐ (2)
- In a social dwelling ..... ☐ (3)
- Another situation; please indicate ..... ☐ (4)
- Unavailable information ..... ☐ (9)

COMPLETE C14-C15 IF "THE BENEFICIARY DIED", CODE 1 TO C11.

**C14. What was the cause of death according to the death certificate?**

- Direct cause  
(immediate) .....  
.....
- Prior cause  
.....

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**C15. Where did the death occur?**

**TICK A SINGLE ANSWER**

Within the premises of the RC ..... ☐ (1)

At the hospital..... ☐ (2)

Somewhere else ..... ☐ (3)

**COMPLETE C16 IF THE DEATH OCCURRED WITHIN THE PREMISES OF THE RC, CODE 1 TO C15.**

**C16. Were the criminal investigation bodies notified about this?** ☐ (1) Yes ☐ (2) No

**COMPLETE C16A IF THE CRIMINAL INVESTIGATION BODIES WERE NOTIFIED, CODE 1 TO C16.**

**C16A. Did the investigation of the competent bodies show that the death occurred as a result of negligence, abuse, ill-treatment etc., to which the beneficiary was subjected?** ☐ (1) Yes ☐ (2) No

**COMPLETE C17 IF "IT WAS SUSPENDED", CODE 1 TO C9. OTHERWISE, MOVE TO SECTION D**

**C17. What is the reason for the suspension of service provision in the RC?**

**TICK A SINGLE ANSWER**

The beneficiary returned to her/his family for a maximum of 15 days, upon her/his own request or upon request by her/his legal representative ..... ☐ (1)

The beneficiary left for a maximum of 60 days, upon her/his own request or upon request by her/his legal representative ..... ☐ (2)

The beneficiary was admitted to the hospital for a period exceeding 30 days. ☐ (3)

The beneficiary was transferred to another institution to take part in specialized programs ..... ☐ (4)

Other reason, please indicate ..... ☐ (5)



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IF THE PROVISION OF SERVICES TO THE PERSON STOPPED IN THE RC, FOR ANY REASON, THE COMPLETION OF THE SURVEY ENDS HERE. FOR ALL OTHERS, PLEASE CONTINUE COMPLETION OF SECTIONS D TO G

**D. THE CUSTOMIZED PLAN, THE MULTIDISCIPLINARY ASSESSMENT, THE NEED FOR ASSISTANCE**

D1. Over the past 6 months, what were the activities and services that...?	a. ...The person needed?		b. ... The person benefited from?			IF (S)HE BENEFITED c. Where they provided at the frequency rate set in the CP?		
	Yes	No	Yes	No	The beneficiary refused	Yes	No	Was not set in the CP
1. Information and social assistance	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
2. Psychological counseling	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
3. Psychological counseling - Speech therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
4. Psychological counseling - Psychotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
5. Habilitation/Rehabilitation - Massages, kinesiotherapy or physiotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
6. Habilitation/Rehabilitation - Hydrotherapy, thermotherapy, balneotherapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
7. Habilitation/Rehabilitation - Art or music therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
8. Habilitation/Rehabilitation - Psycho-sensory-motor stimulation	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
9. Habilitation/Rehabilitation - Occupational therapy	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)



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10. Habilitation/Rehabilitation - Vocational/occupational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
11. Care and assistance - support for dressing/ undressing, putting on/ taking off shoes, choosing the right clothes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
12. Care and assistance - support for ensuring daily hygiene	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
13. Care and assistance - support for medication administration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
14. Care and assistance - support for specific problems such as catheterization, prevention of pressure ulcer, others	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
15. Care and assistance - support for changing the position of the body, to move the body from a horizontal position to another position, turning from one side of the body to the other	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
16. Care and assistance - support for transfer and mobilization, moving inside/ outside	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
17. Care and assistance - support for nutrition and hydration	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
18. ILS - Preserving/Developing cognitive skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
19. ILS - Preserving/Developing day-to-day skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
20. ILS - Preserving/Developing communication skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
21. ILS - Preserving/Developing mobility skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
22. ILS - Preserving/Developing self-care skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
23. ILS - Preserving/Developing the skills to take care of one's health	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
24. ILS - Preserving/Developing self-management skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
25. ILS - Preserving/Developing interaction skills	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
26. Education, training for work	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
27. Assistance and support in making a decision	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
28. Social and civic integration and participation	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

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<b>D2. The beneficiary needs support to exercise, preserve and maintain...</b>	Continuous	Regular	Sequential	Minimum	Does not need support
a. ...cognitive skills (language development, reading, writing, counting skills, skills in using access technologies, e.g. writing tools, thinking development, selection of options for making a decision and carrying it out, others) ...	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
b. ...day-to-day skills (performing a single task, performing multiple tasks, organizing, planning and completing a daily schedule, time management, self-control of behavior, expressing appropriate emotions, others) .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
c. ...communication skills (diversification of communication through verbal and non-verbal messages, development of sign language, skills to exchange ideas/ talk with one or more people, use of communication tools, others).....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
d. ...mobility skills (changing body position, moving or manipulating objects using the hand, fingers, arm, other parts of the body, moving by walking or other forms, moving using equipment or means of transport, others).....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

- e. ...self-care skills (washing and wiping the body or parts of the body, intimate toilet, dressing/ undressing, eating/drinking, choosing appropriate clothing and footwear, order and cleanliness of personal items, others).....
- ☐ (1)      ☐ (2)      ☐ (3)      ☐ (4)      ☐ (5)
- f. ... the skills to take care of one's health (maintaining personal hygiene and of the living space, maintaining a balanced diet, daily physical activity, awareness of the risks of physical abuse on oneself, of swallowing inedible objects, poisoning, trauma, others) ....
- ☐ (1)      ☐ (2)      ☐ (3)      ☐ (4)      ☐ (5)
- g. ...self-management skills (preparing and serving food, cleaning one's own space, cleaning and arranging clothing and footwear, caring for support devices, purchasing goods, helping other persons in the room/group regarding walking, communication or care, others).....
- ☐ (1)      ☐ (2)      ☐ (3)      ☐ (4)      ☐ (5)
- h. ... interaction/interpersonal skills (developing the ability to have a conversation, to behave in different situations, to use different services, behaviors necessary to establish simple or complex interactions with known or unknown people, sex education, others) .....
- ☐ (1)      ☐ (2)      ☐ (3)      ☐ (4)      ☐ (5)

- |  |                              |                              |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| i. ...skills to conduct economic operations (developing the skills to use money to buy products, saving, using a bank card, others)..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| j. ...social skills.....   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |
| k. ...interest in business activities .....  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) | <input type="checkbox"/> (4) | <input type="checkbox"/> (5) |

**D3. Overall, taking into account the degree of autonomy and the development of independent living skills, to what extent does the person need assistance, care, monitoring and guidance?**

**TICK A SINGLE ANSWER**

- |  |                              |
|--|------------------------------|
| Continuously (without interruption) .....  | <input type="checkbox"/> (1) |
| Regularly (daily, during specific time slots) .....                                    | <input type="checkbox"/> (2) |
| Sequentially (from time to time, in certain situations) .....                          | <input type="checkbox"/> (3) |
| Minimally (at certain times for operations conducted over a long period of time) ..... | <input type="checkbox"/> (4) |
| Not at all .....   | <input type="checkbox"/> (5) |
| There is no information .....  | <input type="checkbox"/> (9) |

**E. ASSISTANCE FOR SPECIAL MEDICAL NEEDS (TO BE FILLED IN WITH THE SUPPORT OF THE RC DOCTOR OR OF THE CHIEF NURSE)**

**E1. Is the beneficiary registered with a family physician?** ☐ (1) Yes ☐ (2) No

**E2. Throughout 2019, did the beneficiary need medical services outside the RC, in the following specialties?**

- |   | Yes                          | No                           |
|---|------------------------------|------------------------------|
| a. General/family medical practice..... | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| b. Dentistry .....                      | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

**IF YES TO E2**

**E3. Was the beneficiary able to access the respective service whenever (s)he needed to?**

- | Yes, every time              | Yes, but not every time      | No, never                    |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |

**E2. Throughout 2019, did the beneficiary need medical services outside the RC, in the following specialties?**

	Yes	No
c. Ophthalmology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. ENT .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Psychiatry .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Neurology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Cardiology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Endocrinology and nutrition disorders	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Infectious diseases.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
j. Obstetrics and Gynecology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
k. Orthopedics.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
l. Dermatology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
m. Oncology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
n. Gastroenterology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
o. Pulmonology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
p. Physiotherapy and balneology .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
q. Clinical pathology.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
r. Radiology - Imaging.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
s. Emergency medicine .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
t. Other medical specialty, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
u. Other medical specialty, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

**IF YES TO E2**

**E3. Was the beneficiary able to access the respective service whenever (s)he needed to?**

Yes, every time	Yes, but not every time	No, never
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

**E3B. Throughout 2019, did the beneficiary receive the following medical services?**

	Yes	No
a. Usual blood tests .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Blood pressure measurement.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Flu shot .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Dental exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Dermatological exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Testing for TB infection .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Eye exam .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

E3B. Throughout 2019, did the beneficiary receive the following medical services?		Yes	No
h. ENT exam.....		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
i. Pap smear (for women only) .....		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
j. Mammography (for women only).....		<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

E4. Is the beneficiary in the records of a hospital/specialist as suffering from one or several chronic diseases? ☐ (1) Yes ☐ (2) No

COMPLETE E5- E6 IF YES, CODE 1 TO E4, OTHERWISE, MOVE TO E7

E5. Which category does/do the chronic disease(s) that the beneficiary was diagnosed with belong to?

TICK ALL APPLICABLE ANSWERS

E6. Fill in the name of the chronic disease with which he/she was diagnosed

a. Infectious and parasitic diseases .....	<input type="checkbox"/> (1)	
b. Tumors .....	<input type="checkbox"/> (1)	
c. Blood and bloodforming organ diseases .....	<input type="checkbox"/> (1)	
d. Diseases of the immune system .....	<input type="checkbox"/> (1)	
e. Endocrine diseases, nutrition disorders and metabolic illnesses .....	<input type="checkbox"/> (1)	
f. Mental, behavioral or neurodevelopmental disorders..	<input type="checkbox"/> (1)	
g. Diseases of the nervous system.....	<input type="checkbox"/> (1)	
h. Diseases of the eye and ocular adnexa .....	<input type="checkbox"/> (1)	
i. Diseases of the ear and mastoid process .....	<input type="checkbox"/> (1)	
j. Diseases of the circulatory system .....	<input type="checkbox"/> (1)	
k. Diseases of the respiratory system.....	<input type="checkbox"/> (1)	
l. Diseases of the digestive system .....	<input type="checkbox"/> (1)	
m. Diseases of the skin and subcutaneous cellular tissue .	<input type="checkbox"/> (1)	
n. Diseases of the musculoskeletal system and connective tissue .....	<input type="checkbox"/> (1)	
o. Diseases of the genitourinary system .....	<input type="checkbox"/> (1)	
p. Congenital malformations, deformations and chromosomal abnormalities.....	<input type="checkbox"/> (1)	
q. Other diseases, please indicate .....	<input type="checkbox"/> (1)	



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- E7. How many times has (s)he been admitted to a hospital, other than a psychiatry hospital, in 2019?
- E8. In total, how many days was the beneficiary admitted to a hospital, other than a psychiatry hospital, in 2019?
- E9. How many times was the beneficiary admitted to a psychiatric hospital/ward, in 2019?

COMPLETE E9A-E10A IF THE BENEFICIARY WAS ADMITTED AT LEAST ONCE, CODE>0 TO E9.

- E9A. Was the beneficiary admitted voluntarily or involuntarily? ☐<sub>(1)</sub> Voluntarily ☐<sub>(2)</sub> Involuntarily

- E10A. In total, how many days was the beneficiary admitted to a psychiatric hospital/ward, in 2019?  days

- E10B. How many times did he/she benefit from a psychiatric consultation during 2019? ☐<sub>(0)</sub> Never ☐<sub>(1)</sub> Once ☐<sub>(2)</sub> Two or more times

- E11. Does the beneficiary have a specific prevention, intervention and recovery plan, prepared by specialists, to be followed in the RC? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

- E12. What are the current (at the time of completing the survey) special medical needs of the beneficiary, as identified by the medical specialists?

TICK ALL APPLICABLE ANSWERS

- a. Long-term medical treatment with over-the-counter drugs .. ☐<sub>(1)</sub>
- b. Long-term medical treatment with prescription drugs ..... ☐<sub>(1)</sub>
- c. Regular visits to/exams by a medical specialist ..... ☐<sub>(1)</sub>
- d. Periodic hospital admissions ..... ☐<sub>(1)</sub>
- e. Periodic lab tests ..... ☐<sub>(1)</sub>
- f. Radiology and medical imaging ..... ☐<sub>(1)</sub>
- g. Surgery ..... ☐<sub>(1)</sub>

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**E12. What are the current (at the time of completing the survey) special medical needs of the beneficiary, as identified by the medical specialists?**

**TICK ALL APPLICABLE ANSWERS**

- |  |                              |
|--|------------------------------|
| h. Dialysis .....  | <input type="checkbox"/> (1) |
| i. Assisted nutrition and hydration .....  | <input type="checkbox"/> (1) |
| j. Mechanical ventilation.....   | <input type="checkbox"/> (1) |
| k. Chemotherapy, radiotherapy or other forms of treatment of neoplasms .....     | <input type="checkbox"/> (1) |
| l. Treatment for urinary incontinence .....                                      | <input type="checkbox"/> (1) |
| m. Prevention/ Treatment of pressure ulcers .....                                | <input type="checkbox"/> (1) |
| n. Dental services.....  | <input type="checkbox"/> (1) |
| o. Counseling and specific therapies for behavioral or affective disorders ..... | <input type="checkbox"/> (1) |
| p. Physiotherapy services and balneology .....                                   | <input type="checkbox"/> (1) |
| q. Counseling and treatment for alcohol, tobacco, drug addictions etc. ....      | <input type="checkbox"/> (1) |
| r. Assistive devices and technologies and access technologies. ....              | <input type="checkbox"/> (1) |
| s. Other complex needs for medical care, please indicate .....                   | <input type="checkbox"/> (1) |

**E13. Is the beneficiary currently receiving psychotropic drugs?**

☐ (1) Yes ☐ (2) No

**COMPLETE E14-16 IF YES, CODE 1 TO E13, OTHERWISE, MOVE TO F1.**

**E14. In what categories of psychotropic drugs does the medication prescribed to the beneficiary fit?**

**TICK ALL APPLICABLE ANSWERS**

- |  |                              |
|--|------------------------------|
| a. Hypnotic drugs (e.g. Phenobarbital, Amobarbital, Nitrazepam, Lorazepam, Zolpidem etc.) .....  | <input type="checkbox"/> (1) |
| b. Tranquilizers (e.g. Diazepam, Alprazolam, Clorazepate, Clonazepam etc.) .....   | <input type="checkbox"/> (1) |
| c. Antipsychotic drugs (Haloperidol, Chlorpromazine, Risperidone, Olanzapine, Clozapine etc.) .....  | <input type="checkbox"/> (1) |
| d. Antidepressants (e.g. Fluoxetine (Prozac), Fluvoxamine (Fevarin), Sertraline (Zoloft), Paroxetine (Seroxat), Citalopram (Cipramil), Escitalopram (Cipralext)..... | <input type="checkbox"/> (1) |



- e. Anticonvulsant/antiepileptic drugs (e.g. Carbamazepine, Depakine etc.) ☐ (1)
- f. Not applicable, there is no prescription ..... ☐ (1)

E15. In what categories of psychotropic drugs does the medication administered to the beneficiary fit?

**TICK ALL APPLICABLE ANSWERS**

- a. Hypnotic drugs (e.g. Phenobarbital, Amobarbital, Nitrazepam, Lorazepam, Zolpidem etc.) ..... ☐ (1)
- b. Tranquilizers (e.g. Diazepam, Alprazolam, Clorazepate, Clonazepam etc.) ..... ☐ (1)
- c. Antipsychotic drugs (Haloperidol, Chlorpromazine, Risperidone, Olanzapine, Clozapine etc.) ..... ☐ (1)
- d. Antidepressants (e.g. Fluoxetine (Prozac), Fluvoxamine (Fevarin), Sertraline (Zoloft), Paroxetine (Seroxat), Citalopram (Cipramil), Escitalopram (Cipralext)) ..... ☐ (1)
- e. Anticonvulsant/antiepileptic drugs (e.g. Carbamazepine, Depakine etc.) ☐ (1)
- f. Not administered ..... ☐ (1)

E16. The psychotropic drugs were administered following...?

**TICK A SINGLE ANSWER**

- The beneficiary's informed consent ..... ☐ (1)
- The consent of the legal representative ..... ☐ (2)
- There is no written consent to this effect ..... ☐ (2)
- Not administered ..... ☐ (3)

**COMPLETE E17-E ONLY IF THE BENEFICIARY IS A WOMAN BELOW 50 YEARS OF AGE**

E17. How many times has the beneficiary been pregnant from the moment of admission to the RC until now?  times

**COMPLETE E18-E19 IF AT LEAST ONE PREGNANCY, E17>0. OTHERWISE, MOVE TO E20.**

E18. How many pregnancies were carried through to full term?  pregnancies



**COMPLETE E19 IF AT LEAST ONE PREGNANCY.**

E19. How many of the children born alive after admission to the RC are currently in the child protection system?  children  
90 - Not applicable, she did not give birth to any living child

E20. How many pregnancies were terminated before term through induced abortion?  pregnancies

E21. Is the beneficiary currently using hormonal contraception? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

E22. Did the beneficiary undergo surgical sterilization? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

E23. In the last year, has the beneficiary received services regarding reproductive health education and family planning? ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**F. SOCIAL RELATIONS AND PARTICIPATION**

F1. Over the past 12 months, how often did the beneficiary do the following things....?

**TICK A SINGLE ANSWER ON EACH ROW**

	Frequently	Rarely	Not at all	Unknown
a. Met family members, relatives outside the RC	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(9)</sub>
b. Received the visit of a family member at the RC	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(9)</sub>
c. Spoke on the phone with a family member	<input type="checkbox"/> <sub>(1)</sub>	<input type="checkbox"/> <sub>(2)</sub>	<input type="checkbox"/> <sub>(3)</sub>	<input type="checkbox"/> <sub>(9)</sub>

**TICK A SINGLE ANSWER  
ON EACH ROW**

	Frequently	Rarely	Not at all	Unknown
d. Went shopping, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
e. Went to the community church, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
f. Went to the park, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
g. Used public transport, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
h. Participated in cultural, sporting or entertainment activities outside the RC, alone or accompanied	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
i. Went outside the RC unaccompanied, with permission	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
j. Went outside the RC unaccompanied, without announcing	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)

**COMPLETE F2 IF, IN THE PAST YEAR, THE PERSON HAD ANY CONTACT WITH A FAMILY MEMBER, CODE<5 TO F1 ITEMS A TO C.**

**F2. What is the kinship between the persons in the extended family with whom the beneficiary has come into contact in the past year and the beneficiary? (what are the respective persons to the beneficiary)**

**TICK ALL APPLICABLE ANSWERS**

a. Mother/Father .....	<input type="checkbox"/> (1)
b. Son/Daughter/Son-in-law/Daughter-in-law .....	<input type="checkbox"/> (1)
c. Brother/Sister/Brother-in-law/Sister-in-law .....	<input type="checkbox"/> (1)
d. Nephew/Niece .....	<input type="checkbox"/> (1)
e. Uncle/Aunt .....	<input type="checkbox"/> (1)
f. Cousin .....	<input type="checkbox"/> (1)
g. Other type of kinship .....	<input type="checkbox"/> (1)

**F5. From the Evaluation Fiche, PP, Beneficiary Fiche, other documents from the file, it appears that the beneficiary:**

**TICK A SINGLE ANSWER ON EACH ROW**

	Frequently	Rarely	Not at all	Unknown
a. Participates in the daily activities of the RC	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
b. Respects the working hours for the activities in the PP	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
c. Participates in household activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
d. Takes advantage of education/ training opportunities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
e. Gets involved in leisure activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
f. Provides support to other beneficiaries	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
g. Is preoccupied to have a neat appearance	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)
h. Maintains relationships, communicates with other people	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (9)

**F4. Over the past month, has the beneficiary been to the following places, alone or accompanied?**

	Yes	No
a. Park .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
b. Gym/sports court .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
c. Performance hall (cinema, theater, concerts)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
d. Club, disco .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
e. Restaurants, bars .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
f. Museums, exhibition halls .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
g. Library.....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
h. Other places for recreation, entertainment, leisure, please indicate .....	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

**F3. What is the hosting arrangement preferred/desired by the beneficiary/legal representative?**

to remain in the current RC ..... ☐ (1)

- to return to the family ..... ☐ (2)
- to return to her/his own home ..... ☐ (3)
- to move to a protected dwelling..... ☐ (4)
- to move to another residential center for adults with disabilities .. ☐ (5)
- to move to a residential center for the elderly ..... ☐ (6)
- to move to another health care institution/ social-medical unit ... ☐ (7)
- to move to a PPA ..... ☐ (8)
- to move elsewhere ..... ☐ (9)
- uncertain about the decision/cannot state with certainty..... ☐ (10)

**F6. Will the beneficiary leave the RC in the next 12 months?** ☐ (1) Yes ☐ (2) No

**COMPLETE F7 IF YES, CODE 1 AT F6**

**F7. Where is he/she going to move?**

- He/she will return to the family ..... ☐ (1)
- He/she will return to his/her own home ..... ☐ (2)
- To social housing ..... ☐ (3)
- To a protected dwelling..... ☐ (4)
- To another residential center for adults with disabilities..... ☐ (5)
- To a residential center for the elderly ..... ☐ (6)
- To another health care institution/ social-medical unit ..... ☐ (7)
- To a PPA ..... ☐ (8)
- Elsewhere ..... ☐ (9)
- Hasn't decided yet ..... ☐ (10)

## **G. COMPLAINTS AND REPORTS**

**G1. Over the past two years, has the beneficiary/the beneficiary's legal representative filed a complaint/report against a RC employee or another beneficiary in the RC?**

- Yes, against a RC employee ..... ☐ (1)
- Yes, against another beneficiary in the RC ..... ☐ (2)
- Yes, against both an employee and a beneficiary ..... ☐ (3)



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Yes, another situation, please indicate ..... ☐ (4)  
No ..... ☐ (5)

**G2. Over the past two years, were there any reports or *ex officio* investigations regarding possible abuses against the beneficiary?** ☐ (1) Yes ☐ (2) No

COMPLETE G3 IF THERE WERE COMPLAINTS, REPORTS, *EX OFFICIO* INVESTIGATIONS, CODE 1-4 TO G1 OR CODE 1 TO G2. OTHERWISE, END SHEET COMPLETION.

**G3. What was the subject-matter of the complaint/report?**

TICK ALL APPLICABLE ANSWERS

- a. The quality of the services provided by the RC ..... ☐ (1)
- b. The fact that (s)he was sanctioned for misconduct ..... ☐ (1)
- c. Verbal abuse ..... ☐ (1)
- d. Physical abuse ..... ☐ (1)
- e. Psychological abuse ..... ☐ (1)
- f. Sexual abuse ..... ☐ (1)
- g. Economic abuse ..... ☐ (1)
- h. Physical neglect ..... ☐ (1)
- i. Emotional neglect ..... ☐ (1)
- j. Exploitation ..... ☐ (1)
- k. Torture, cruel, inhuman or degrading treatment ..... ☐ (1)
- l. Something else, please indicate ..... ☐ (1)

COMPLETE G5-G6 ONLY IF DIFFERENT TYPES OF VIOLENCE HAVE BEEN REPORTED, CODE 1 TO G3 ANY OF THE ITEMS C TO K

**G4. Has an investigation/inquiry been initiated as a result of the complaints/reports filed?** ☐ (1) Yes, in all cases ☐ (2) Yes, in some of the cases ☐ (3) No, in none of the cases

COMPLETE G5 IF YES CODE 1 OR 2 TO G4

**G5. Who started an investigation/inquiry?**

TICK ALL APPLICABLE ANSWERS

- a. There has been an internal investigation at RC level ..... ☐ (1)
- b. There has been an internal investigation at GDSACP level ..... ☐ (1)
- c. There has been an investigation by the Social Inspection ..... ☐ (1)
- d. Criminal investigations were carried out by the Prosecutor's Office ..... ☐ (1)

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e. Other institution; please indicate ..... ☐<sub>(1)</sub>

**G6. Did the reported  
situation or facts  
confirm?**

☐<sub>(1)</sub>

Yes,  
all  
of  
the  
m

☐<sub>(2)</sub>

Yes,  
some of  
them

☐

(  
3  
)

No,  
none

☐<sub>(3)</sub>

The  
investigatio  
n is not  
finished



## ANNEX 12. SYNTHETIC FICHE FOR COLLECTING INFORMATION ON ENTRIES AND EXITS FROM THE RESIDENTIAL CENTER

This form is automatically generated for each residential center (RC) by processing the data collected through the fiches with information on each person with disabilities from residential centers that has been admitted or has left a RC between January 1 and December 31, 2019.

### A. ADMINISTRATIVE DATA

A1. Name of the RC: \_\_\_\_\_

A2. Location of the RC:

a. County \_\_\_\_\_

b. Town/Commune \_\_\_\_\_

c. Village \_\_\_\_\_

### B. DATA ABOUT RC ENTRIES

Indicator	Number of persons	The question from the beneficiary's fiche including this information
Total number of persons with disabilities newly admitted in the RC between January 1 and December 31, 2019		C5
of which:		
Distribution by gender		B2

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Men		
Women		
<b>Distribution by age groups</b>		<b>B3</b>
18-29 years old		
30-39 years old		
40-49 years old		
50-59 years old		
60 years old and over		
<b>Distribution by degree of disability</b>		<b>B4</b>
Low		
Mild		
High		
Severe		
Severe with personal assistant		
No disability certificate		
<b>Distribution by type of disability</b>		<b>B5</b>
Physical		
Somatic		
Hearing		
Visual		
Mental		
Psychic		
Associated		
HIV/AIDS		
Rare diseases		
Deaf-blindness		
<b>Distribution by legal capacity</b>		<b>B19</b>
The person has legal capacity		
The person has an established protection measure by being placed under guardianship		

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<b>Distribution by background</b>		<b>C6</b>
From a family/community		
From the child protection system		
From another residential center for adults with disabilities		
From protected dwellings for adults with disabilities		
From a psychiatric hospital		
From somewhere else		
<b>Distribution by family situation</b>		<b>C1</b>
The beneficiary does not have any known family or relatives		
The beneficiary has known family or relatives		
<b>Distribution by total institutionalization period</b>		<b>C4</b>
Less than 1 year		
1-5 years		
6-10 years		
11-15 years		
16-20 years		
21-25 years		
Over 25 years		

## C. DATA ABOUT RC EXITS

Indicator	Number of persons	The question from the beneficiary's fiche including this information
<b>Total number of persons with disabilities for whom the provision of services in the RC has</b>		<b>C9, C10</b>



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ceased between January 1 and December 31, 2019		
of which:		
<b>Distribution by gender</b>		<b>B2</b>
Men		
Women		
<b>Distribution by age groups</b>		<b>B3</b>
18-29 years old		
30-39 years old		
40-49 years old		
50-59 years old		
60 years old and above		
<b>Distribution by degree of disability</b>		<b>B4</b>
Low		
Mild		
High		
Severe		
Severe with personal assistant		
No disability certificate		
<b>Distribution by type of disability</b>		<b>B5</b>
Physical		
Somatic		
Hearing		
Visual		
Mental		
Psychic		
Associated		
HIV/AIDS		
Rare diseases		
Deaf-blindness		

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Distribution by reason for ceasing service provision		C11
The beneficiary died		
The beneficiary was transferred, upon request, to another residential center		
The beneficiary was transferred, upon request, to a protected dwelling		
The beneficiary went back in the community, upon request		
The beneficiary violated the contractual terms		
The RC could no longer provide the appropriate services		
The contract was not renewed upon expiry of the term stipulated therein		
The beneficiary left the RC, upon request, without communicating her/his destination		
Other reason		
Distribution by place of death		C15
In the RC		
At the hospital		
In another place		



## ANNEX 13. DATA COLLECTION FICHE REGARDING THE WAITING LISTS OF PERSONS SEEKING RESIDENTIAL CARE AT GDSACP

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to learning about the pressure that the demand for residential services for adults with disabilities puts on the social services system in each county in Romania.

**How to complete:** This form is to be completed individually for each county/ sector of Bucharest Municipality.

**Source of information:** waiting list, other GDSACP documents

**Responsible for completion:** GDSACP management

**Approximate average completion time:** 45 minutes

County

---

Last and first name of the person  
who completed the survey:

---

Position within the GDSACP

---

Date of completion of the survey

Day	Month

A1. In 2019, how many adults with disabilities have applied to be admitted to a residential service?  persons

A2. Of these, how many were requests for transfer from another residential service?  persons



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- A3. For how many of the persons who applied was the admission to one of the following types of residential services ordered?** **No. of persons**
- |  |       |
|--|-------|
| a. CIA - new type (Center for Assistance and Care)                                 | _____ |
| b. CABR (Center for Habilitation and Rehabilitation)                               | _____ |
| c. CVI (Center for Independent Living)   | _____ |
| d. LP (Sheltered Housing)  | _____ |
| e. CIA - old type (Center for Assistance and Care)                                 | _____ |
| f. CITO (Integration Center for Occupational Therapy)                              | _____ |
| g. CPRRPD (Recovery and Rehabilitation Pilot Center for Persons with Disabilities) | _____ |
| h. CRRN (Neuropsychiatric Recovery and Rehabilitation Center)                      | _____ |
| i. CRRPD (Recovery and Rehabilitation Center for Persons with Disabilities)        | _____ |

- A4. Is there a waiting list for adults with disabilities who have applied to be admitted to a residential service?** ☐<sub>(1)</sub> Yes ☐<sub>(2)</sub> No

**COMPLETE A5-A7 IF YES, CODE 1 TO A4**

- A5. What is the number of persons registered on the waiting list at the moment of completion of this sheet?**  persons

- A6. For how many of the persons on the waiting list is there an ISP (individualized service plan) prepared?**  persons

- A7. How many of the persons on the waiting list have as a protection measure included in the ISP admission to a...?** **No. of persons**
- |  |       |
|--|-------|
| a. CIA - new type (Center for Assistance and Care) .....                                 | _____ |
| b. CABR (Center for Habilitation and Rehabilitation) .....                               | _____ |
| c. CVI (Center for Independent Living) .....   | _____ |
| d. LP (Sheltered Housing).....   | _____ |
| e. CIA - old type (Center for Assistance and Care).....                                  | _____ |
| f. CITO (Integration Center for Occupational Therapy) .....                              | _____ |
| g. CPRRPD (Recovery and Rehabilitation Pilot Center for Persons with Disabilities) ..... | _____ |

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- h. CRRN (Neuropsychiatric Recovery and Rehabilitation Center) ..... \_\_\_\_\_
- i. CRRPD (Recovery and Rehabilitation Center for Persons with Disabilities) ..... \_\_\_\_\_

A8.	What is the profile of the adults with disabilities who, at the moment of completion of this sheet, have filed an application for admission to a residential service, but did not obtain an admission decision?	No. of persons
	<b>Distribution by gender</b>	
a.	Men	
b.	Women	
	<b>Distribution by age groups</b>	
c.	18-19 years old	
d.	20-24 years old	
e.	25-29 years old	
f.	30-34 years old	
g.	35-39 years old	
h.	40-44 years old	
i.	45-49 years old	
j.	50-54 years old	
k.	55-59 years old	
l.	60-64 years old	
m.	65-69 years old	
n.	70-74 years old	
o.	75-79 years old	
p.	80-84 years old	
q.	85 years old and above	

A8.	What is the profile of the adults with disabilities who, at the moment of completion of this sheet, have filed an application for admission to a residential service, but did not obtain an admission decision?	No. of persons
	<b>Distribution by degree of disability</b>	
r.	Low	
s.	Mild	
t.	High	
u.	Severe	
v.	Severe with personal assistant	
	<b>Distribution by type of disability</b>	
w.	Physical	
x.	Visual	
y.	Hearing	
z.	Deaf-blindness	
aa.	Somatic	
bb.	Mental	
cc.	Psychic	
dd.	HIV/AIDS	
ee.	Associated	
ff.	Rare diseases	
	<b>Distribution by the legal capacity of the person with disabilities</b>	
gg.	The person has legal capacity	
hh.	The person has an established protection measure by being placed under guardianship	
	<b>Distribution by family situation</b>	

A8.	What is the profile of the adults with disabilities who, at the moment of completion of this sheet, have filed an application for admission to a residential service, but did not obtain an admission decision?	No. of persons
ii.	Without family	
jj.	With family	
	<b>Distribution by residential environment</b>	
kk.	Urban	
ll.	Rural	
	<b>Distribution by background</b>	
mm.	From a family/community	
nn.	From the child protection system	
oo.	From psychiatric hospitals (for safety purposes only), adults with a disability certificate - long-term chronic patients	
pp.	From psychiatric hospitals and for safety purposes, adults with a disability certificate - patients for whom the measure was changed to medical treatment	
qq.	From somewhere else, please indicate ..... ..... .....	

**A9.** What is the total number of young people (18-26 years old) with disabilities in the child protection system for whom, in 2020, the placement measure was or will be discontinued?

young people

**A10.** Of these, for how many was the admission to a residential service for adults with disabilities as a protection measure ordered?

young people



A11. Of these, for how many will the admission to a residential service for adults with disabilities be ordered as a protection measure?

young people

A12.	What is the profile of the young persons with disabilities for whom the admission to a residential service for adults with disabilities, as a protection measure, was or will be ordered?	No. of persons
	Distribution by gender	
a.	Men	
b.	Women	
	Distribution by degree of disability	
c.	Low	
d.	Mild	
e.	High	
f.	Severe	
	Distribution by type of disability	
g.	Physical	
h.	Visual	
i.	Hearing	
j.	Deaf-blindness	
k.	Somatic	
l.	Mental	
m.	Psychic	
n.	HIV/AIDS	
o.	Associated	
p.	Rare diseases	

## ANNEX 14. GUIDE FOR SEMI-STRUCTURED INTERVIEWS WITH GDSACP DIRECTORS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the understanding of the issues related to the local deinstitutionalization plans regarding the residential institutions at county level (or sector, in the case of Bucharest), especially the restructuring plans for residential centers with more than 50 residents and reorganization of those with less than 50. The interviews with the directors of GDSACP will focus on (i) the difficulties and bottlenecks encountered in the process of restructuring and reorganization of public residential institutions in the county; (ii) institutional collaborations between GDSACP and other relevant actors; (iii) the measures taken to ensure the priority of the wishes and preferences of persons with disabilities in the deinstitutionalization process; and (iv) current and future measures to prevent re/institutionalization.

**How to complete:** The WB expert will write down the answers in the guide during the interview and they will be coded using the interview fiche.

**Source of information:** Interview with GDSACP directors

**Responsible for completion:** WB expert

**Approximate average completion time:** 60 minutes

*Hello! My name is \_\_\_\_\_, and I would like to talk to you about some important issues. NARPDCA, with technical support from the World Bank, is conducting a study in order to develop a complex diagnosis of the residential protection system for adults with disabilities. Your answers will be treated with the utmost care, we will not disclose them to anyone, they will therefore be anonymous and will be stored and processed electronically in a form that does not allow your identification with the answers provided. Thank you for your time!*

## A. Identification data

- 1 Full name of the respondent
- 2 Position
- 3 Institution
- 4 Name of WB expert
- 5 Date of the interview

## B. General overview of the restructuring plans at county/sector level

B1. At the moment, what is the situation of the residential centers with more than 50 beneficiaries in your county/sector?

RC code	Locality	1. With a restructuring plan approved by NARPDCA	2. With a restructuring plan pending approval	3. Without a restructuring plan, but desired by December 31 <sup>th</sup> , 2020	4. The restructuring is neither planned at present nor in the future

**IF B1=3 FOR ALL RESIDENTIAL CENTERS FOR WHICH RESTRUCTURING PLANS HAVE NOT YET BEEN DEVELOPED, BUT ARE DESIRED**

B2. What were the reasons for not yet developing restructuring plans?

**WRITE DOWN THE EXPLANATIONS FOR B2 = 4 OR 5**

RC code	Locality	1. We did not have all the necessary information for developing the plan	2. We have not identified appropriate solutions to the specific needs of adults with disabilities	3. We do not have specific services in the county/sector	4. It was not considered a priority, because...	5. Other...

**IF B1 = 1 OR 2, FOR ALL RESIDENTIAL CENTERS FOR WHICH RESTRUCTURING PLANS HAVE BEEN PREPARED**

RC CODE	Locality	B3					B4, IF B3=1 OR 2				
		1	2	3	4	1	2	3	4	5	6
		1	2	3	4	1	2	3	4	5	6
		1	2	3	4	1	2	3	4	5	6

**B3. Did GDSACP consult private/public Social Services Providers (SSPs) and persons with disabilities and/or their families in order to develop the restructuring plans?**

**WRITE DOWN THE RC CODE FOR WHICH OTHER SITUATIONS ARE FILLED IN AND DESCRIBE THE SITUATIONS (B3 = 4)**

1. Yes, in the stage of developing the plans
2. Yes, after developing the plans - before being sent for approval to the NARPDCA
3. We did not consider it necessary
4. No, other...

**B4. Were there persons who participated in the consultations?**

**WRITE DOWN THE RC CODE FOR WHICH OTHER SITUATIONS ARE FILLED IN AND DESCRIBE THE SITUATIONS (B4 = 6)**

1. Yes, persons with disabilities from the community
2. Yes, persons with disabilities from institutions
3. Families/ personal assistants of persons with disabilities from institutions
4. Private Social Services Providers (SSPs)
5. Non-governmental organizations
6. Other...

**B5. What observations did they make and how were they integrated into the restructuring plans?**

**WRITE DOWN EACH RC CODE FOR WHICH THE INTEGRATED OBSERVATIONS ARE DIFFERENT**

**B6. Are there examples of good practices at county level of support services to ensure independent living and community integration developed by GDSACP, non-governmental organizations etc.?**

1. Yes
2. No

**IF B6=1**

**B7. Could you give us more details?**

**IF B6=1**

**B8. Were these examples used as a model and/or resource in developing/ implementing the restructuring plans?**

1. Yes
2. No

**IF B1 = 1 OR 2, FOR ALL RESIDENTIAL CENTERS FOR WHICH RESTRUCTURING PLANS HAVE BEEN DEVELOPED**

**"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod SIPOCA/SMIS2014+: 618/127529**

RC COD E	Locality	B9		B10, IF B9=1						B11, IF B9=1							
		1	2	1	2	3	4	5	6	1	2	3	4	5	6	7	8
		1	2	1	2	3	4	5	6	1	2	3	4	5	6	7	8
		1	2	1	2	3	4	5	6	1	2	3	4	5	6	7	8

**B9. Have the restructuring plans been based on an analysis of the existing services in the community?**

1. Yes
2. No

**IF B9=1**

**B10. The analysis of community services assessed their...**

**MULTIPLE ANSWER**

**WRITE DOWN THE RC CODE FOR WHICH OTHER SITUATIONS ARE FILLED IN AND DETAIL THE SITUATIONS (B10 = 6)**

1. Availability
2. Accessibility (at affordable prices)
3. Degree of accessibility
4. Acceptability regarding the quality level of the services offered
5. Relevance for persons with disabilities in the community according to their type and degree of disability
6. Other ...

**IF B9=1**

**B11. The analysis of community services assessed the following services...**

**MULTIPLE ANSWER**

**WRITE DOWN THE RC CODE FOR WHICH OTHER SITUATIONS ARE FILLED IN AND DETAIL THE SITUATIONS (B11 = 8)**

1. Health
2. Education
3. Employment
4. Housing
5. Personal assistants
6. Professional personal assistants
7. Support services for decision making
8. Other ...

**B12. What was the result of this analysis and how was it integrated into the development of the plans? Please detail the types of services that are not**

available/accessible/accessibilized and how the restructuring plans address these shortcomings.

**B13. What is the type and number of specific services for adults with disabilities at county/ sector level?**

**MULTIPLE ANSWER**

Type of service:	No.:
1. Medical recovery	1. ...
2. Speech therapy	2. ...
3. Kinesiotherapy	3. ...
4. Cognitive therapy	4. ...
5. Alternative communication techniques	5. ...
6. Assistance and support for independent living	6. ...
7. Others, which?	7. ...

**B14. Are there any services that are missing?**

**MULTIPLE ANSWER**

1. Yes, residential services, which?  
...
2. Yes, day services, which? ...
3. Yes, public services, which? ...
4. Yes, private services, which? ...
5. Yes, integrated with other services (e.g. medical), which?  
...

6. Yes, services provided at home, which? ...

7. Yes, services provided in institutions, which? ...

8. Yes, others, which? ...

	B15. Are there enough services to meet the needs of people with disabilities in the county?				IF B15=2 OR 4 B16. Do you plan on developing them?		
	1. Yes	2. No	3. Don't know	4. The are no services	1. Yes	2. No	3. Don't know
a. Crisis centers/ respiro centers							
b. Home care services							
c. Mobile team for adults with disabilities							
d. Day centers							
e. Outpatient neuromotor recovery centers							
f. Assistance and support services for adults with disabilities							
g. Personal assistants							
h. Professional personal assistants							

**IF B15=2 OR 4**

**B17. Why weren't these services developed? Have you encountered difficulties in developing them? Can you give us details?**



---

**ASK THIS QUESTION ABOUT EACH SERVICE**

---

---

**IF B16=2**

**B18. What are the reasons why you do not plan on developing them?**

**ASK THIS QUESTION ABOUT EACH SERVICE**

---

---

**B19. What is the number of PPAs (professional personal assistants) in the county?  
What are the main challenges in the process of developing this service?**

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**B20. What is the situation of personal assistants at county level? What can you  
tell us about the evolution of their number in recent years and the difficulties  
they face?**

---

---

**B21. What is the deadline for the first evaluation  
(external or internal) of the restructuring process?**

- 1. Semester 1, 2020
- 2. Semester 2, 2020
- 3. Semester 1, 2021
- 4. Semester 2, 2021
- 5. We did not plan the  
evaluation

**WRITE DOWN FOR EACH CENTER PLAN/ RC CODE**

---

**IF B21 = 1, 2, 3 OR**

**4**

**B16. When did you  
plan to revise the  
restructuring  
plan?**

- 1. ....
- 2. We did not plan the revision

---

**C. Difficulties and bottlenecks in the process of developing and implementing the  
restructuring plans**

---

**IF B1 = 1 OR 2: FOR ALL THE CENTERS FOR WHICH RESTRUCTURING PLANS HAVE  
BEEN DEVELOPED**

---

RC CODE	Locality	C1	C2 IF C1=1									
			1	2	3	4	5	6	7	8	9	10
			1	2	3	4	5	6	7	8	9	10
			1	2	3	4	5	6	7	8	9	10

C1. Did you encounter difficulties  
in developing the plans?

1. Yes
2. No

C2. Regarding the following  
sections of the plan...?

**MULTIPLE ANSWER**

**WRITE DOWN THE RC CODE WHERE  
OTHER SECTIONS ARE FILLED IN (C2  
= 10)**

1. Presenting the current situation of the old type residential center
2. Evaluating the beneficiaries (adults with disabilities) in the old type residential center
3. Updating the individual intervention plans to ensure specific services for adults with disabilities, as well as their gradual transfer to other types of services
4. Planning the restructuring stages, the financial, material and human resources, for the 2019 - 2021 period, and the implementation methods correlated with setting objectives for services, family or residential type alternatives, preventive measures newly established/ developed in the community
5. Proposed actions for achieving a positive and supportive attitude towards the beneficiaries, among the personnel and the community
6. Needs assessment at community level
7. Measures and actions to prevent (re)institutionalization
8. Internal/ external evaluation of the restructuring process, ways of correcting the malfunctions
9. Monitoring the restructuring process

10. Other ...

C3. Could you detail the encountered difficulties?

**IF B1 = 1 OR 2: FOR ALL CENTERS WITH APPROVED RESTRUCTURING PLANS**

RC CODE	Locality	C4										C5									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	

C4. So far, have you encountered difficulties in implementing the approved plans?

**MULTIPLE ANSWER**

**WRITE DOWN THE RC CODE WHERE OTHER REASONS ARE FILLED IN (C4 = 10)**

1. No
2. Yes, related to the support from the County Council, ...
3. Yes, related to the support from local authorities, ...
4. Yes, related to the limits of the legal provisions in regard to contracting services, ...
5. Yes, related to technical approvals for construction
6. Yes, insufficient alternative care services (ex: insufficient professional personal assistants etc.)
7. Yes, related to the change in the number and structure of the personnel needed for future services
8. Yes, related to the adequate training of the personnel in order to be able to provide adequate services for supporting and promoting independent living and community integration
9. Yes, related to the unavailability of the community to accept persons with disabilities to live in the community
10. Other ...

C5. What are the types of support that you would need?

1. Funds (the ones available are not sufficient)



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## MULTIPLE ANSWER

WRITE DOWN THE RC CODE WHERE  
OTHER TYPES OF SUPPORT ARE  
FILLED IN (C5 = 9)

2. Support for training staff for new alternative services
3. Support for employing a sufficient number of case managers
4. Support for the analysis of services at community level
5. Support for getting in touch with the families of institutionalized persons with disabilities, informing and actively involving them in the process of inclusion in the community
6. Support/ technical assistance for identifying the types of services needed to ensure independent living and community integration
7. Support with information-awareness campaigns regarding equal opportunities
8. Support with an information campaign at national level
9. Other ...

## IF B1=4 FOR AT LEAST ONE CENTER

C6. What are the main reasons why the restructuring is not planned/ conditions that make restructuring difficult?

WRITE DOWN THE CODE OF EACH RC FOR WHICH DIFFERENT REASONS ARE IDENTIFIED

C7. Were there any other attempts for deinstitutionalization prior to the development of the restructuring plans?

1. Yes
2. No

## IF C7=1

C8. Could you give us more details?

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C9. Do you consider that the services that will be created according to the approved restructuring plans are a real alternative to the old type residential centers, characterized by: depersonalization, rigidity given by routine, block treatment, social distance?

(according to Decision 878/2018)

1. Yes, totally
2. Generally, yes
3. Generally, no
4. Not at all

**IF C9 = 2, 3 OR 4**

C10. What would have been needed in order for the alternatives not to be characterized by the same aspects specific to the old type residential centers?

**IF B2=4**

C11. Do you consider that the restructuring plans are an adequate solution to the needs of the beneficiaries and the community? If not, for what reason?

C12. From your perspective, there are problematic RCs in the county regarding the quality of life of persons with disabilities? If so, could you give us more details?

#### D. Relation of the GDSACPs with other relevant institutional actors

D1. What was your institutional relationship with the NARPDCA during the process of developing and implementing the restructuring plans?

**MULTIPLE ANSWER**

1. We received technical assistance when we requested it (field visits, clarifications regarding the process etc.)

2. We received support in facilitating the collaboration with the County Council

regarding the necessity for  
deinstitutionalization

3. We received support in facilitating the  
collaboration with the Town Halls for  
realizing the importance of the  
deinstitutionalization process

4. Other ...

D2. One of the principles of the restructuring process is *creating a local partnership, considering the restructuring a collective approach, which requires capacitating and coordinating the existing resources, involvement of the administrative structures and provision of support from the civil society* (according to Decision No. 878/2018).

What are the administrative structures with which you have collaborated/ are collaborating/ will collaborate in the process of implementing the restructuring plans? (for example: Ministry of Labor, Employment Agencies, other local administration institutions - AJPIS, DAS, SPAS, DSP, those dealing with social housing, AP - mayor's office etc., PPA - County Council, unions, private service providers, political parties)

D3. What does the involvement of other institutional actors consist of?

D4. Will you collaborate with the civil society (individuals, groups, organizations) in implementing the plans? If so, what will their specific role be? Could you give us more details?

D5. Another principle is that of *consulting and involving persons with disabilities, their representatives and organizations, in accordance with the principle "Nothing for us, without us!"* (according to Decision No. 878/2018)

How was this principle achieved during the development stage of the restructuring plans? What about the implementation stage?

D6. Were/ will social services be contracted from private providers regarding deinstitutionalization?

1. Yes  
2. No

**IF D6=1**

D7. Could you give us more details?

D8. What are the difficulties that the GDSACP faces in the process of collaboration with the Town Halls regarding the latter's attributions related to the semestrial communication of the report on the situation of personal assistants?

D9. What are the difficulties that the GDSACP faces regarding the process of monitoring the implementation of the training of personal assistants by the Town Halls?

D10. What difficulties does the GDSACP face in the monitoring and control process of the professional personal assistant?

D11. Are family needs evaluated in the families of persons with disabilities from the RC for which, following the evaluation, the solution of family reintegration was proposed?

1. Yes  
2. No

**IF D11=1**

D12. Who is responsible for this evaluation and what are its stages?

D13. What is the purpose of this evaluation? What aspects are evaluated?

D14. What are the measures necessary for families in order to promote deinstitutionalization and prevent re/institutionalization? Could you give us details about the measures already implemented? What about measures that are difficult to implement locally?

#### E. Prioritizing the wishes and preferences of the beneficiaries in the restructuring and reorganization processes

E1. The first principle of the restructuring process is *respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons with disabilities*. (according to Decisions No. 878 and 877/2018)

How did you try to put this principle into practice during the process of developing and implementing the restructuring and reorganization plans at the county level?

E2. Were there any obstacles to meeting this principle?

E3. Were the beneficiaries involved in the process of developing and updating the restructuring plans?

1. Yes, totally
2. Generally, yes
3. Generally, no
4. Not at all
5. Don't know



**IF E3 = 1 OR 2**

E4. In what way?

**NOTE THE RC CODE WHERE ANSWER DIFFERENCES ARE IDENTIFIED**

E5. Has the opinion of the beneficiaries been expressed in the synthetic report?

1. Yes, totally
2. Generally, yes
3. Generally, no
4. Not at all
5. Don't know

E6. How did you analyze and prioritize the options expressed by the beneficiaries regarding the transfer options? What was the approach and the steps you followed?

**IF E3 = 3 OR 4**

E7. For what reasons? Could you give us more details?

E8. Has the instrument *Beneficiary evaluation fiche* (Annex 1 to the Restructuring Methodology) succeeded in satisfactorily assessing the type and level of the needs specific to persons with disabilities, as well as those for maintaining and developing skills for independent living?

1. Yes, totally
2. Generally, yes
3. Generally, no
4. Not at all

**IF E8 = 2, 3 OR 4**

E9. Which of the sections do you think does not adequately assess the specific needs?

**MULTIPLE ANSWER**

Modules:

1. Health care
2. The need for psychological services
3. Maintaining/ Developing cognitive skills
4. Maintaining/ Developing daily life skills

5. Maintaining/ Developing communication skills
6. Maintaining/ Developing mobility skills
7. Maintaining/ Developing self-care skills
8. Maintaining/ Developing skills for taking care of one's own health
9. Maintaining/ Developing self-management skills
10. Maintaining/ Developing skills for interaction/ interpersonal relationships
11. Maintaining/ Developing skills for developing economic transactions
12. Maintaining/ Developing social skills
13. Interest in lucrative activities
14. Other ...

---

**IF E8 = 2, 3 OR 4**

E10. Are there any suggestions for improving the instrument in order to ensure an optimal assessment of beneficiaries' needs and desires?

1. Yes
2. No

---

**IF E10=1**

E11. From whom?

1. Members of the multidisciplinary team
2. Other persons, who?
3. I don't know

---

E12. What kind of suggestions for improvement?

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E13. Do you consider that the questions from the instrument *Beneficiary evaluation fiche* (Annex 1 to the Restructuring Methodology) succeeded in identifying all the needs and wishes of the beneficiaries? Have you discussed this with the members of the multidisciplinary evaluation team? Do you think that this instrument can be used regularly in evaluation?

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E14. While applying the *Evaluation fiche*, were there any difficulties in the situation of persons with comprehension and communication difficulties (persons with intellectual disabilities)? What about persons with sensory disabilities?

E15. Are there persons in the residential centers who have specific needs that cannot currently be covered by the existing services in the community? What solutions are available in these situations? Could you give us some examples of how this situation was addressed in the restructuring plans?

E16. How do you see the situation of persons with disabilities in the reorganized RCs? Are there plans for the transfer of beneficiaries to the community?

1. Yes
2. No
3. I don't know

**IF E16=1**

E17. Which are these? Could you give us more details?

**IF E16=2**

E18. What are the difficulties regarding deinstitutionalization and ensuring independent living in the community for the beneficiaries of the reorganized RCs?

## F. Measures to prevent institutionalization and reinstitutionalization

F1. What measures for preventing institutionalization have been taken so far?

F2. What about measures for preventing reinstitutionalization?

---

**F3. The public perception regarding the need to ensure the right to independent living for persons with disabilities, regardless of the type and degree of disability or the type and degree of support needs, is essential in the deinstitutionalization process.**

Since the plan was locally approved, were any local awareness campaigns carried out about the right to independent living and community integration for persons with disabilities that currently live in residential centers? Could you give us more details about the timeline and the type of activities?

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**F4. Does the GDSACP carry out an analysis regarding the risk of re/institutionalization of the persons who left/ will leave the old type residential institutions and the persons with disabilities in the community?**

- 1. Yes
- 2. No

**IF F4=1**

**F5. What are the factors that facilitate institutionalization?**

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**F6. What about the factors that facilitate reinstitutionalization?**

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**IF F4=2**

**F7. What are the reasons why you did not perform this analysis?**

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**F8. In the next period, do you intend on introducing proposals to continue the deinstitutionalization process in the County Strategy? If so, could you give us more details?**

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## ANNEX 15. GUIDE FOR SEMI-STRUCTURED INTERVIEWS WITH REPRESENTATIVES FROM COUNTY COUNCILS OR THE LOCAL COUNCILS OF BUCHAREST'S SECTORS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to understanding the contribution of County Councils/ local councils of Bucharest's sectors to the implementation of restructuring plans, as well as their involvement in the evaluation and development of community services for persons with disabilities who will make the transition from life in institutions to community life.

**How to complete:** The WB expert will write down the answers in the guide during the interview and the they will be coded using the interview fiche.

**Source of information:** Interview with the representatives of the county councils/ local councils of the sectors of Bucharest

**Responsible for completion:** WB expert

**Approximate average completion time:** 60 minutes

*Hello! My name is \_\_\_\_\_, and I would like to talk to you about some important issues. NARPDCA, with technical support from the World Bank, is conducting a study in order to develop a complex diagnosis of the residential protection system for adults with disabilities. Your answers will be treated with the utmost care, we will not disclose them to anyone, they will therefore be anonymous and will be stored and processed electronically in a form that does not allow your identification with the answers provided. If you would like to contact the person coordinating this study, you can call the \_\_\_\_\_ phone number or send a written request by email to \_\_\_\_\_. Thank you for your time!*



## A. Identification data

1	Full name of the respondent
2	Position
3	Institution
4	Name of WB expert
5	Date of the interview

## B. Difficulties and bottlenecks in the process of developing and implementing restructuring plans

B1. At the moment, what is the situation of the residential centers with more than 50 beneficiaries in your county/sector?

CR code	Locality	1. With a restructuring plan approved by NARPDCA and authorized	2. With a restructuring plan approved by NARPDCA but not authorized	3. Without a restructuring plan

**IF B1=2, FOR ALL RESIDENTIAL CENTERS WITH A RESTRUCTURING PLAN APPROVED BY NARPDCA BUT NOT AUTHORIZED**

**B2. What are the reasons why the plan was not approved?**

**WRITE DOWN EXPLANATIONS FOR B2=3**

RC Code	Locality	1. There were no requests	2. It wasn't a priority	3. Other ...

from the  
GDSACP

B3. Are there RCs where the restructuring is difficult? 1. Yes  
2. No

**IF B3=1**

B4. What are the reasons? Are there RCs that you consider problematic? If so, from what point of view?

**WRITE DOWN THE RC CODE WHERE DIFFERENT REASONS ARE MENTIONED AND FOR THE RCs CONSIDERED PROBLEMATIC**

**IF B1=3**

B5. What problems do you think exist in the deinstitutionalization process?

**WRITE DOWN EXPLANATIONS FOR B5 = 5**

1. It requires additional funding from the County Council
2. We do not have an impact analysis regarding the increase of the RC budget necessary to support the implementation of the restructuring plans
3. We do not have the organizational capacity to implement these measures (expertise, human resources etc.).
4. We consider there aren't sufficient and adequate community services in order to support the persons with disabilities from institutions
5. Other ...

**IF B1=1, FOR ALL RESIDENTIAL CENTERS WITH A RESTRUCTURING PLAN APPROVED BY NARPDCA AND AUTHORIZED**

**WRITE DOWN EXPLANATIONS FOR B6 = 6**

RC CODE	Locality	B6					
		1	2	3	4	5	6
		1	2	3	4	5	6
		1	2	3	4	5	6

**B6. How do you support the process of restructuring the residential centers?**

1. By identifying the land/ buildings in the property of the County Council
2. By mediating the identification of land/ buildings in the property of other institutions/ private actors (including social housing)
3. With financial resources for establishing new services
4. By contracting private social services
5. With technical expertise (judicial, European projects etc.)
6. Other ...

**IF B6=1**

**B7. Could you detail in what way the County Council supports the restructuring of the RCs with land/ buildings?**

**NOTE THE CR CODE WHERE OTHER TYPES OF SUPPORT FROM THE COUNTY COUNCIL ARE MENTIONED**

**B8. Is there an assessment at the level of the County Council regarding the situation of community services for persons with disabilities in your county? If so, what is the result of this assessment?**

Are the services available, accessible, accessibilized, sufficient and adequate to the needs of persons with disabilities from the RCs that are going to be restructured?

**B9. Are there any services for preventing the institutionalization and reinstitutionalization of adults with disabilities? If so, could you give us more details?**



B10. Are there any measures regarding the development/ diversification of specific services for adults with disabilities in the County/ Local Strategy? Could you give us details about the type of measures and the stage of their implementation, as well as the difficulties encountered in the process, if any? What about other planned measures related to the deinstitutionalization of persons with disabilities?

B11. Is there an approved budget in 2020 for hiring Professional Assistants? Personal

1. Yes  
2. No

**IF B11=2**

B12. For what reasons?

**IF B11=1**

B13. Are you planning to increase the budget allocated to PPAs for next year?

1. Yes  
2. No

B14. What is the number of PPAs currently employed by the County Council?

No.: ...

B15. Have you encountered any difficulties in the process of hiring PPAs? Could you give us details?

B16. Have you mediated the relationship between the GDSACP and the City Hall regarding the allocation of spaces for services for adults with disabilities? If so, could you give us more details?



*"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod  
SIPOCA/SMIS2014+: 618/127529*

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**B17. Is there an information circuit between the County Council and the GDSACP regarding the implementation of the restructuring plans?**

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**B18. Is there at County Council level a representative or a structure that has the task of evaluating (including through direct contact with the residents of the residential centers) the stage of the restructuring process? If so, could you give us details on how this process goes?**

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## ANNEX 16. SYNTHETIC FICHE FOR COLLECTING DATA ABOUT ADULTS WITH DISABILITIES TEMPORARILY STAYING IN OTHER TYPES OF SPECIALIZED INSTITUTIONS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to the understanding of the situation of adults with disabilities, particularly those with psychosocial and intellectual disabilities or psychiatric diagnoses staying in other types of specialized institutions than those in the system of residential social services for adults with disabilities, respectively psychiatric hospitals, psychiatric and security measures hospitals and medical-social units. As part of a detailed assessment of residential institutions for adults with disabilities, the tool is used to gather the information needed to analyze the reasons for their long-term stay in other types of specialized institutions.

**How to complete:** This fiche is to be completed individually for each adult, selected in the sample according to the research methodology. The person for whom the fiche is completed must fall into the category of long-term chronic patients, respectively to be hospitalized at the time of the research for at least six months or it is estimated that hospitalization will last at least six months. In the case of psychiatric hospitals and for security measures, patients will be selected only from those admitted to the wards for security measures.

**Source of information:** The requested information is to be collected from the patient's personal fiche/ file or from any other sources available to those in the hospital or social-medical unit.

**Responsible for completion:** The questionnaire will be completed by an employee appointed by the management of the institution.

**Approximate average completion time:** 30 minutes





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618/127529

A1. Unit name<sup>284</sup>:

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A2. Location where the unit  
operates:

County

---

Town/Commune

---

Village

---

A3. Surname and first name of the  
person filling in the questionnaire:

---

A4. Position:

---

A5. Date when the questionnaire was  
filled in

--	--

Day Month

A6. Questionnaire number

## B. SOCIO-DEMOGRAPHIC DATA

B1. Patient's gender:

☐<sub>(1)</sub> Male

☐<sub>(2)</sub> Female

B2. Patient's age when the  
questionnaire was filled in:

completed years of age

<sup>284</sup> Psychiatric hospitals, hospitals providing psychiatric care and safety measures, psychiatric wards of general hospitals, social-medical care units.





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618/127529

**B3. Domicile before commitment  
to a hospital/social-medical  
care unit**

County

Town/Commun

**B4. Current marital status**

**TICK ONLY ONE ANSWER →**

- ☐ (1) Single/Not married
- ☐ (2) Married
- ☐ (3) Living with someone/in a relationship
- ☐ (4) Divorced/Separated
- ☐ (5) Widow/er

**B5. Patient's level of education attainment**

**TICK ONLY ONE ANSWER**

- No school ..... ☐ (1)
- Primary education (1st-4th grade) ..... ☐ (2)
- Lower secondary education (5th-8th grade) ..... ☐ (3)
- Vocational school ..... ☐ (4)
- High school (9th-11th grade), not graduate..... ☐ (5)
- High school graduate, without a maturity exam diploma . ☐ (6)
- High school graduate, with a maturity exam diploma..... ☐ (7)
- Post-secondary education..... ☐ (8)
- Higher education..... ☐ (9)
- Other, please specify..... ☐ (10)

**B6. Occupational status at the moment of commitment:**

**TICK ONLY ONE ANSWER**

- Person unable to work..... ☐ (1)
- Retired person ..... ☐ (2)
- Person with a reduced/no capacity to work, not working ☐ (3)
- Full time employee ..... ☐ (4)

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- Part time employee ..... ☐ (5)  
Occasional employee ..... ☐ (6)  
Unemployed person due to being placed under  
guardianship ..... ☐ (7)  
Other, please specify ..... ☐ (8)

B7. Does the patient have an established protection measure by a court, as being placed under guardianship ? ☐ (1) Yes. ☐ (2) No **→ SKIP TO SECTION C**

**FILL IN B8 IF THE PERSON IS DECLARED INCOMPETENT BY A COURT, CODE1 AT B7.**

B8. Who is the legal representative/ guardian of the patient

**TICK ONLY ONE ANSWER**

- A family member ..... ☐ (1)  
Representative of local public administration ..... ☐ (2)  
Representative of Guardianship Authority ..... ☐ (3)  
Other, please specify ..... ☐ (6)

## C. DIAGNOSIS AND HOSPITALIZATION BACKGROUND

Which is the patient's diagnosis? Please fill in the codes associated to all chronic diseases, in accordance with the International Statistical Classification of Diseases and Related Health Problems ICD-10, that the patient had been diagnosed with and for which he/she is receiving treatment and care in this unit.

- C1. a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_  
f. \_\_\_\_\_  
g. \_\_\_\_\_  
h. \_\_\_\_\_

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- i. \_\_\_\_\_  
j. \_\_\_\_\_

C2. Does the patient have a certificate for a disability degree? ☐<sub>(1)</sub> Yes. ☐<sub>(2)</sub> No

FILL IN C3-C4 WHEN THE PATIENT HAS A CERTIFICATE FOR A DISABILITY DEGREE, CODE 1 UNDER C2. OTHERWISE SKIP TO C5

C3. Disability degree that the person is included into ☐<sub>(1)</sub> Mild  
☐<sub>(2)</sub> Moderate  
☐<sub>(3)</sub> Marked  
☐<sub>(4)</sub> Severe  
TICK ONLY ONE ANSWER →

C4. Type of disability ☐<sub>(1)</sub> Physical  
TICK ONLY ONE ANSWER → ☐<sub>(2)</sub> Visual  
☐<sub>(3)</sub> Auditive  
☐<sub>(4)</sub> Deafblind  
☐<sub>(5)</sub> Somatic  
☐<sub>(6)</sub> Mental  
☐<sub>(7)</sub> Psychiatric  
☐<sub>(8)</sub> HIV/AIDS  
☐<sub>(9)</sub> Associated  
☐<sub>(10)</sub> Rare diseases

C5. Which of the following situations are applicable in the case of this patient?

TICK ALL ANSWERS WHICH MATCH THE CURRENT SITUATION OF THE PATIENT

1. The patient has no family ☐<sub>(1)</sub>
2. The patient has no home ☐<sub>(2)</sub>
3. The family/relatives could no longer take care of him/her ☐<sub>(3)</sub>
4. The patient needs care and treatment that cannot be provided in the community ☐<sub>(4)</sub>

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5. The patient needs care and treatment that cannot be provided in other social institutions/services ☐ (5)
6. The patient was included in art. 110 of the Criminal Code, based on a criminal sentence that remained final ☐ (6)
7. The patient was hospitalized based on the prosecutor's order during the criminal investigation or the court's order during the trial ☐ (6)
8. The patient was hospitalized involuntarily according to Law 487/2002 ☐ (7)
9. Another reason for long-term hospitalization, mention which ☐ (8)

C6. Which year was the patient diagnosed for the first time with a psychiatric disease or other chronic disease for which he/she currently is receiving care and treatment in this care unit?

C7. Since when has been the patient committed in this care unit?

<input type="text"/>	<input type="text"/>
Month	Year

C8. When he/she was committed in this care unit, the patient was living...

**TICK ONLY ONE ANSWER**

- In a family/within the community ..... ☐ (1)
- Within a residential social service ..... ☐ (2)
- He/she was homeless ..... ☐ (3)
- Somewhere else, please specify ..... ☐ (4)

C9. Was the patient committed on a voluntary or non-voluntary basis?

**TICK ONLY ONE ANSWER**

- Voluntary commitment ..... ☐ (1)
- Non-voluntary commitment ..... ☐ (2)
- Other situation, please specify ..... ☐ (6)

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**FILL IN C10 IF THE PATIENT WAS COMMITTED ON A INVOLUNTARILY, CODE 2 UNDER C9.  
OTHERWISE, SKIP TO C11.**

**C10. Who requested the non-voluntary commitment?**

**TICK ONLY ONE ANSWER**

- The primary care physician or the specialist psychiatrist who takes care of this person ..... ☐ (1)
- Patient's family ..... ☐ (2)
- Representatives of local public authorities operating in the social-medical and public order sectors..... ☐ (3)
- Representatives of the police, armed police or firefighters, prosecutor ..... ☐ (4)
- Civil court..... ☐ (5)
- Criminal court..... ☐ (6)
- Other situation, please specify ..... ☐ (7)

**C11. Which were the services that the patient benefited from, during his/her commitment inside this care unit, except for the medical care services?**

**TICK ALL ANSWERS APPLICABLE TO THE PATIENT**

- a. Information and social assistance ..... ☐ (1)
- b. Psychological counselling ..... ☐ (1)
- c. Speech therapy..... ☐ (1)
- d. Psycho-therapy..... ☐ (1)
- e. Massage, movement therapy or physical therapy ..... ☐ (1)
- f. Hydrotherapy, thermotherapy, balneotherapy..... ☐ (1)
- g. Art-therapy or music therapy ..... ☐ (1)
- h. Psycho-sensory-motor stimulation ..... ☐ (1)
- i. Occupational therapy ..... ☐ (1)
- j. Vocational/occupational activities..... ☐ (1)
- k. Care and assistance - support for dressing/ undressing, putting on/ taking off shoes, choosing the right clothes ..... ☐ (1)
- l. Care and assistance - support for ensuring daily hygiene..... ☐ (1)
- m. Care and assistance - support for medication administration.. ☐ (1)
- n. Care and assistance - support for specific problems such as catheterization, prevention of pressure ulcer, others ..... ☐ (1)

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- o. Care and assistance - support for changing the position of the body, to move the body from a horizontal position to another position, turning from one side of the body to the other..... ☐ (1)
- p. Care and assistance - support for transfer and mobilization, moving inside/ outside..... ☐ (1)
- q. Care and assistance - support for nutrition and hydration ..... ☐ (1)
- r. Maintaining/Developing independent living skills..... ☐ (1)
- s. Legal advice ..... ☐ (1)
- t. Education, training for work ..... ☐ (1)
- u. Assistance and support in making a decision ..... ☐ (1)
- v. Social and civic integration and participation ..... ☐ (1)
- w. Other support services, social assistance or recovery and rehabilitation services, please specify ..... ☐ (1)
- x. .... ☐ (1)
- y. .... ☐ (1)

Has any attempt been made to transfer the  
C12. patient to another institution or residential ☐ (1) Yes. ☐ (2) No  
social unit?

**FILL IN C13 IF YES, CODE 1 UNDER C12, OTHERWISE SKIP TO C14**

C13. Which is the main reason why has the transfer not  
succeeded to a residential social unit?

**TICK ONLY ONE ANSWER**

- The patient refused the transfer ..... ☐ (1)
- The patient's family/legal representative refused the transfer ..... ☐ (2)
- There are no places available in such institutions/units ... ☐ (3)
- The patient has medical needs which are not provided in such units/institutions ..... ☐ (4)
- Other reason, please specify..... ☐ (5)

Has any attempt been made to discharge the  
C14. patient and return the patient to his/her ☐ (1) Yes. ☐ (2) No  
family/community?

**FILL IN C13 IF YES, CODE 1 UNDER C14**

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**C15. Which is the main reason why has the discharge not succeeded and the patient has not returned to his/her family/community?**

**TICK ONLY ONE ANSWER**

- The patient has no one who could care for him/her. .... ☐ (1)
- The patient's family/legal representative refused the return..... ☐ (2)
- The patient needs support services and assistance that are not available within the community he/she originates from ..... ☐ (3)
- Other reason, please specify..... ☐ (4)
- 



## ANNEX 17. GUIDE FOR INTERVIEWS WITH MANAGEMENT REPRESENTATIVES OF OTHER TYPES OF SPECIALIZED INSTITUTIONS WHERE ADULTS WITH DISABILITIES ARE TEMPORARILY STAYING, WITH SOCIAL WORKERS AND PSYCHOLOGISTS

### INTRODUCTION AND METHODOLOGICAL SPECIFICATIONS

**PURPOSE:** The data collected through this instrument contributes to understanding the difficulties faced by the management and staff of specialized institutions that assist persons with disabilities - psychiatric wards, social care units and psychiatric hospitals of maximum security - in the process of referring the persons with disabilities to other specific services in the community.

**How to complete:** The interviews will be audio recorded and the answers will be coded using the interview fiche.

**Source of information:** The interview with representatives of the management of other specialized institutions where persons with disabilities are staying, with social workers and psychologists

**Responsible for completion:** WB expert

**Approximate average completion time:** 60 minutes

*Hello! My name is \_\_\_\_\_, and I would like to talk to you about some important issues. NARPDCA, with technical support from the World Bank, is conducting a study in order to develop a complex diagnosis of the residential protection system for adults with disabilities. Your answers will be treated with the utmost care, we will not disclose them to anyone, they will therefore be anonymous and will be stored and processed electronically in a form that does not allow your identification with the answers provided. If you would like to contact the person coordinating this study, you can call the \_\_\_\_\_ phone number or send a written request by email to \_\_\_\_\_. Thank you for your time!*

*First of all, we want to ask you if you agree to audio record our discussion. We request this in order to be able to follow the course of the discussion more easily. We will use it exclusively so as not to lose sight of the opinions and information you provide us. No one but the research team in this study will have access to this recording, which we will store on an encrypted hard drive. Thank you!*

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## Identification data

- 1 Full name of the respondent
- 2 Position
- 3 Name of institution
- 4 Type of institution
- 5 Name of WB expert
- 6 Date of the interview

## A. Data about the unit, long-term chronic patients

**A1. To begin with, please give me some information about the capacity of your hospital/unit:**

1. (For the hospital) How many wards are there?
2. How many beds?
3. How many chronic patients?
4. Of which, long-term chronic patients?
5. Out of all the patients currently hospitalized, could you estimate the number of those with a disability certificate?
6. And what is the number of patients who come from residential centers for adults with disabilities?
7. Do you have persons with disabilities, from the community or from residential centers, who have been hospitalized for over 6 months? If so, how many persons approximately?

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## A2. Regarding long-term chronic patients...

1. What are the reasons why these persons end up in hospital for months or even for years?



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2. Could you please give us some examples about the history (medical, social, institutional) of some of these patients, without providing personal data?

## B. Admittance of persons from residential centers for adults with disabilities

- B1. Were/are there admitted persons from residential centers for persons with disabilities, subordinated to GDSACP?
1. Yes  
2. No

*If B1=1*

B2. Could give us details about the process of admission of these persons (including the reason for admission, the type of admission (voluntary or non-voluntary), the regime of exercise of legal capacity of the person, the criminal act committed - if any, the type of legal representative, the type and degree of disability, whether the person has been regularly visited by a RC/GDSACP representative)?

*If B1=1*

- B3. Do you think that their admission could have been prevented in any way?
1. Yes  
2. No

*If B3=1*

B4. In what way exactly?

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B5. Were there situations where the admission of persons from residential centers was not possible?

1. Yes  
2. No

If B5=1

B6. What was the reason?

### C. History of institutionalization

C1. Are there re-admitted patients who are persons with disabilities in your institution?

1. Yes  
2. No

If C1=1

C2. In general, what do you think are the main reasons why patients who are persons with disabilities are re-admitted?

Multiple answer

1. Lack of mental health services in the community
2. Services exist but are not in the proximity of the persons in need
3. Inadequate quality of mental health services in the community
4. Lack of informal support networks (family, friends, people with similar experiences)
5. Lack of resources to ensure community living (housing, employment, education, benefits etc.)
6. Lack of support for decision-making
7. Others....

C3. Are there any measures to prevent re-admission that your institution is taking?

1. Yes  
2. No

If C3=1

C4. Could you give us more details?

If C3= 2

C5. What are the difficulties in planning and implementing such measures?

C6. Does the institution keep in touch with the discharged persons?

1. Yes  
2. No

If C6=1

Single answer

C7. Could you give us more details?

1. The patient remains in touch with the therapeutic team and benefits from regular outpatient consultations  
2. The patient remains in touch with the therapeutic team and receives services outside the hospital  
3. The patient remains in touch with the therapeutic team through the mobile team/community assistant  
4. Other...

#### D. Adequate services for the type and level of support required for independent living in the community

D1. Are the needs of patients who are persons with disabilities assessed in order to identify the types of services they need, inclusive, for re/habilitation and for maintaining/developing skills for independent living - is there an initial assessment regarding these aspects?

1. Yes  
2. No



*If D1=1*

**D2. Who performs this assessment?**

*If D1=1*

**D3. The assessment aims to identify the need for...**

*Multiple answer*

1. Information and social assistance
2. Psychological counseling
3. Speech therapy
4. Psychotherapy
5. Massage, physical therapy or physiotherapy
6. Hydrotherapy, thermotherapy, balneotherapy
7. Art therapy or music therapy
8. Psycho-sensory-motor stimulation
9. Occupational therapy
10. Vocational/occupational activities
11. Maintaining/Developing independent living skills, mention which...
12. Other support or recovery and rehabilitation services, mention which...
13. Others...

*If D1=1*

**D4. Do the patients who are persons with disabilities benefit from activities necessary for the needs thus identified?**

*Multiple answer*

1. Yes, in the hospital
2. Yes, outside the hospital, where...
3. No

*If D4=1*

**D5. What kind of activities are offered to patients who are persons with disabilities within the institution?**

*If D4=3*

**D5b. Why are the activities necessary for the identified needs not carried out?**

*Multiple answer*

1. We do not have qualified personnel for such activities
2. We do not have material resources for such activities (rooms, equipment etc.)
3. There are no services in the community where these activities could take place

- 
4. There are services in the community, but they are not disbursed for patients
  5. We can no longer conclude voluntary contracts
  6. Other reasons ...
- 

**If D4=1**

**D6. How has the continuity of the care and assistance process, including the Personalized Plan for admitted persons, been ensured so far?**

*Single answer*

1. The plan was transferred from the residential center and the therapeutic team provided services based on it and on the assessment within the hospital/section
  2. The plan was transferred, but the therapeutic team considered that the patient (also) needed other activities
  3. The plan was requested but was not transferred
  4. The plan was not requested
  5. Other...
- 

**D7. Is there an institutional policy in order to ensure this continuity?**

1. Yes
  2. No
- 

**D8. Have there been any situations where patients who are persons with disabilities have asked for certain reintegration/ rehabilitation or housing services? How did you proceed?**

---

**D9. What other difficulties do you face in guiding patients who are persons with disabilities to other services they might need?**

---

**D10. Do you work with non-governmental organizations (including persons with psycho-social disabilities/mental health problems) and/or public administration institutions in order to provide beneficiaries with services meant to ensure the care and support they need to live independently in the community? Could you give us details about the nature of the collaboration?**

---

## E. Difficulties in facilitating the transition and guiding towards other services in the community

E1. Are there situations of patients who are persons with disabilities coming from the community, for which a certain type of residential service subordinated to the GDSACP has been proposed as a solution?

- 1. Yes
- 2. No

*If E1=1*

E2. Has the solution been achieved?

- 1. Yes
- 2. No

E1a. Are there situations of patients transferred intermediately to other psychiatric institutions (e.g. chronic patient sections)?

- 1. Yes
- 2. No

*If E2=1*

E3. What are the reasons why to a patient who is a person with disabilities coming from the community was proposed a residential service subordinated to the GDSACP as a solution?

E4. What are the stages of this process?

E5. Were there situations in which you took steps in order to certify a person's degree of disability? Could you give us details?

E6. Were there situations in which a residential service was proposed to these persons as a protection measure? What happened next?

---

**E7. How would you assess the transfer solution for patients who are persons with disabilities - does it further contribute to the person's reintegration into the community?**

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**E8. How does the hospital collaborate with public and private institutions regarding the provision of services that the patients who are persons with disabilities need during hospitalization and after discharge? What are these institutions and the respective services?**

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**E9. How would you assess the availability of specialized services in the community?**

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**E10. In your community, are there structures that provide specialized services?**

*Multiple answer*

1. Mental health center
  2. Psychiatric office
  3. Office for assessment, therapy and psychological counselling
  4. Psychotherapy office
  5. Crisis response center
  6. Home care services
  7. Psychiatric hospital
  8. Day station
  9. Psychiatric ward of the general hospital
  10. Liaison psychiatric ward in the general hospital
  11. Centers for recovery and social reintegration
  12. Workshops and sheltered housing
-



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13. Family violence advisory  
center

14. Other...

E11. For the structures that exist in the community and were identified above, could you tell us what their role is in relation to your work in the process of providing the specific services necessary to the person in the community to ensure independent life?

E12. Do you think that the structures for specialized service that exist in the community are sufficient? If NO, can you tell us what is missing, why it would be needed?

E13. Were there any difficulties in collaborating with the structures that offer specialized public-private services? If so, what were they?



## ANNEX 18. FICHE FOR THE EVALUATION OF THEMATIC GROUPS (FOCUS-GROUPS)/ INTERVIEWS WITH RESIDENTS AND STAFF FROM RESIDENTIAL CENTERS

### *Dimensions covered by the external evaluation*

**Dimension 1.** Adequate standard of living

**Dimension 2.** The enjoyment of the highest attainable standard of physical and mental health

**Dimension 3.** The exercise of legal capacity and the right to personal liberty and the security of person

**Dimension 4.** Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse

**Dimension 5.** Living independently and being included in the community

### *Description of scores<sup>285</sup>*

	Level of achievement	Description
<b>Total</b>	Achieved in full	There is evidence that the sub-criterion has been fully realized.
<b>Partial</b>	Achieved partially	There is evidence that the sub-criterion has been realized, but some improvement is necessary.
<b>Initiated</b>	Achievement initiated	There is evidence that steps have been taken to fulfil the sub-criterion, but significant improvement is necessary.
<b>N/I</b>	Not initiated	There is no evidence of attempts or steps towards fulfilling the sub-criterion.
<b>N/E</b>	Can't be evaluated	There is not sufficient information obtained during the interview in order to assess the sub-criterion.
<b>N/A</b>	Not applicable	The sub-criterion is not covered by this instrument.

<sup>285</sup> The structure and description of the scores is taken from the *WHO Quality Rights Tool Kit for assessing and improving quality and human rights in mental health and social care facilities*. Geneva, World Health Organization, 2012; except for the N/E score.

## Dimension 1

### Adequate standard of living

#### Criterion 1.1 The building is in good condition

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
1.1.1 The building is well-maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2 The building is accessible for persons with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3 The heating, ventilation and lighting (natural and artificial) systems provide a comfortable living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.4 Measures are in place to protect people against injury through fire and against other hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criterion 1.2 The sleeping quarters are comfortable and allow for privacy

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
1.2.1 The sleeping quarters are not overcrowded and provide sufficient living space per user (including persons in wheelchairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2 Men, women and older persons have separate sleeping quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3 Residents are free to choose when to get up and when to go to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.4 The sleeping quarters allow for the privacy of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.5 Sufficient numbers of clean blankets and bedding are available to residents, and mattresses are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2.6 Residents can keep personal belongings and have adequate lockable space to store them ☐ ☐ ☐ ☐ ☐ ☐

### Criterion 1.3 The residential center meets hygiene and sanitary requirements

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
1.3.1 The RC facilities are clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.2 The bathing and toilet facilities are clean and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.3 Residents can use the bathing and toilet facilities whenever they wish to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.4 There are separate bathing and toilet facilities for men and women which allow for privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.5 The bathing and toileting needs of residents who are bedridden or who have impaired mobility or other physical disabilities are accommodated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Criterion 1.4 Residents are given food, safe drinking-water and clothing that meet their needs and preferences

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
1.4.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the resident's cultural preferences and physical health requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.2 Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.4.3 Residents can wear their own clothing and shoes (day wear and night wear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.4 When residents do not have their own clothing and footwear, good quality clothing and footwear is provided that meets the person's cultural preferences and is suitable for the climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Criterion 1.5. Residents can communicate freely, and their right to privacy is ensured

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
1.5.1 Telephones, letters, emails and the Internet are freely available to residents, without censorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5.2 Residents' privacy in communications is respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5.3 Residents can communicate in the language of their choice, and the residential center provides support (e.g. translators) to ensure that the residents can express their needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5.4 Residents can receive visitors, choose who they want to see and participate in visits at any reasonable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5.5 Residents can move freely around the residential center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Criterion 1.6 The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
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1.6.1 There are ample furnishings, and they are comfortable, and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6.2 The layout of the residential center is conducive to interaction between and among residents, staff and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6.3 The necessary resources, including equipment, are provided by the residential center to ensure that residents have opportunities to interact and participate in leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6.4 Rooms within the residential center are specifically designated as leisure areas for residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 1.7 Residents can enjoy fulfilling social and personal lives and remain engaged in community life and activities**

<i>Sub-criteria</i>	Total	Partial	Initiated	N/I	N/E	N/A
1.7.1. Residents can interact with other residents, including members of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7.2. Residents can attend personal events, such as weddings, baptisms, funerals, anniversaries in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7.3 A range of regularly scheduled, organized activities are offered in both the residential center and the community that are relevant and age appropriate, at the initiative of residents and the residential center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7.4. Staff provide information to residents about activities in the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

community and facilitate their access to those activities

1.7.5. Staff facilitate residents' access to entertainment outside of the residential center, and entertainment from the community is brought into the residential center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7.6. Residents can leave the RC for visits in the community at any reasonable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 1.8 The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships**

<i>Sub-criteria</i>	Total	Partial	Initiated	N/I	N/E	N/A
1.8.1. Residents can decide on the relationships they want, including intimate relationships and marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8.2. Residents can decide on the number of children and on the interval between births	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Dimension 2

### The enjoyment of the highest attainable standard of physical and mental health

#### Criterion 2.1 The residential center is available to everyone who requires treatment and support

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
2.1.1. No person is denied access to care and support in the residential center on the basis of economic factors or of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2. Everyone who requests care receives such care in this residential center or is referred to another residential center where care and support can be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3. No resident is admitted, treated or kept in the residential center on the basis of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criterion 2.2 The residential center has skilled staff and provides good-quality services

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
2.2.1. The residential center has staff with sufficiently diverse skills to provide counselling, habilitation/rehabilitation, information, education and support to residents and their families, friends or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

carers, in order to promote independent living and inclusion in the community

2.2.2. Staff are knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3. Residents can consult with a psychiatrist or other specialized mental health staff when they wish to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4. There are staff in the residential center trained and licensed to prescribe and review treatment with psychotropic medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.5. Staff are given training and written information on the rights of persons with disabilities and are familiar with international human rights standards, including the Convention on the Rights of Persons with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.6. Residents are informed of and have access to mechanisms for expressing their opinions on service provision and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 2.3 Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community**

<b>Sub-criteria</b>	<b>Total</b>	<b>Partial</b>	<b>Initiated</b>	<b>N/I</b>	<b>N/E</b>	<b>N/A</b>
2.3.1. Each resident has a comprehensive and individual personalized plan that includes general and specific social, medical,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**educational and labor market objectives**

2.3.2. Plans are driven by the resident, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the resident and a staff member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3. As part of their recovery plans, residents are encouraged to develop advance directives which specify the treatment and recovery options, to be used if they are unable to communicate their choices at some point in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.4. Each resident has access to habilitation and rehabilitation services in order to fulfill their chosen social role by developing the skills necessary for entering the labor market, education or other fields. Skills development is tailored to the person's rehabilitation preferences and may include improving independent living and self-care skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.5. Residents are encouraged to establish a community support network and/or maintain contact with members of their social network to facilitate independent living in the community. The residential center offers assistance for establishing/maintaining contact with family and friends, according to residents' wishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.6. Residential centers link residents with the general health care system, other levels of mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

services, such as specialist care, and services in the community such as grants, housing, employment agencies, day-care centers and assisted residential care

#### Criterion 2.4 Psychotropic medication is available, accessible and administered appropriately

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
2.4.1. Adequate psychotropic medication (specified in the national list of strategic drugs/essential medicines of the WHO) is available in the residential center or may be prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4.2. The residential center has a constant stock of psychotropic medication, in sufficient quantities for the needs of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4.3. Medication type and dosage are appropriate for the clinical diagnoses of residents and are reviewed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4.4. Residents are informed about the purpose of the medications being offered and any potential side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4.5. Residents are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criterion 2.5 Adequate services are available for general and reproductive health

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
2.5.1. Residents are offered physical health examinations and/or screening for particular illnesses on entry to the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

residential center and annually thereafter

2.5.2. Treatment for general health problems, including vaccinations, is available to residents at the residential center or in the community by referral by family doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.3. When surgical or other medical procedures and examinations/treatments are needed that cannot be provided at the residential center, there are prompt referral mechanisms to ensure that the residents receive these health services in the community in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.4. Regular health education and promotion sessions are conducted at the residential center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.5. Residents are informed of and advised about reproductive health and family planning matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.6. General and reproductive health services are provided to residents only with their consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Dimension 3

#### The exercise of legal capacity and the right to personal liberty and the security of person

##### Criterion 3.1 Residents' preferences on the place and form of service are always a priority

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
3.1.1 Residents' preferences are the priority in all decisions on where they will access services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2 All efforts are made to facilitate discharge so that residents can live in their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3 Residents' preferences are the priority for all decisions on their treatment and individual plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### Criterion 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
3.2.1 Admission, activities and treatment for residents are performed only based on their free and informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2 Staff respect the advance directives of residents when providing treatment or other medical or therapeutic interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.3 Residents have the right to refuse treatment or other medical or therapeutic interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.4 Any case of treatment or institutionalization without free and informed consent is documented and reported to a legal authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.5 People being treated or institutionalized by a residential center without their informed consent are informed about procedures for appealing their treatment or institutionalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.6 The residential center supports people being treated or institutionalized without their consent in accessing appeals procedures and legal representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 3.3 Residents can exercise their legal capacity and are given the support they may require to exercise their legal capacity**

<i>Sub-criteria</i>	Total	Partial	Initiated	N/I	N/E	N/A
3.3.1 At all times, staff interact with residents in a respectful way, recognizing their capacity to understand information and make decisions and choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.2 Clear, comprehensive information about the rights of residents is provided in both written and verbal form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.3 Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to residents in a form that they understand and which allows them to make consent-based decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.4 Residents can nominate and consult with a support person or network of people of their own free choice in making decisions about admission, treatment and personal, legal, financial or other affairs, and the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

people selected will be recognized by the staff

3.3.5 Staff respect the authority of a nominated support person or network of people to communicate the decisions of the resident being supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.6 The predominant practice is that of the supported decision, the substituted decision being avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.7 When a resident has no support person or network of people and wishes to appoint one, the residential center will help the resident to access appropriate support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criterion 3.4 Residents have the right to confidentiality and access to their personal file

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
3.4.1 A confidential personal file is created for each resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4.2 Each resident has access to the information contained in the personal file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4.3 Information about residents is kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4.4 Residents can add written information, opinions and comments to their personal files without censorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Dimension 4

### Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse

Criterion 4.1 Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
4.1.1 Staff members treat residents with humanity, dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2 No resident is subjected to verbal, physical, sexual or mental abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.3 No resident is subjected to physical or emotional neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.4 Appropriate steps are taken to prevent all instances of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.5 Staff support residents who have been subjected to abuse in accessing the support they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criterion 4.2 Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
4.2.1 Residents are not subjected to seclusion or restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.2 Alternatives to seclusion and restraint are in place at the residential center, and staff are trained in de-escalating techniques for intervening in crises and preventing harm to residents or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.3 A de-escalating assessment is conducted in consultation with the resident concerned in order to identify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

the triggers and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises

4.2.4 The preferred methods of intervention identified by the resident concerned are readily available in a crisis and are integrated into the user's individual plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.5 Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the residential center and to a relevant external body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 4.3 Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the residential center or referred to another institution, must not be abused and can be administered only with the free and informed consent of the resident**

<i>Sub-criteria</i>	<b>Total</b>	<b>Partial</b>	<b>Initiated</b>	<b>N/I</b>	<b>N/E</b>	<b>N/A</b>
4.3.1 Electroconvulsive therapy is not administered without the informed consent of the residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.2 Clear and evidence-based clinical instructions are available on when and how electroconvulsive therapy may or may not be administered, and they are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.3 Electroconvulsive therapy should never be used in unchanged form (for example, without anesthetic and muscle relaxant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.4 Electroconvulsive therapy is not administered to any minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3.5 Psychosurgery and other irreversible treatments are not performed without the resident's informed consent and the approval of an independent commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.6 Abortions and sterilizations are not carried out on residents without their consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 4.4 No resident is subjected to medical or scientific experimentation/surveys without his or her informed consent**

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
4.4.1 Medical or scientific experimentation/survey is conducted only with the free and informed consent of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4.2 Staff do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting residents to participate in medical or scientific experimentation/survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4.3 Medical or scientific experimentation/survey is not undertaken if it is potentially harmful or dangerous to the residents' health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4.4 Any medical or scientific experimentation/survey is approved by an independent ethics committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 4.5 Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse**

Sub-criteria	Total	Partial	Initiated	N/I	N/E	N/A
4.5.1 Residents are informed of and have access to procedures to file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

appeals and complaints, on a confidential basis, to an outside, independent legal body (Police, Prosecutor's Office, courts etc.) on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent or other relevant matters

4.5.2 Residents are safe from negative repercussions resulting from complaints they may file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.3 Residents have access to legal representatives and can meet with them confidentially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.4 Residents have access to independent representatives to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.5 Disciplinary and/or legal action is taken against any person found to be abusing or neglecting residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.6 The residential center is monitored by independent authorities/organizations to prevent the occurrence of torture and ill-treatment, inhuman or degrading treatment or to safeguard the rights of institutionalized persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Dimension 5

### Living independently and being included in the community

**Criterion 5.1 Residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community**

<i>Sub-criteria</i>	<b>Total</b>	<b>Partial</b>	<b>Initiated</b>	<b>N/I</b>	<b>N/E</b>	<b>N/A</b>
5.1.1 Staff inform residents about options for housing and financial resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2 Staff support residents in accessing safe, affordable, decent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3 Staff support residents in accessing the financial resources necessary to live in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 5.2 Residents can access education or employment opportunities**

<i>Sub-criteria</i>	<b>Total</b>	<b>Partial</b>	<b>Initiated</b>	<b>N/I</b>	<b>N/E</b>	<b>N/A</b>
5.2.1 Staff give residents information about education and employment opportunities in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.2 Staff support residents in accessing education opportunities, including primary, secondary and tertiary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.3 Staff support residents in career development and in accessing employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criterion 5.3 The right of residents to participate in political and public life and to exercise freedom of association is supported**

<i>Sub-criteria</i>	<b>Total</b>	<b>Partial</b>	<b>Initiated</b>	<b>N/I</b>	<b>N/E</b>	<b>N/A</b>
5.3.1 Staff give residents the information necessary for them to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



participate fully in political and public life and to enjoy the benefits of freedom of association

5.3.2 Staff support residents in exercising their right to vote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5.3.3 Staff support residents in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Criterion 5.4 Residents are supported in taking part in social, cultural, religious and leisure activities**

<i>Sub-criteria</i>	Total	Partial	Initiated	N/I	N/E	N/A
5.4.1 Staff give residents information on the social, cultural, religious and leisure activity options available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4.2 Staff support residents in participating in the social and leisure activities of their choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4.3 Staff support residents in participating in the cultural and religious activities of their choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## ANNEX 19. SYNTHETICAL FICHE - THE STRUCTURE OF THE EXTERNAL EVALUATION: DIMENSIONS, CRITERIA AND SUB-CRITERIA

### Dimension 1

#### Adequate standard of living

##### Criterion 1.1 The building is in good condition

###### *Sub-criteria*

1.1.1 The building is well-maintained

1.1.2 The building is accessible for persons with physical disabilities

1.1.3 The heating, ventilation and lighting (natural and artificial) systems provide a comfortable living environment

1.1.4 Measures are in place to protect people against injury through fire and against other hazards

##### Criterion 1.2 The sleeping quarters are comfortable and allow for privacy

###### *Sub-criteria*

1.2.1 The sleeping quarters are not overcrowded and provide sufficient living space per user (including persons in wheelchairs)

1.2.2 Men, women and older persons have separate sleeping quarters

1.2.3 Residents are free to choose when to get up and when to go to bed

1.2.4 The sleeping quarters allow for the privacy of residents

1.2.5 Sufficient numbers of clean blankets and bedding are available to residents, and mattresses are in good condition

1.2.6 Residents can keep personal belongings and have adequate lockable space to store them

##### Criterion 1.3 The residential center meets hygiene and sanitary requirements

###### *Sub-criteria*

1.3.1 The RC facilities are clean and sanitized

1.3.2 The bathing and toilet facilities are clean and working properly

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**1.3.3 Residents can use the bathing and toilet facilities whenever they wish to**

---

**1.3.4 There are separate bathing and toilet facilities for men and women which allow for privacy**

---

**1.3.5 The bathing and toileting needs of residents who are bedridden or who have impaired mobility or other physical disabilities are accommodated**

---

**Criterion 1.4 Residents are given food, safe drinking-water and clothing that meet their needs and preferences**

***Sub-criteria***

---

**1.4.1 Food and safe drinking water are available in sufficient quantities, are of good quality and meet with the resident's cultural preferences and physical health requirements**

---

**1.4.2 Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community**

---

**1.4.3 Residents can wear their own clothing and shoes (day wear and night wear)**

---

**1.4.4 When residents do not have their own clothing and footwear, good quality clothing and footwear is provided that meets the person's cultural preferences and is suitable for the climate**

---

**Criterion 1.5. Residents can communicate freely, and their right to privacy is ensured**

***Sub-criteria***

---

**1.5.1 Telephones, letters, emails and the Internet are freely available to residents, without censorship**

---

**1.5.2 Residents' privacy in communications is respected**

---

**1.5.3 Residents can communicate in the language of their choice, and the residential center provides support (e.g. translators) to ensure that the residents can express their needs**

---

**1.5.4 Residents can receive visitors, choose who they want to see and participate in visits at any reasonable time**

---

**1.5.5 Residents can move freely around the residential center**

---

**Criterion 1.6 The residential center provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction**

***Sub-criteria***

**1.6.1 There are ample furnishings, and they are comfortable, and in good condition**

**1.6.2 The layout of the residential center is conducive to interaction between and among residents, staff and visitors**

**1.6.3 The necessary resources, including equipment, are provided by the residential center to ensure that residents have opportunities to interact and participate in leisure activities**

**1.6.4 Rooms within the residential center are specifically designated as leisure areas for residents**

**Criterion 1.7 Residents can enjoy fulfilling social and personal lives and remain engaged in community life and activities**

***Sub-criteria***

**1.7.1. Residents can interact with other residents, including members of the opposite sex**

**1.7.2. Residents can attend personal events, such as weddings, baptisms, funerals, anniversaries in the community**

**1.7.3 A range of regularly scheduled, organized activities are offered in both the residential center and the community that are relevant and age appropriate, at the initiative of residents and the residential center**

**1.7.4. Staff provide information to residents about activities in the community and facilitate their access to those activities**

**1.7.5. Staff facilitate residents' access to entertainment outside of the residential center, and entertainment from the community is brought into the residential center**

**1.7.6. Residents can leave the RC for visits in the community at any reasonable time**

**Criterion 1.8 The residential center respects home and family life, in all matters related to marriage, family, parenthood and interpersonal relationships**

***Sub-criteria***



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**1.8.1. Residents can decide on the relationships they want, including intimate relationships and marriage**

---

**1.8.2. Residents can decide on the number of children and on the interval between births**

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## Dimension 2

The enjoyment of the highest attainable standard of physical and mental health

**Criterion 2.1** The residential center is available to everyone who requires treatment and support

### *Sub-criteria*

2.1.1. No person is denied access to care and support in the residential center on the basis of economic factors or of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status

2.1.2. Everyone who requests care receives such care in this residential center or is referred to another residential center where care and support can be provided

2.1.3. No resident is admitted, treated or kept in the residential center on the basis of his or her race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status

**Criterion 2.2** The residential center has skilled staff and provides good-quality services

### *Sub-criteria*

2.2.1. The residential center has staff with sufficiently diverse skills to provide counselling, habilitation/rehabilitation, information, education and support to residents and their families, friends or carers, in order to promote independent living and inclusion in the community

2.2.2. Staff are knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community

2.2.3. Residents can consult with a psychiatrist or other specialized mental health staff when they wish to do so

2.2.4. There are staff in the residential center trained and licensed to prescribe and review treatment with psychotropic medication

2.2.5. Staff are given training and written information on the rights of persons with disabilities and are familiar with international human rights standards, including the Convention on the Rights of Persons with Disabilities

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## 2.2.6. Residents are informed of and have access to mechanisms for expressing their opinions on service provision and improvement

Criterion 2.3 Recommended services and activities, treatment and links to support networks and other services are elements of a resident-driven individual plan and contribute to a resident's ability to live independently in the community

### *Sub-criteria*

2.3.1. Each resident has a comprehensive and individual personalized plan that includes general and specific social, medical, educational and labor market objectives

2.3.2. Plans are driven by the resident, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the resident and a staff member

2.3.3. As part of their recovery plans, residents are encouraged to develop advance directives which specify the treatment and recovery options, to be used if they are unable to communicate their choices at some point in the future

2.3.4. Each resident has access to habilitation and rehabilitation services in order to fulfill their chosen social role by developing the skills necessary for entering the labor market, education or other fields. Skills development is tailored to the person's rehabilitation preferences and may include improving independent living and self-care skills

2.3.5. Residents are encouraged to establish a community support network and/or maintain contact with members of their social network to facilitate independent living in the community. The residential center offers assistance for establishing/maintaining contact with family and friends, according to residents' wishes

2.3.6. Residential centers link residents with the general health care system, other levels of mental health services, such as specialist care, and services in the community such as grants, housing, employment agencies, day-care centers and assisted residential care

Criterion 2.4 Psychotropic medication is available, accessible and administered appropriately

### *Sub-criteria*

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**2.4.1. Adequate psychotropic medication (specified in the national list of strategic drugs/essential medicines of the WHO) is available in the residential center or may be prescribed**

---

**2.4.2. The residential center has a constant stock of psychotropic medication, in sufficient quantities for the needs of residents**

---

**2.4.3. Medication type and dosage are appropriate for the clinical diagnoses of residents and are reviewed regularly**

---

**2.4.4. Residents are informed about the purpose of the medications being offered and any potential side effects**

---

**2.4.5. Residents are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy**

---

## **Criterion 2.5 Adequate services are available for general and reproductive health**

### ***Sub-criteria***

---

**2.5.1. Residents are offered physical health examinations and/or screening for particular illnesses on entry to the residential center and annually thereafter**

---

**2.5.2. Treatment for general health problems, including vaccinations, is available to residents at the residential center or in the community by referral by family doctor**

---

**2.5.3. When surgical or other medical procedures and examinations/treatments are needed that cannot be provided at the residential center, there are prompt referral mechanisms to ensure that the residents receive these health services in the community in a timely manner**

---

**2.5.4. Regular health education and promotion sessions are conducted at the residential center**

---

**2.5.5. Residents are informed of and advised about reproductive health and family planning matters**

---

**2.5.6. General and reproductive health services are provided to residents only with their consent**

---





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### Dimension 3

## The exercise of legal capacity and the right to personal liberty and the security of person

**Criterion 3.1 Residents' preferences on the place and form of service are always a priority**

### *Sub-criteria*

**3.1.1 Residents' preferences are the priority in all decisions on where they will access services**

**3.1.2 All efforts are made to facilitate discharge so that residents can live in their communities**

**3.1.3 Residents' preferences are the priority for all decisions on their treatment and individual plans**

**Criterion 3.2. Procedures and safeguards are in place to prevent institutionalization and treatment without free and informed consent**

### *Sub-criteria*

**3.2.1 Admission, activities and treatment for residents are performed only based on their free and informed consent**

**3.2.2 Staff respect the advance directives of residents when providing treatment or other medical or therapeutic interventions**

**3.2.3 Residents have the right to refuse treatment or other medical or therapeutic interventions**

**3.2.4 Any case of treatment or institutionalization without free and informed consent is documented and reported to a legal authority**

**3.2.5 People being treated or institutionalized by a residential center without their informed consent are informed about procedures for appealing their treatment or institutionalization**

**3.2.6 The residential center supports people being treated or institutionalized without their consent in accessing appeals procedures and legal representation**

**Criterion 3.3 Residents can exercise their legal capacity and are given the support they may require to exercise their legal capacity**

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### **Sub-criteria**

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**3.3.1 At all times, staff interact with residents in a respectful way, recognizing their capacity to understand information and make decisions and choices**

---

**3.3.2 Clear, comprehensive information about the rights of residents is provided in both written and verbal form**

---

**3.3.3 Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to residents in a form that they understand and which allows them to make consent-based decisions**

---

**3.3.4 Residents can nominate and consult with a support person or network of people of their own free choice in making decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected will be recognized by the staff**

---

**3.3.5 Staff respect the authority of a nominated support person or network of people to communicate the decisions of the resident being supported**

---

**3.3.6 The predominant practice is that of the supported decision, the substituted decision being avoided**

---

**3.3.7 When a resident has no support person or network of people and wishes to appoint one, the residential center will help the resident to access appropriate support**

---

## **Criterion 3.4 Residents have the right to confidentiality and access to their personal file**

---

### **Sub-criteria**

---

**3.4.1 A confidential personal file is created for each resident**

---

**3.4.2 Each resident has access to the information contained in the personal file**

---

**3.4.3 Information about residents is kept confidential**

---

**3.4.4 Residents can add written information, opinions and comments to their personal files without censorship**

---



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## Dimension 4

**Freedom from torture or cruel, inhuman or degrading treatment or punishment  
and from exploitation, violence and abuse**

**Criterion 4.1 Residents have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect**

### *Sub-criteria*

**4.1.1 Staff members treat residents with humanity, dignity and respect**

**4.1.2 No resident is subjected to verbal, physical, sexual or mental abuse**

**4.1.3 No resident is subjected to physical or emotional neglect**

**4.1.4 Appropriate steps are taken to prevent all instances of abuse**

**4.1.5 Staff support residents who have been subjected to abuse in accessing the support they need**

**Criterion 4.2 Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises**

### *Sub-criteria*

**4.2.1 Residents are not subjected to seclusion or restraint**

**4.2.2 Alternatives to seclusion and restraint are in place at the residential center, and staff are trained in de-escalating techniques for intervening in crises and preventing harm to residents or staff**

**4.2.3 A de-escalating assessment is conducted in consultation with the resident concerned in order to identify the triggers and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises**

**4.2.4 The preferred methods of intervention identified by the resident concerned are readily available in a crisis and are integrated into the user's individual plan**

**4.2.5 Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the residential center and to a relevant external body**



**Criterion 4.3 Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the residential center or referred to another institution, must not be abused and can be administered only with the free and informed consent of the resident**

***Sub-criteria***

**4.3.1 Electroconvulsive therapy is not administered without the informed consent of the residents**

**4.3.2 Clear and evidence-based clinical instructions are available on when and how electroconvulsive therapy may or may not be administered, and they are followed.**

**4.3.3 Electroconvulsive therapy should never be used in unchanged form (for example, without anesthetic and muscle relaxant)**

**4.3.4 Electroconvulsive therapy is not administered to any minor**

**4.3.5 Psychosurgery and other irreversible treatments are not performed without the resident's informed consent and the approval of an independent commission**

**4.3.6 Abortions and sterilizations are not carried out on residents without their consent**

**Criterion 4.4 No resident is subjected to medical or scientific experimentation/surveys without his or her informed consent**

***Sub-criteria***

**4.4.1 Medical or scientific experimentation/survey is conducted only with the free and informed consent of residents**

**4.4.2 Staff do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting residents to participate in medical or scientific experimentation/survey**

**4.4.3 Medical or scientific experimentation/survey is not undertaken if it is potentially harmful or dangerous to the residents' health**

**4.4.4 Any medical or scientific experimentation/survey is approved by an independent ethics committee**

**Criterion 4.5 Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse**

***Sub-criteria***



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**4.5.1 Residents are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body (Police, Prosecutor's Office, courts etc.) on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent or other relevant matters**

---

**4.5.2 Residents are safe from negative repercussions resulting from complaints they may file**

---

**4.5.3 Residents have access to legal representatives and can meet with them confidentially**

---

**4.5.4 Residents have access to independent representatives to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints**

---

**4.5.5 Disciplinary and/or legal action is taken against any person found to be abusing or neglecting residents**

---

**4.5.6 The residential center is monitored by independent authorities/organizations to prevent the occurrence of torture and ill-treatment, inhuman or degrading treatment or to safeguard the rights of institutionalized persons with disabilities**

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## Dimension 5

### Living independently and being included in the community

**Criterion 5.1 Residents are supported in gaining access to a place to live and have the financial resources necessary to live in the community**

#### *Sub-criteria*

5.1.1 Staff inform residents about options for housing and financial resources

5.1.2 Staff support residents in accessing safe, affordable, decent housing

5.1.3 Staff support residents in accessing the financial resources necessary to live in the community

**Criterion 5.2 Residents can access education or employment opportunities**

#### *Sub-criteria*

5.2.1 Staff give residents information about education and employment opportunities in the community

5.2.2 Staff support residents in accessing education opportunities, including primary, secondary and tertiary education

5.2.3 Staff support residents in career development and in accessing employment opportunities

**Criterion 5.3 The right of residents to participate in political and public life and to exercise freedom of association is supported**

#### *Sub-criteria*

5.3.1 Staff give residents the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association

5.3.2 Staff support residents in exercising their right to vote

5.3.3 Staff support residents in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups

**Criterion 5.4 Residents are supported in taking part in social, cultural, religious and leisure activities**

#### *Sub-criteria*

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**5.4.1 Staff give residents information on the social, cultural, religious and leisure activity options available**

---

**5.4.2 Staff support residents in participating in the social and leisure activities of their choice**

---

**5.4.3 Staff support residents in participating in the cultural and religious activities of their choice**

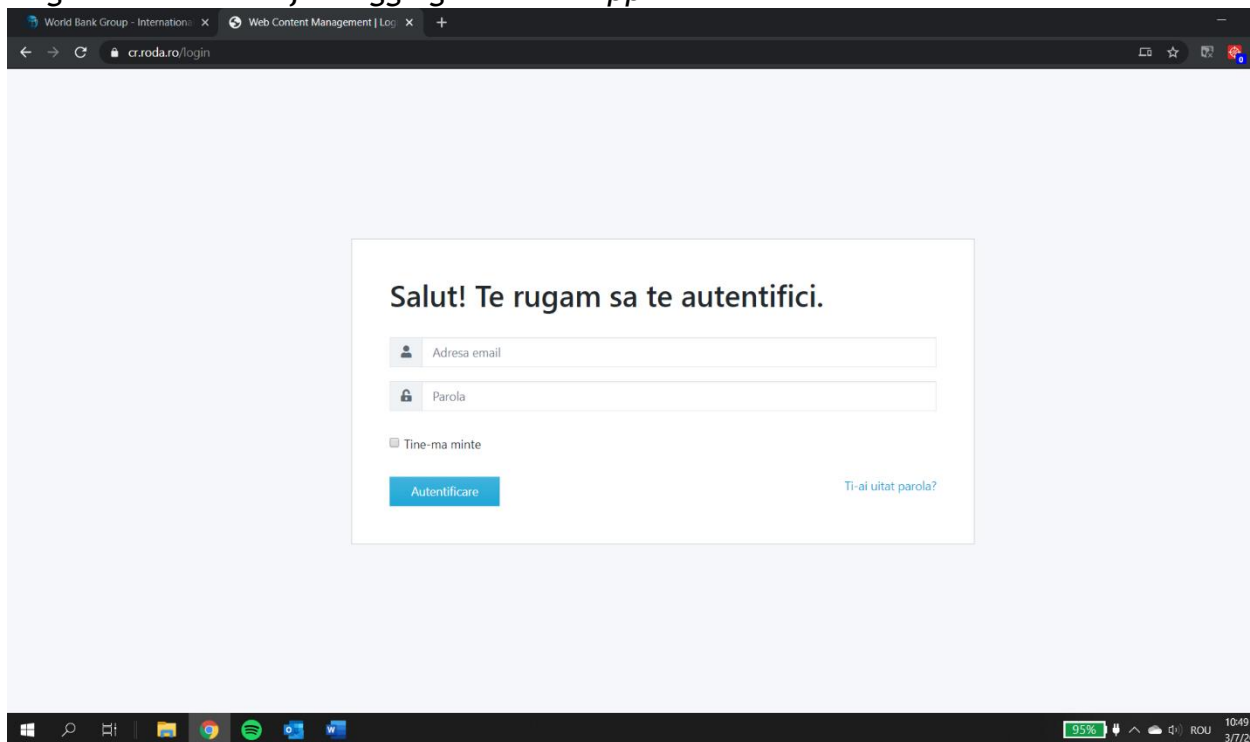
---



## ANNEX 20. THE ONLINE APPLICATION FOR DATA COLLECTION

The online application developed by the World Bank for collecting data about residential centers can be accessed at <https://cr.roda.ro>.

*Fig. 1 First screen for logging in to the application*



The login requires the user's email and an initial password, that can be changed subsequently from a page you will be directed to. The initial password is **test1234**.

All persons designated by GDSACP, as well as the external evaluators from the World Bank, have already been uploaded in the application and have an account linked to the county and the RCs they are responsible for. There are differences between the county coordinators and the people assigned from the RC/ the external evaluators regarding the access they have to certain parts of the application. The persons assigned from the RC and the external evaluators can only upload data in the questionnaires that correspond to the RCs they are responsible for and can see a table with the questionnaires already filled-in or that are in the process of being filled-in. The county coordinators have more rights, for instance, to modify the initial information about the

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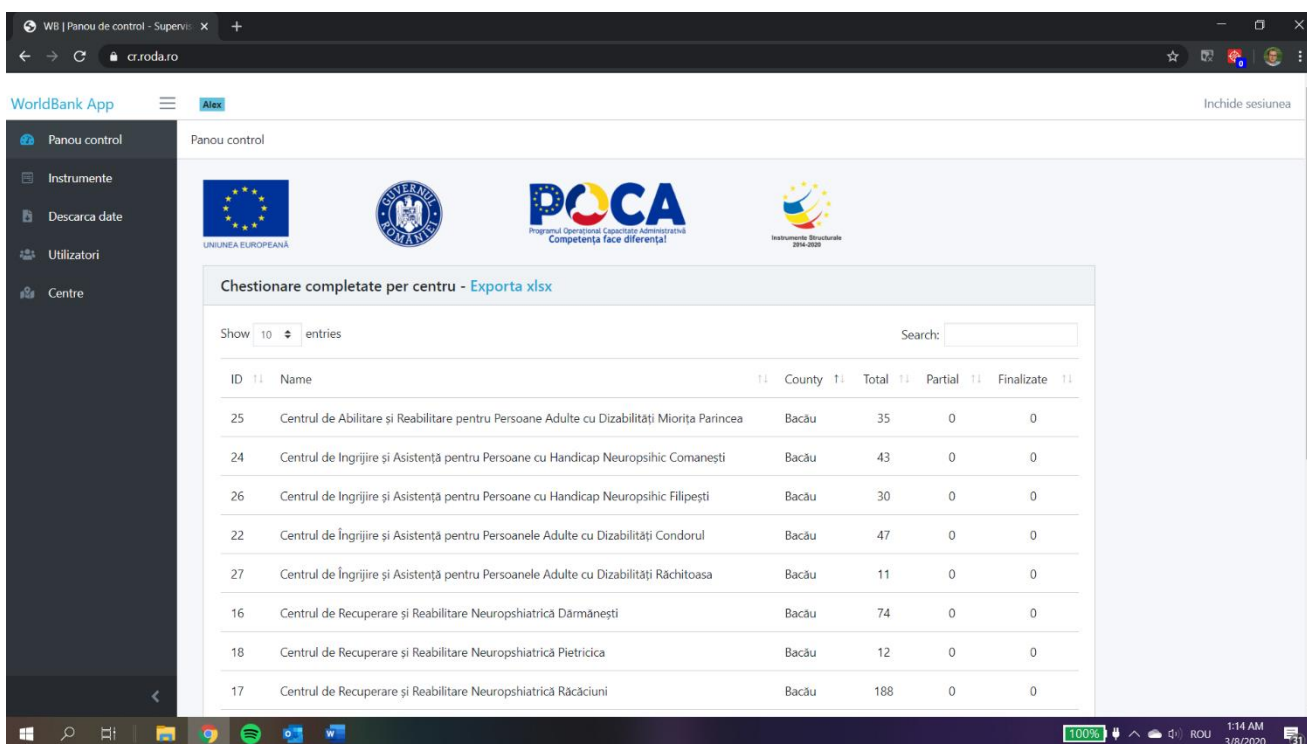




RCs already uploaded in the application, to check the progress of the questionnaires filled-in by the people responsible for the RCs and to create new users in case they need new profiles for people who upload the data in the application.

Once logged-in, a supervisor will see a screen similar to that in Figure 2.

*Fig. 2 The screen in the online application after the login of the county coordinator*

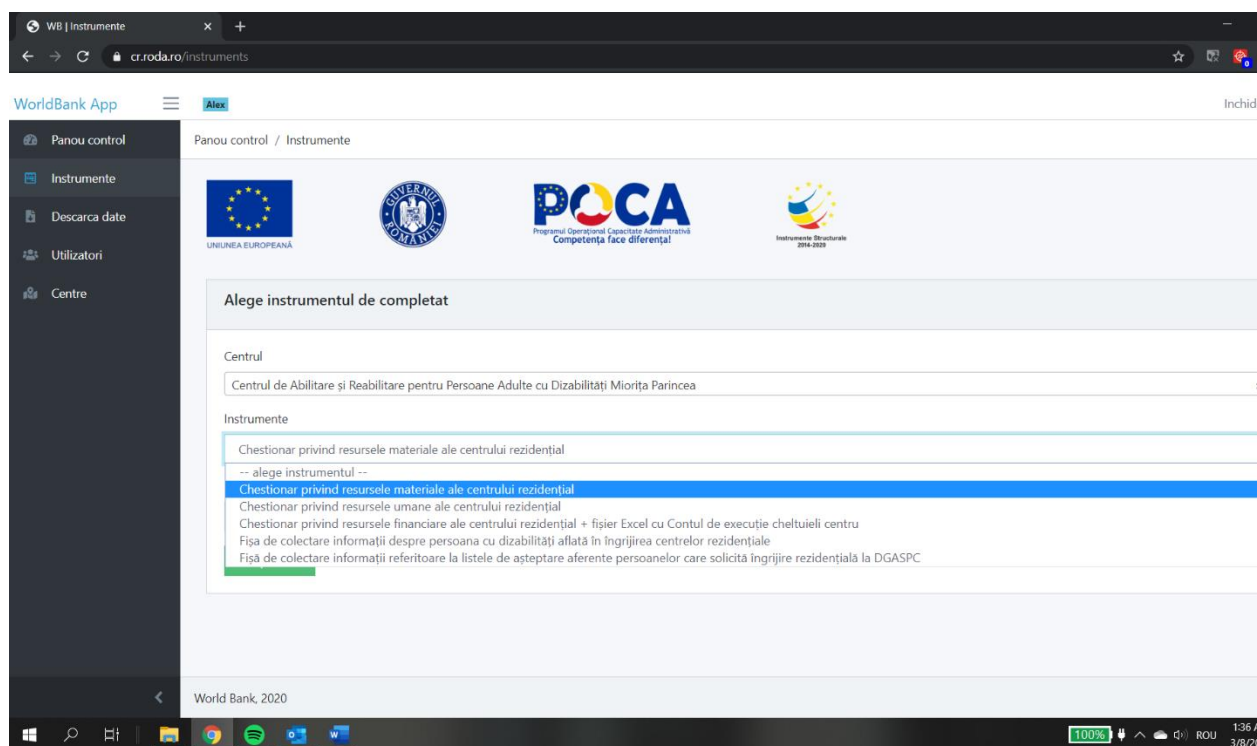


The screen is divided into two areas: the left-side area with the menu where users can select what they wish to see and the main screen where users can see what they select from the menu. The supervisors' menu includes the following options:

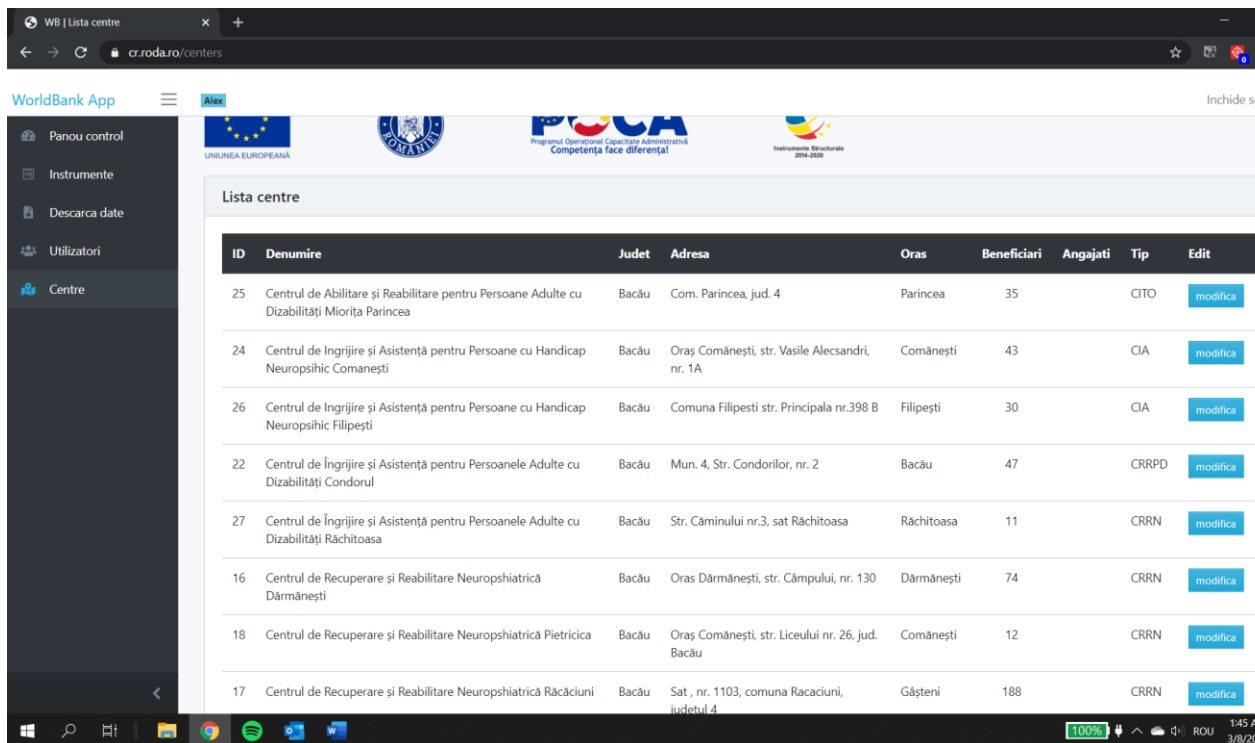
- **A control panel** - displays the list of RCs from that county, the level of completion of the questionnaires regarding the RC resources, total number of beneficiaries and the number of fiches filled-in completely or partially.
- **Instruments** - displays 3 fields drop-down list type where users can select the residential center, the type of instrument filled-in, and an area with the identification code of the beneficiary - active only in case the beneficiary fiche has been selected from the instruments (see fig.3)

- **Users** - displays the list with all users from a certain county (name, e-mail, user type, date when it was added, delete/edit actions). Supervisors have the possibility to delete a user or to edit his/her data.
- **Centers** - displays the list with residential centers from a certain county and specific data about those RCs (address, city, number of beneficiaries, of staff, type of RC). Supervisors can edit the information in case that already uploaded is not correct.

*Fig. 3 The screen with instruments that can be selected for each RC*



**Fig. 4** The screen with data about the residential centers from a certain county (e.g. Bacău)



The screenshot shows a web application titled 'Lista centre' (List of centers). It features a sidebar with navigation options: 'Panou control', 'Instrumente', 'Descarca date', 'Utilizatori', and 'Centre'. The main content area displays a table with the following columns: ID, Denumire, Judet, Adresa, Oras, Beneficiari, Angajati, Tip, and Edit. The table lists several centers in Bacău county, including those for adults with disabilities, psychiatric rehabilitation, and general care.

ID	Denumire	Judet	Adresa	Oras	Beneficiari	Angajati	Tip	Edit
25	Centrul de Abilitare și Reabilitare pentru Persoane Adulte cu Dizabilități Miorița Parincea	Bacău	Com. Parincea, jud. 4	Parincea	35		CITO	<a href="#">modifica</a>
24	Centrul de Îngrijire și Asistență pentru Persoane cu Handicap Neuropsihic Comănești	Bacău	Oraș Comănești, str. Vasile Alecsandri, nr. 1A	Comănești	43		CIA	<a href="#">modifica</a>
26	Centrul de Îngrijire și Asistență pentru Persoane cu Handicap Neuropsihic Filipești	Bacău	Comuna Filipești str. Principala nr.398 B	Filipești	30		CIA	<a href="#">modifica</a>
22	Centrul de Îngrijire și Asistență pentru Persoanele Adulte cu Dizabilități Condorul	Bacău	Mun. 4, Str. Condorilor, nr. 2	Bacău	47		CRRPD	<a href="#">modifica</a>
27	Centrul de Îngrijire și Asistență pentru Persoanele Adulte cu Dizabilități Răchitoasa	Bacău	Str. Căminului nr.3, sat Răchitoasa	Răchitoasa	11		CRRN	<a href="#">modifica</a>
16	Centrul de Recuperare și Reabilitare Neuropsihiatrică Dărmănești	Bacău	Oraș Dărmănești, str. Câmpului, nr. 130	Dărmănești	74		CRRN	<a href="#">modifica</a>
18	Centrul de Recuperare și Reabilitare Neuropsihiatrică Pietricica	Bacău	Oraș Comănești, str. Liceului nr. 26, jud. Bacău	Comănești	12		CRRN	<a href="#">modifica</a>
17	Centrul de Recuperare și Reabilitare Neuropsihiatrică Răcăciuni	Bacău	Sat , nr. 1103, comuna Racaciuni, judetul 4	Gâsteni	188		CRRN	<a href="#">modifica</a>

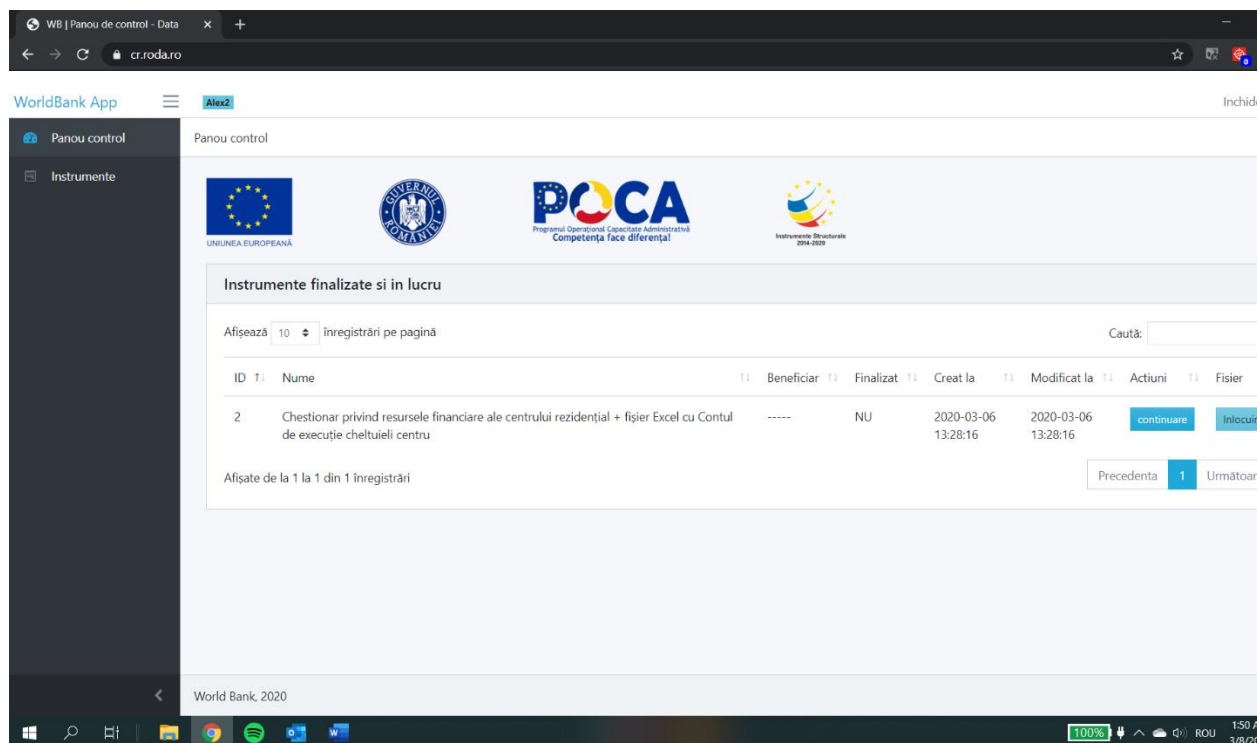
The people responsible for the RCs and the external evaluators have access only to two types of displays:

- **Control panel** - lists the instruments the respective users finalized or are currently finalizing, while offering an option to continue a questionnaire previously saved (see fig.5)
- **Instruments** - displays a drop-down list where the user can select the type of instrument he/she wishes to fill-in (as with the supervisors, see fig.3)



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*Fig. 5 The control panel screen displayed for a user responsible for a RC*

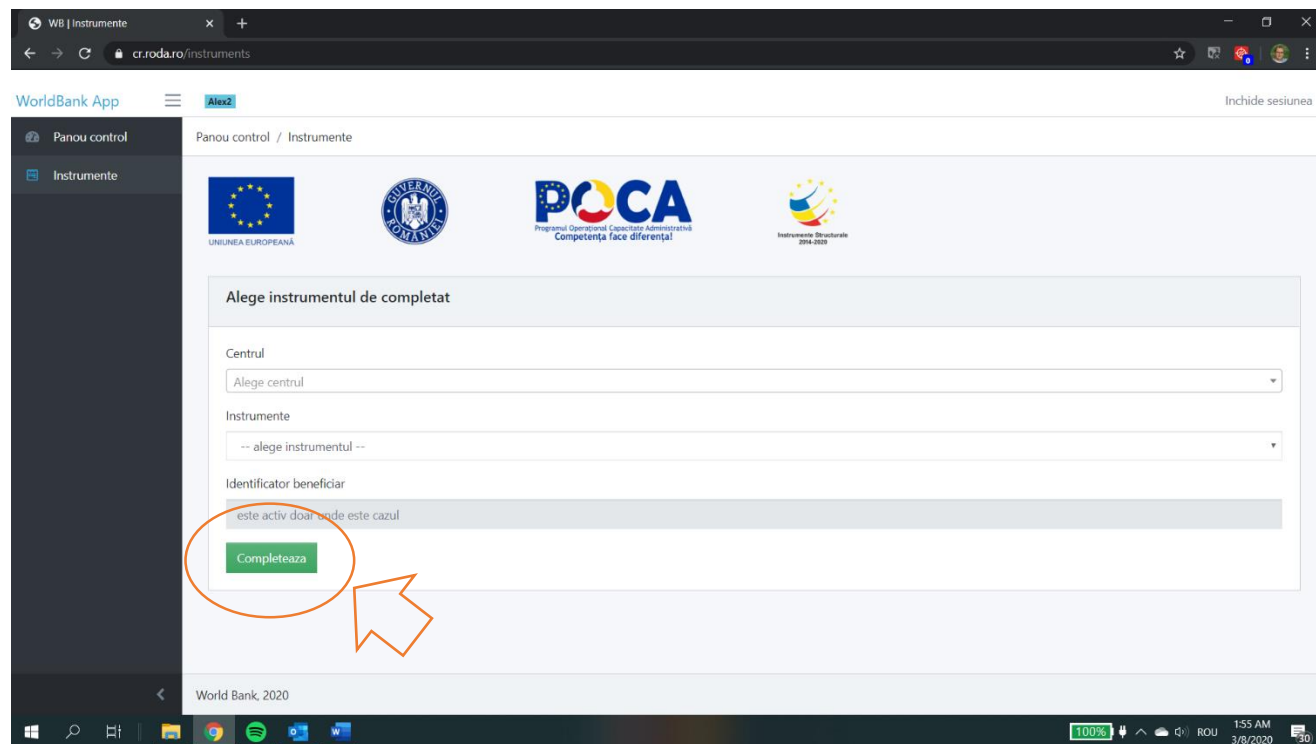


Once having selected a type of instrument, the user can move on to filling it in by clicking the button “Fill in” (Fig.6).

The filling in of an instrument is fairly intuitive, similar to that of any other online questionnaire. Depending on the type of question, the user can check different answers or can introduce a numerical value or text. On the right side of the screen, there is an area where the user can select different sections of the questionnaire that can be filled in. There is also an area for observations where the user can type any additional information relevant for better contextualizing the answer checked/written, if needed (see fig.7).



**Fig. 6** The screen with instruments where the users can select the instrument to be filled in and can start to fill in the data



WB | Instrumente

cr.roda.ro/instruments

WorldBank App

Alex2

Inchide sesiunea

Panou control / Instrumente

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GUVERNUL ROMÂNIEI

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Alege instrumentul de completat

Centrul  
Alege centrul

Instrumente  
-- alege instrumentul --

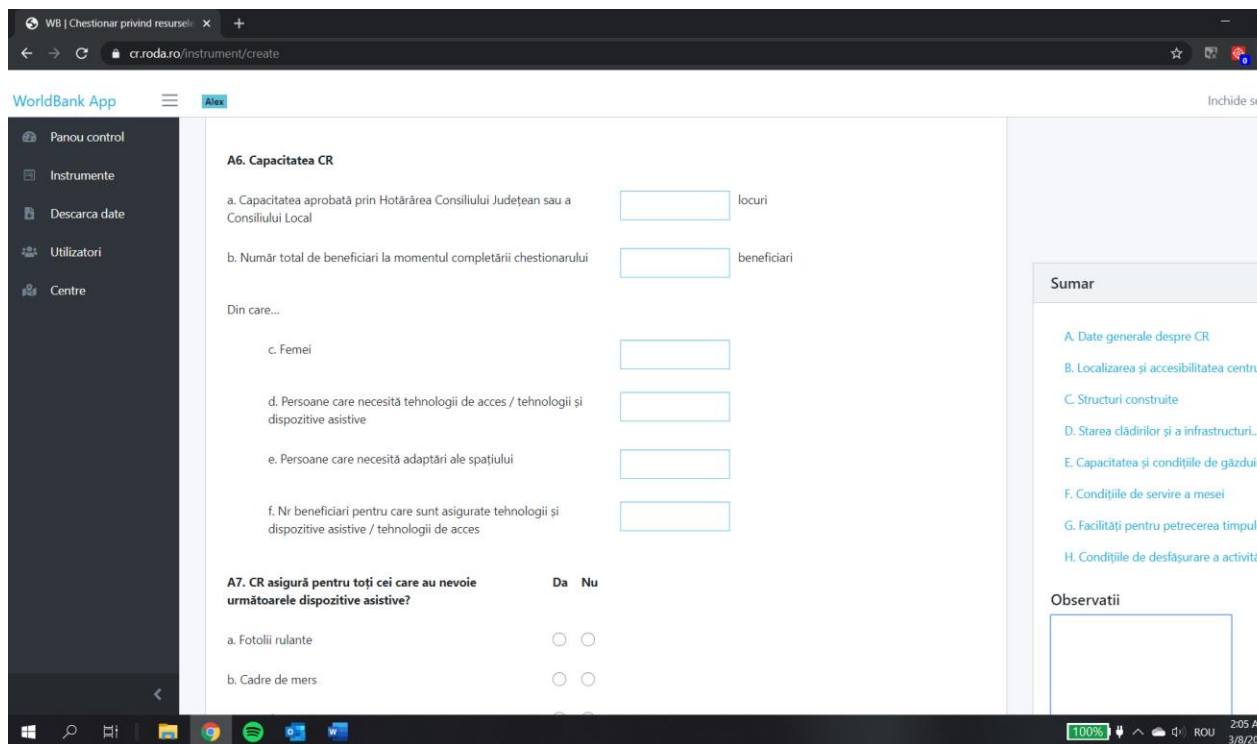
Identificator beneficiar  
este activ doar cand este cazul

Completeaza

World Bank, 2020

100% 1:55 AM 3/8/2020

*Fig. 7 Example of a screen with questions from the material resources questionnaire*



The screenshot shows a web browser window with the URL 'cr.roda.ro/instrument/create'. The page is titled 'WorldBank App' and 'Alex'. The main content area displays two sections of a questionnaire:

**A6. Capacitatea CR**

- a. Capacitatea aprobată prin Hotărârea Consiliului Județean sau a Consiliului Local:  locuri
- b. Număr total de beneficiari la momentul completării chestionarului:  beneficiari
- Din care...
- c. Femei:
- d. Persoane care necesită tehnologii de acces / tehnologii și dispozitive asistive:
- e. Persoane care necesită adaptări ale spațiului:
- f. Nr beneficiari pentru care sunt asigurate tehnologii și dispozitive asistive / tehnologii de acces:

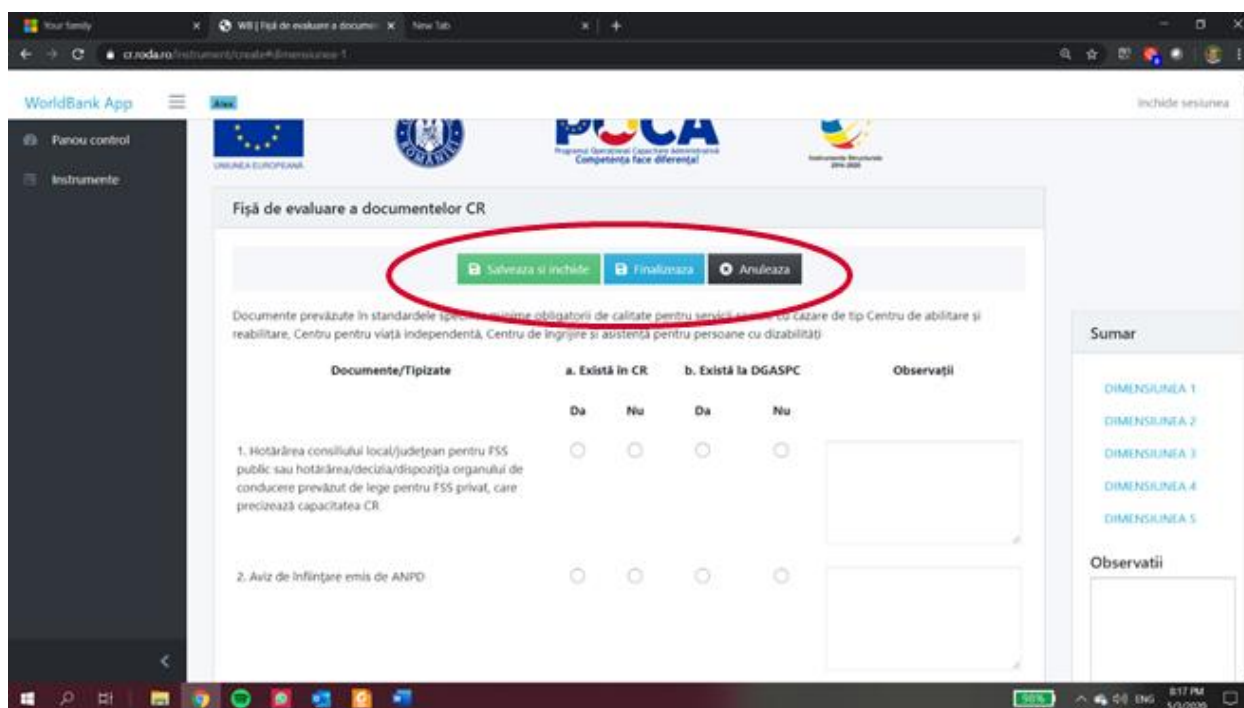
**A7. CR asigură pentru toți cei care au nevoie următoarele dispozitive asistive?**

	Da	Nu
a. Fotolii rulante	<input type="radio"/>	<input type="radio"/>
b. Cadre de mers	<input type="radio"/>	<input type="radio"/>

On the right side, there is a 'Sumar' (Summary) section with a list of items: A. Date generale despre CR, B. Localizarea și accesibilitatea centrului, C. Structuri construite, D. Starea clădirilor și a infrastructurii, E. Capacitatea și condițiile de găzduire, F. Condițiile de servicii a mesei, G. Facilități pentru petrecerea timpului, H. Condițiile de desfășurare a activității. Below this is an 'Observatii' (Observations) section with a text area.

If you started to fill in a questionnaire and you need to stop, you can save what you filled in up to that moment to be able to return later, by accessing the instrument from the Control panel option. Once you filled in a questionnaire entirely you can click on "Finalize". Be careful! A questionnaire cannot be finalized unless you filled in all answers to all mandatory questions. In case you have unanswered questions, you will receive an error message and will be sent to the first mandatory question that requires an answer (fig.8).

*Fig. 8 The buttons for saving or finalizing the filled in questionnaire displayed at the top of the instrument*



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Fișă de evaluare a documentelor CR

Salveaza si inchide Finalizeaza Anuleaza

Documente prevăzute în standardele specifice servicii obligatorii de calitate pentru servicii de cazare de tip Centru de abilitare și reabilitare, Centru pentru viață independentă, Centru de îngrijire și asistență pentru persoane cu dizabilități

Documente/Tipizate	a. Există în CR		b. Există la DGASPC		Observații
	Da	Nu	Da	Nu	
1. Hotărârea consiliului local/județean pentru FSS public sau hotărârea/decizia/dispoziția organului de conducere prevăzută de lege pentru FSS privat, care precizează capacitatea CR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Aviz de înființare emis de ANPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Sumar

DIMENSIUNEA 1

DIMENSIUNEA 2

DIMENSIUNEA 3

DIMENSIUNEA 4

DIMENSIUNEA 5

Observatii

To exit the application, you can click on “finish the session” at the upper right corner of the screen.

If you wish to fill in a paper-based questionnaire and only afterwards to fill it in online, you can access it in pdf format in the section “resources and prints”.





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## ANNEX 21. CONSENT FORMS

### INFORMATION ABOUT THE INTERVIEWS/THEMATIC DISCUSSIONS FOR AN EVALUATION OF THE RESIDENTIAL CENTERS (UNSIMPLIFIED VERSION)

We kindly ask for your consent to participate in an interview/ group discussion as part of a sociological research concerning residential centers for adults with disabilities. The aim of this activity is to improve knowledge about people with disabilities living in residential centers, the services and care provided by the RCs and about how such RCs work. The evaluation will include a systematic analysis of the profile of the adults with disabilities living in residential centers, of the conditions in which they live, of their needs, and of the way in which services are provided to them, in order to understand what kind of services need to be developed in the future for these people.

The research is carried out within the project "Persons with disabilities - the transition from residential services to services in the community" - SIPOCA/SMIS2014 + code: 618/127529, co-financed by the European Social Fund through the Operational Program Administrative Capacity 2014-2020 and implemented by the National Authority for the Rights of Persons with Disabilities, Children and Adoptions (NARPDCA). The project is being implemented with technical assistance from the World Bank.

Your participation in this study is voluntary and you may withdraw from the research at any time for any reason. If you participate in the research, you will be required to attend an interview of approximately 45 minutes, during which we will discuss openly on various topics, without providing you with any predefined answers.

We anticipate that your participation in this research is not likely to affect you physically, mentally or financially. There is a chance that some questions create a psychological discomfort but it will be similar to any daily experience. Even if you will not be rewarded or if there will be no direct benefits for you as a result of your participation in this research, we hope that the information obtained from the participants in this research will lead to measures that will improve the situation of people with disabilities in Romania.

All the information provided to us by the study participants during the interview, including personal data, will be managed with the utmost confidentiality, in accordance with research ethics and personal data protection laws. The personal data based on which you may be identified, such as your name, will not be made public or transferred to other institutions or individuals. Only the members of the research team will have strict access to your personal data.

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During the interview, there will be audio recording in digital format, and the interview will later be partially transcribed in text format. Some of the information you will provide to us during the interview will be quoted in the research report, but will not be associated to your real name. All the information you provide to us will be used strictly for research purposes. Only the members of the research team will have access to the audio recording and to the partial transcript of the interview. These will be stored by the World Bank for a maximum period of 2 years in a secure digital environment and will not be made available to other persons or institutions.

All the information provided by the participants in this study will be used to prepare a diagnosis of the situation of people with disabilities in Romania, report that will be made public on the NARPDCA's website.

Thank you for participating in this research.

#### Informed consent form

*Please tick the corresponding box*

**Ye No  
s**

#### Participation in the study

I have read and understood the information about the study or such information has been read to me. I had the opportunity to ask questions about the study and I received satisfactory answers to my questions. ☐ ☐

I voluntarily agree to participate in this study and understand that I may refuse to answer certain questions or withdraw from the study at any time without having to give a reason. ☐ ☐

I understand that participation in this study involves an audio-recorded interview in digital format that will be partially transcribed later as text. ☐ ☐

#### Risks associated with participation in the study

I understand that my participation in this study involves answering certain questions that can create a psychological discomfort. ☐ ☐

#### Use of information during the study

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I understand that the information that I will provide during this study will be used to prepare a diagnosis of the situation of persons with disabilities in Romania, report that will be made public on the NARPDCA's website. ☐ ☐

I understand that the personal information collected about me and on the basis of which I can be identified (such as my name or position within the institution/organization where I work) will not be made public in the report and will not be distributed outside the research team. ☐ ☐

I hereby agree that the information provided by me may be cited in the research report without my real name being disclosed. ☐ ☐

### Signatures

\_\_\_\_\_  
Participant's name Signature Date

I have accurately informed the potential participant about the study and made sure that the participant understood what (s)he was freely agreeing to.

\_\_\_\_\_  
\_\_\_\_\_  
Researcher's name Signature Date





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## INFORMATION ABOUT THE INTERVIEWS/THEMATIC DISCUSSIONS FOR AN EVALUATION OF THE RESIDENTIAL CENTERS (SIMPLIFIED VERSION)

### Introduction and purpose of the discussion

Hello. I am here to gather information about your life in this RC, about how you are cared for and treated here. This information will help us understand how your life can be improved in the future. I am here as an expert of the World Bank, through a project of the National Authority for the Rights of Persons with Disabilities, Children and Adoptions.

### Your answers will be confidential

No one but us and our team will know what you are going to tell me. We will prepare a final report about the living conditions, care and support provided in residential centers, in which we will use the information you will provide us during this discussion, but we will not include your name or any information to make your identification possible.

If you are going to tell us about a particular event or situation that you think may disclose your identity, please let us know and we will do our best to protect your identity.

### Your participation is voluntary

You are not forced to agree to participate in this discussion and, if you wish to, you may refuse to discuss with us. During the discussion, you may refuse to answer certain questions. You can withdraw from the discussion at any time if you change your mind at some point. Your decision not to attend or withdraw from the discussion remains confidential. If you decide that you do not want to participate, there will be no negative consequences for your life afterwards.

### Risks and benefits

Certain questions may be more sensitive. If you do not want to answer, we will skip them.

Our team hopes that through the information that we collect from you and other persons, by visiting and evaluating the RC, we will identify the aspects that need to be improved. We hope that this evaluation will bring a positive change, but we cannot guarantee that the aspects that you are currently unhappy about will change. However, we will do our best to use the information to bring about a positive change.

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### **Recording the discussion**

If you agree, it would be helpful for us to record the discussion. But if you do not want this, you can refuse and we will not record it. If you agree to the recording, it will not be given to anyone outside the team. If you agree to the recording, please sign both (sections A and B).

If you only agree to the interview, please sign only section A.

### **If you have any questions**

Feel free to ask me any questions that you may have about this interview before you sign the consent form. You may also interrupt me during the interview if you have other questions.

Thank you for answering these questions.





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## Informed consent form

### PART A. CONSENT TO BE INTERVIEWED

*Please tick the corresponding box*

**Yes No**

I hereby agree to participate in an interview/group discussion whose purpose is to gather information and viewpoints from the people living in this RC about the living conditions in the RC, about the care and treatments administered in the RC, as well as about the rights of the people living in the RC.

☐ ☐

I understand that this information will be used in a report about the living and care conditions in residential centers.

☐ ☐

I understand that I participate voluntarily in the interview, without being forced in any way and that I have the right to refuse to participate. If I decide not to participate, this will be kept confidential and there will be no negative consequences for me.

☐ ☐

I understand that I can stop the interview whenever I want to stop. I know that this will be kept confidential and that there will be no negative consequences for me.

☐ ☐

I understand that my identity will remain strictly confidential.

☐ ☐

I understand that my answers will remain strictly confidential.

☐ ☐

I was explained the purpose of this discussion and I understand the content of this form.

☐ ☐

\_\_\_\_\_  
LAST AND FIRST NAME (CAPITAL LETTERS)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## PART B. CONSENT TO THE RECORDING OF THE INTERVIEW

I hereby agree that this interview be recorded.

I understand that my name will not be associated to the recording and that no one will be able to associate the answers that I have given with my person.

\_\_\_\_\_  
LAST AND FIRST NAME (CAPITAL LETTERS)                      SIGNATURE                      DATE

I have accurately informed the potential participant about the study and made sure that the participant understood what (s)he was freely agreeing to.

\_\_\_\_\_  
Researcher's name                      Signature                      Date





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## INFORMATION ABOUT THE PHOTOVOICE WORKSHOPS (SIMPLIFIED VERSION)

### Introduction and purpose of the Photovoice workshops

Hello. I am here to take a look with you, with the help of the camera, at your life in this RC, at how you are cared for and treated here. We will meet on several occasions, we will have group and private discussions and, between meetings, you will take photos on topics that interest you. Such information and activities will help us understand how your life can be improved in the future. I am here as an expert of the World Bank, through a project of the National Authority for the Rights of Persons with Disabilities, Children and Adoptions.

### Our discussions will be confidential

No one but us and our team will know what you are going to tell me. We will prepare a final report about the living conditions, care and support provided in residential centers, in which we will use the information you will provide us during the discussions that we will have, but we will not include your name or any information to make your identification possible. If you are going to tell us about a particular event or situation that you think may disclose your identity, please let us know and we will do our best to protect your identity.

### Your participation is voluntary

You are not forced to agree to participate in this activity and, if you wish to, you may refuse to discuss with us. During the activity, you may refuse to answer certain questions. You can withdraw from the activity at any time if you change your mind at some point. Your decision not to attend or to withdraw from the discussion remains confidential. If you decide that you do not want to participate, there will be no negative consequences for your life afterwards. If you agree to take part in the Photovoice activity, please sign section A.

### Risks and benefits

Certain questions may be more sensitive. If you do not want to answer, we will skip them.

Our team hopes that through the information that we collect from you and other persons, we will identify the aspects that need to be improved. We hope that this evaluation will bring a positive change, but we cannot guarantee that the aspects that you are currently unhappy about will change. However, we will do our best to use the information to bring about a positive change.

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## Recording of the discussion and subsequent use of the photos

If you agree, it would be helpful for us to record the discussions. But if you do not want this, you can refuse and we will not record it. If you agree to the recording, it will not be given to anyone outside the team. If you agree to the recording, please sign both (sections A and B). If you do not agree to the discussions being recorded, please sign only section A.

If you agree, we would be happy to use some of the photos in the project (those that show objects or the surrounding environment, and that do not allow the identification of other people or places). We could use them for example on the cover of a report. If you agree, please sign also section C.

### If you have any questions

Feel free to ask me any questions that you may have about this activity before you sign the consent form. You may also interrupt me during the activities if you have other questions. Thank you for participating in the Photovoice activity.

### Informed consent form

#### PART A. CONSENT TO TAKE PART IN THE PHOTOVOICE ACTIVITY

*Please tick the corresponding box. You can reconsider your preferences at any time.*

I hereby agree to participate in the trainings that are part of the Photovoice activity, where I will learn how to use the camera, about photographic documentation, and where the photography themes will be chosen. ☐ Yes ☐ No

I hereby agree to participate in the focus group discussion during which we will discuss the photos taken during the activity. ☐ Yes ☐ No

I hereby agree to participate in an interview about the photos that I took. ☐ Yes ☐ No

If I photograph other people, I will be careful to ask them if they agree to this. ☐ Yes ☐ No

I understand that the resulting information will be used in a report about the living and care conditions in residential centers. ☐ Yes ☐ No

I understand that I participate voluntarily in the activities, without being forced in any way and that I have the right to refuse to participate. If I ☐ Yes ☐ No

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decide not to participate, this will be kept confidential and there will be no negative consequences for me.

I understand that I can stop the activity whenever I want to stop. I know that this will be kept confidential and that there will be no negative consequences for me. ☐ ☐

I understand that my identity will remain strictly confidential. ☐ ☐

I understand that my answers will remain strictly confidential. ☐ ☐

I was explained the purpose of this activity and I understand the content of this form. ☐ ☐

\_\_\_\_\_  
LAST AND FIRST NAME (CAPITAL LETTERS)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PART B. CONSENT TO THE RECORDING OF THE FOCUS GROUP/INTERVIEW

***Please tick the corresponding box. You can reconsider your preferences at any time.*** Yes No

I hereby declare that I agree that the discussion within the focus group be recorded. ☐ ☐

I hereby declare that I agree that the discussion within this interview be recorded. ☐ ☐

I understand that my name will not be associated to any recording and that no one will be able to associate the answers that I have given with my person.

\_\_\_\_\_  
LAST AND FIRST NAME (CAPITAL LETTERS)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





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## PART C. CONSENT TO THE SUBSEQUENT USE OF THE PHOTOS

I hereby declare that I agree that the photos that I take be used by the NARPDCA within the project.

I understand that my name will not be associated to any photo, that photos showing other people in a way that they can be recognized will not be used, nor photos that make my location identifiable.

\_\_\_\_\_  
LAST AND FIRST NAME (CAPITAL LETTERS)                      SIGNATURE                      DATE

I have accurately informed the potential participant about the study and made sure that the participant understood what (s)he was freely agreeing to.

\_\_\_\_\_  
LAST AND FIRST NAME                      SIGNATURE                      DATE





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## ANNEX 22. COMPLETE LIST OF RESEARCH INSTRUMENTS

	Annex within the methodology	Instrument number in the terms of reference of the Reimbursable Advisory Services Agreement
(A) Instruments for collecting data about persons with disabilities living in residential centers		
1. Instruments for the external evaluation of residential centers		
▪ Observation form for the external evaluation of residential centers - Observation fiche	Annex 1	A.a <sup>286</sup>
▪ Observation form for the external evaluation of residential centers - Document review fiche	Annex 2	
▪ Observation form for the external evaluation of residential centers - Personal file review fiche	Annex 3	
▪ Guide for thematic groups/focus groups/interviews with persons with disabilities from institutions	Annex 4	A.c
▪ Guide for thematic groups/focus groups/interviews with staff from institutions <sup>287</sup>	Annex 5	-
▪ Photovoice methodology	Annex 6	A.d

<sup>286</sup> The instrument was divided into three fiches (Annexes 1-3).

<sup>287</sup> Additional instrument to the terms of reference.

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## 2. Instruments for the administrative evaluation

▪ Questionnaire for data collection about residential centers for adults with disabilities - Material resources	Annex 7	A.b(i)
▪ Questionnaire for data collection about residential centers for adults with disabilities - Human resources	Annex 8	A.b(ii)
▪ Questionnaire for data collection about residential centers for adults with disabilities - Financial resources	Annex 9	A.b(iii)
▪ Fiche for collecting data on each person with disabilities from residential centers	Annex 10	A.f
▪ Extended fiche for collecting data on a sample of persons with disabilities from residential centers	Annex 11	
▪ Synthetic fiche for collecting information on entries and exits from the residential center	Annex 12	A.g
▪ Data collection fiche regarding the waiting lists of persons seeking residential care at GDSACP	Annex 13	C
(B) Instruments for collecting data about restructuring plans, reorganization processes and other local deinstitutionalization strategies		
▪ Guide for semi-structured interviews with GDSACP directors	Annex 14	A.e
▪ Guide for semi-structured interviews with representatives from county councils or the local councils of Bucharest's sectors	Annex 15	
(C) Instruments for collecting data about adults with disabilities temporarily staying in other types of specialized institutions		
▪ Synthetic fiche for collecting data about adults with disabilities temporarily staying in other types of specialized institutions	Annex 16	B.a

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*"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod SIPOCA/SMIS2014+: 618/127529*

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| ▪ Guide for interviews with management representatives of other types of specialized institutions where adults with disabilities are temporarily staying, with social workers and psychologists | Annex 17 | B.b |
|---|----------|-----|
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Competența face diferență!



Instrumente Structurale  
2014-2020

**"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod  
SIPOCA/SMIS2014+: 618/127529**

### **Competența face diferența!**

Proiect selectat în cadrul Programului Operațional Capacitate Administrativă cofinanțat de Uniunea Europeană, din  
Fondul Social European

### **Competence makes a difference!**

Project selected under the Administrative Capacity Operational Program, co-financed by European Union from the  
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