

# Study on Support for Independent Living of Persons with Disabilities

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## European Platform for Rehabilitation

The European Platform for Rehabilitation (EPR) is a network of service providers to people with disabilities committed to high quality service delivery. EPR's mission is to build the capacity of its members to provide sustainable, high-quality services through mutual learning and training.

EPR activities go beyond traditional mutual learning exchanges. EPR's members co-create and pilot innovative products, tools and methods to better meet the needs of clients, employers and funders. Professionals from EPR members gather to benchmark and analyse effectiveness in service provision over time; improving quality of services and quality of life for clients, as well as positively impacting their daily work experience.

EPR offers numerous opportunities to network with 30 leading service providers from 17 European countries. EPR members are committed to high quality service delivery in the fields of vocational education and training, employment reintegration, medical rehabilitation and social care. EPR members offer services which are co-produced, person-centred and that promote the autonomy of the service user, working towards building personalised life projects.

In addition to the experienced secretariat, EPR initiatives are supported and facilitated by renowned experts in these fields. Through its public affairs activities, EPR enables service providers to contribute to the social and disability debate and to the strengthening of the social service sector. In addition, EPR facilitates access to EU funding through project development support, partner matching and training sessions.

In 2024 EPR ran a Task Force aimed at prompting a meaningful exchange between EPR members and policy makers regarding the transition of services for people with disabilities to be community-based and to discuss how services can be enablers for independent living. As a result of that Task Force, EPR published the document Pathways to Independent Living that provided insights and recommendations on how to operationalise the principles of independent living, at a time where the transition away from institutional settings and towards more accessible, non-segregated ones is high on the EU disability agenda.

Discover that publication [here](#).

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## Objectives and overview of the study

Following on from the work in 2024, EPR commissioned this study, which draws on the Pathways publication and goes more in depth into the environment within which support services are operating. It examines the topic more broadly and features more practices in depth.

The study examines policies, legislation and practices that promote the independent living of persons with disabilities, the barriers and challenges to independent living, and solutions to address them. It does not seek to be a comprehensive academic analysis, but rather a practical resource for improving understanding and raising awareness among stakeholders and policy makers, and showcasing relevant initiatives in policy, legislation and services.

This first chapter outlines the objectives and context of the work and provides a short summary of the methodology. It then explores the concept of independent living, grounded in the UN Convention on the Rights of Persons with Disabilities (CRPD). Drawing from this framework, along with other key sources, the study summarises “essential elements” of an enabling framework for independent living, from a policy and regulatory perspective, as well as the underlying challenges and barriers that hinder their implementation.

Examples of national strategies in Spain and Malta are featured, along with specific programmes and policies from Sweden. The 2024 Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding (EU Guidance), explaining how EU funds can be used for independent living, is also featured.

The next chapter presents concise summaries of approaches, services and programmes contributed by EPR members, highlighting their key characteristics, the factors underpinning their success, and the lessons learned from their implementation. Following these examples, the report explains how the EQUASS quality framework incorporates and promotes the essential elements required for service providers to promote independent living.

The study then synthesises key success factors related to service provision and offers targeted recommendations for local, national, and EU-level policymakers, from the perspective of service providers. These recommendations are designed to address common barriers, promote best practices, and foster an environment where persons with disabilities can live independently and participate fully in their communities. The last section is the conclusion, which includes reflections for the future, and the annex includes detailed information on the EPR member practices.

## Methodology

The approach focused on a desk-based review of policy documents, from international institutions and key stakeholders, presentations and speeches in meetings, and a systematic analysis of the practices from EPR member organisations. Technology-enhanced analytical tools were used to support the synthesis of a substantial body of evidence, whilst rigorous review of texts for validity, relevance and accuracy was carried out.

EPR members' practices were gathered through an open call to all EPR member organisations to submit examples of services, programmes, projects, methodologies, tools or products developed to support independent living for people with disabilities. Organisations were invited to complete a standardised template (serving as both submission form and application for the 2025 Prize) describing their initiatives, submitted to the EPR Secretariat. All submissions are included in the study.

The EPR Prize is awarded bi-annually to recognise effective practices that support the inclusion of people with disabilities, with the 2025 Prize focusing specifically on support for independent living. EPR members rated the practices included in this study, examining the following elements: needs-driven, systematic approach, stakeholder involvement, direct impact, strategic/wider impact, practicality, and inventiveness/creativity. These elements feature in the practice summaries in the study. The top rated practices are promoted and presented at EPR's annual Public Affairs event.

EPR undertook a review of the draft study to confirm it met organisational requirements and expectations, whilst remaining independent from the positions and findings presented.

## Independent living

In November 2025 the Director of the EU's Fundamental Rights Agency stated that there is a lack of understanding about Independent Living, which impedes progress in achieving it<sup>1</sup>. This study does not aim to propose a definition, but to describe it in a way that aims to be helpful, and potentially improve understanding.

Independent Living (IL) is considered a fundamental right of persons with disabilities, which has been anchored in Article 19 of the CRPD. The European Network for Independent Living (ENIL) points out that the concept of IL "is much older than the UN Convention on the Rights of Persons with Disabilities ('CRPD')...It has played a key part in the drafting of the CRPD, especially Article 19, but is also underpinning other articles, none of which can be realised without independent living".

Policies supporting IL are often situated within strategies of deinstitutionalisation (DI); the transition from institutional to community-based living. This is because "Independent living and inclusive life in the community are ideas that historically stemmed from persons with disabilities asserting control over the way they want to live"<sup>2</sup>. Article 19 of the CRPD refers to the right to "*live in the community*" and 19 (a) specifically addresses living arrangements.

### Article 19 – Living independently and being included in the community

*States Parties to the present Convention recognize the equal right of all persons with disabilities to **live in the community, with choices equal to others**, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:*

- a) Persons with disabilities **have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others** and are not obliged to live in a particular living arrangement;*
- b) Persons with disabilities have **access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;***
- c) Community **services and facilities for the general population are available on an equal basis** to persons with disabilities and are responsive to their needs.*

However, IL is not just living in the community. The UNCRPD *General Comment 5 on Article 19* (General Comment no.5) states that "*Independent living/living independently means that **individuals with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives***".<sup>3</sup> Adolf Ratzka, considered to be one of the leaders of IL in Europe, framed it in this way, "*Independent Living is having the same range of options and same degree of self-determination which people without a disability take for granted*".<sup>4</sup>

<sup>1</sup> At the High-Level Conference on Independent Living, in Copenhagen, Denmark

<sup>2</sup> UNCRPD General Comment No. 5, on Article 19, Introduction, I 4.

<sup>3</sup> UNCRPD General Comment No. 5 on Article 19, II. A .16. a

<sup>4</sup> ENIL *INDEPENDENT LIVING SURVEY 2024: Disabled People's Perceptions of Independent Living in Europe*, p1



The EC Guidance echoes this, stating that *"Independent living does not mean living and doing everything alone and getting by without any support, but rather that **persons with disabilities are supported towards autonomy and participation, and they are empowered to make the same choices and have the same control over their day-to-day lives as everyone else in society**".*

Persons with disabilities living in institutions may still face barriers to exercising choice and control in their daily lives, and accessibility and support may be needed in many areas of life in order to live independently; from housing, to transport, to work. To reflect this understanding, the present study examines policies and practices that support independent living in different areas of life, such as employment, alongside practices that enhance autonomy, participation, choice and control more broadly.

## Other key words used in the study

In this study, the term "support services" is used in its broadest sense, aligned with Article 19(b) of the UN Convention on the Rights of Persons with Disabilities (CRPD). It refers to the wide range of services necessary to enable persons with disabilities to live independently and participate fully in society.

The UN Guidelines state *"Support encompasses a wide range of formal assistance, as well as informal community-based networks"* (article 23). Article 26 states, *"Support services include personal assistance, peer support, supportive caregivers for children in family settings, crisis support, support for communication, support for mobility, the provision of assistive technology, support in securing housing and household help, and other community-based services. Support should also be available to gain access to and use mainstream services in such areas as education, employment, the justice system and health care"*.

The EC Guidance explains, "Community-based services can be provided at the place of residence of the user, or in the community, with the user commuting to the service. Community-based services include the so-called 'residential' services, such as social housing, self-managed co-housing or free matching services."

The United Nations Office of the High Commissioner for Human Rights publication *Good practices of support systems enabling community inclusion of persons with disabilities*, states that support to persons with disabilities *"can encompass informal support, such as unpaid care and support work, primarily from families and personal networks of persons with disabilities; formal support, provided through support services and support workers (for example, professional personal assistants, sign language interpreters and domestic care workers)"*.

The EC Guidance refers to personal assistance, professional home care and support (including health and social services), support to family carers, as well as training and empowerment (p7).

For a service to be community-based, it is not sufficient that it is located within a community, it must not be in an institutional setting. Community-based services aim to *"prevent isolation or segregation from the community"* (Article 19c).

**Article 14 of the UN Guidelines states** *"There are certain defining elements of an institution, such as obligatory sharing of assistants with others and no or limited influence as to who provides the assistance; isolation and segregation from independent life in the community; lack of control over day-to-day decisions; lack of choice for the individuals concerned over with whom they live; rigidity of routine irrespective of personal will and preferences; identical activities in the same place for a group of individuals under a certain authority; a paternalistic approach in service provision; supervision of living arrangements; and a disproportionate number of persons with disabilities in the same environment"*.

In the context of IL, the term “care” is often viewed as problematic. Historically, “care” has been aligned with medical or custodial models that view persons with disabilities as passive recipients of charity, rather than active rights-holders. In the Report of the United Nations High Commissioner for Human Rights *Human rights dimension of care and support* states, “While there is overlap between the concepts of “care” and “support”, each has distinct elements and cannot be subsumed into the other. The concept of “care” has been posited to include activities that extend beyond care for persons to also include care for the planet. The concept of “support” is distinct, focusing on how assistance is provided, with an emphasis on the autonomy of those requiring support and their agency over the assistance they seek and receive. Support can be provided both by human support and by assistive devices, technologies and infrastructure. The term “care and support” captures both concepts” (Article 6).

## Essential elements of an enabling framework

Many reports, studies, positions and guidelines have been published in recent years on the topic of independent living; from the UN, Council of Europe, the European Commission and its agencies, and stakeholders. Based on a mapping of these publications and EPR members' experiences, with a focus on ENIL's Independent Living Pillars; the following policies, legislation, funding mechanisms and approaches have been identified as essential elements for an enabling framework for independent living. It draws from both positive recommendations, and addresses what is needed to overcome challenges and barriers.

As all EU Member States have ratified the CRPD, and the related Comments and Guidelines are considered to be authoritative interpretations of it, quotations from these texts are provided related to the categories covered.

The list is designed to be comprehensive, but should not be considered exhaustive, as it is a summary of many complex topics.

### National strategy and action plans

- **Actively involving persons with disabilities** and their representative organisations in all stages; design, implementation, monitoring, and evaluation of policies and initiatives;
- **With a clear vision**, objectives, measurable goals, specific timelines, targets, and allocated budgets;
- **Based on a mapping of existing laws**, policies, budgets, services etc; with a needs-based analysis of investment and service gaps;
- **Accompanied by operational action plans** with concrete implementation measures; regional and local level implementation;
- **With procedures and timelines** for closure of institutions; a phased approach to deinstitutionalisation with individualised transition plans;
- **Including clear governance** and division of responsibilities for implementation;
- **Incorporating legal measures** and gate-keeping mechanisms to halt new admissions to institutions;
- **Based on CRPD principles**, especially Article 19 and General Comment 5;
- **Ensuring a coordination agency within government** to encourage inter-ministerial and multi-level cooperation; synergies between social services, health, housing, employment, education, justice sectors;
- **Mainstreaming disability** across all policy areas;
- **Ensuring disability assessment is human rights-based**, assures access to all needed support, and sees each person as an individual;
- **Including quality assurance/control** systems aligned with CRPD principles;
- **With attention** to multiple discrimination and intersectionality;
- **Integrating gender-responsive approaches**, with specific protections for women with disabilities and girls.

**CRPD Guidelines ¶8:** *"States parties should abolish all forms of institutionalization, end new placements in institutions and refrain from investing in institutions".*

**CRPD Guidelines §37:** *“Assessment of capacities for independent living based on impairment is discriminatory and should shift to assessment of individualized requirements and barriers to independent living in the community”.*

*More guidance for effective strategies and plans can be found in various publications, including the UN Guidelines, EC Guidance, and EASPD’s Independent Living and Inclusion in the Community for Persons with Disabilities: Position Paper in Preparation of the Guidance towards Member States.*

## Monitoring, evaluation, enforcement

- Baseline mapping of institutions, services, and populations;
- Independent monitoring mechanisms with involvement of human rights bodies;
- Regular monitoring and review with transparent reporting;
- Involvement of civil society in monitoring;
- Disaggregated data collection on institutionalisation and community living;
- Accessible alert and complaint systems for human rights violations;
- Ensure real enforcement, with sanctions for non-compliance;
- Evaluate based on lived experience, not just existence of policies or legislation.

**Article 33.1-3 CRPD:** *“States Parties... shall designate one or more focal points within government... maintain, strengthen, designate or establish... one or more independent mechanisms... to promote, protect and monitor implementation... Civil society... shall be involved and participate fully in the monitoring process.”*

## Funding

- Clear funding commitments aligned with strategic goals;
- Shift from institutional to community-based service funding;
- Financial tracking of budget allocation shifts;
- Adequate funding of quality community-based support services including home care, respite care, crisis support, ensuring the responsible level of government has the resources.

**CRPD Guidelines §30:** *“States parties should stop using public funds for the construction and renovation of institutions and should allocate them... to ensure the sustainability of inclusive community support systems and inclusive mainstream services”.*

- Ensuring an adequate income for persons with disabilities;
- Person-centred funding facilitating choice and control, such as personal budgets.

**CRPD Guidelines §86:** *“Persons with disabilities should receive individualized and direct funding that provides for basic income security and coverage of health-care and disability-related costs”.*

- Coordinated funding frameworks among different service areas that enable personalised pathways and consolidated budgets for individuals;
- Funding models for services that are based on partnerships among organisations rather than a single organisation winning a call for tender;
- Quality requirements and monitoring systems embedded in funding;
- Support for user-led organisations and centres for independent living.

## Decision-making and advocacy

- Abolition of substitute decision-making and guardianship systems;
- Legal frameworks establishing supported decision-making mechanisms;
- Training programmes on supported decision-making for service providers, the judiciary and other relevant stakeholders;
- Legal guarantees of choice and control over living arrangements, support, and life decisions
- Support for self-advocacy.

**General Comment on Article 12 ¶32:** *"State parties must abolish all systems of substituted decision-making, including guardianship regimes, in law and practice and replace them by supported decision-making."*

## Personal Assistance

- Enshrined in national legislation;
- Clear legal frameworks and public budget allocations;
- Distinguished from home care and other support services;
- Direct, adequate, and personalised funding;
- User control over recruitment, training, and supervision of assistants;
- Fair working conditions and professional recognition for personal assistants.

**CRPD Guidelines ¶83:** *"States parties should ensure that all persons with disabilities, including persons leaving institutions, have access to personal assistance if required and are informed about how personal assistance works so that they can decide whether to use it."*

## Support and other services and infrastructure<sup>5</sup>

- Promote and reward quality community-based services;
- Ensure regulations and funding for services allow flexibility, a person-centred approach and innovation, avoiding an over-emphasis on compliance;
- Ensure support for transitions in life, such as when leaving school;
- Peer support networks.

**CRPD Article 26:** *"States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence"*

- Equal access to justice; legal aid.

**CRPD Article 13:** *"States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations."*

- Separation of housing provision from support services.

**CRPD Article 19 (a):** *"Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others."*

- Housing policies ensuring right to adequate, accessible, and affordable housing.

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<sup>5</sup> For more detailed content relating to an enabling environment for support services, see the recommendations chapter.

**CRPD Article 28:** *"States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate...housing."*

- Social housing quotas; ensuring new building developments include social housing;
- Legal entitlement to Early Childhood Intervention schemes.

**CRPD Article 25(b):** *"Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate..."*

- Legal requirements for inclusive education and training at all levels.

**CRPD Article 24(1):** *"States Parties shall ensure an inclusive education system at all levels and lifelong learning..."*

- Funding for Assistive Technology/devices; technical aids and equipment.

**CRPD Guidelines D 85:** *"States parties should increase and ensure access to affordable assistive technology, including typical and traditional assistive devices."*

- Equal opportunities for employment; employment support including supported employment and reasonable accommodation.

**CRPD Article 27(1):** *"States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities". Article 27 (1)(i): "Ensure that reasonable accommodation is provided to persons with disabilities in the workplace."* General Comment no. 8 provides in-depth descriptions of rights related to employment.

- Full access to sexual and reproductive health and rights.

**CRPD Article 23(1)(b):** *"The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized..."* Article 25(a): *"Provide persons with disabilities with the same range, quality and standard of free or affordable health care as others, including sexual and reproductive health."*

## Workforce and carers

- Ensuring social protection for support workers and that organisations can pay fair wages;
- Funding for training for support workers, volunteers and informal carers in the human rights-based approach, independent living principles and related practices;
- Enabling staff to be able to balance safety and autonomy; embracing positive risk-taking;
- Campaigns to recruit professionals;
- Fair compensation and pension entitlements for informal carers.

## Accessibility

- Legal requirements ensuring accessibility of the built environment; requiring universal design in new constructions and public spaces and retrofitting where needed;
- Accessible transport;
- Accessible information;
- Accessible communication technologies;
- Accessible digital and e-services;
- Accessible mainstream services, including healthcare, education, justice.

**CRPD Article 9.1-3:** *"States Parties shall take appropriate measures to ensure access... to physical environment, transportation, information and communications... Develop, promulgate, and monitor standards for accessibility... Provide training... Provide forms of live assistance and intermediaries..."*.  
Article 19 (c): *"Community services and facilities for the general population are available on an equal basis to persons with disabilities"*.

## Training and awareness-raising

- Awareness-raising campaigns on disability rights;
- Promotion of positive narratives about independent living;
- Awareness about the history of Independent Living and philosophy;
- Training for public officials, judiciary, police, healthcare professionals on independent living.

**CRPD Article 8.1:** *"States Parties undertake to adopt immediate, effective and appropriate measures to raise awareness... foster respect... combat stereotypes... promote awareness of the capabilities and contributions of persons with disabilities."*



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## Recent commitments to independent living made by EU governments

On the 17th October 2025 employment and social policy ministers of the EU governments approved “Council Conclusions on the social inclusion of persons with disabilities through the promotion of independent living”. This is not a binding document, but it is considered a common agreement and commitment to implement the actions laid out within it.

Ministers committed to using the European Commission’s Guidance on Independent Living as a tool to shape their national policies, strategies, and actions. They recognised the necessity of making person-centred support services widely accessible and affordable, including personal assistance, assistive technologies, accessible communication technologies and services, supported decision-making, and organised support networks such as centres for independent living, peer support systems and supported living arrangements.

They agreed to ensure that mainstream services available to all citizens are equally accessible, inclusive, affordable, and adaptable to the needs of persons with disabilities. They committed to increase the availability of safe, non-segregated, and inclusive community-based housing that is affordable and accessible for persons with disabilities. They also commit to providing training for service providers to enable the delivery of personalised support that upholds independent living, consistent with the CRPD).

Ministers called on the European Commission to assess the EU market for assistive technologies and work to ensure the freedom of movement of assistive technologies across the EU. Finally, it called for the inclusion of disability in all relevant EU policies, such as the European Preparedness Union Strategy, the Affordable Housing Plan, and the EU Anti-Poverty Strategy. For more information see the Conclusions [here](#).



## Examples of National Strategies and Programmes Promoting and Supporting Independent Living

### Spain's National Strategy for care in the community

Few countries in Europe have comprehensive strategies related to independent living, but on 18 June 2024 Spain adopted the Strategy "Hacia un nuevo modelo de cuidados en la comunidad: un proceso de desinstitucionalización" (2024-2030), the National Strategy "Towards a New Model of Care in the Community: A Deinstitutionalisation Process" (2024-2030).

"The Strategy is a commitment and roadmap...which proposes measures to transform the systems of support and care for people living in situations of dependency, vulnerability or exclusion". It aims to overcome a paternalistic approach and advance towards person-centred models of care and support centred on respect and the guarantee of rights and dignity.

The Strategy establishes a framework for supporting independent living across multiple population groups: persons with disabilities, older people, children, people experiencing homelessness, and those with mental health problems.

It was developed through participatory processes involving over 12,000 people, all 17 autonomous communities, disability organisations, and disabled people with lived experience of institutionalisation. Implementation will occur through three operational plans covering 2024-2025, 2026-2027, and 2028-2030, monitored against 78 key performance indicators.

### Strategic framework and core elements

**The prevention of institutionalisation dynamics:** ensuring people have alternatives to institutions in the community, that care and support is person-centred and community-based.

**Participation and awareness:** participation of people in decision-making about their life, moving away from people being passive recipients of care.

**Transforming care and support models:** based on a human rights framework, which considers people as active rights holders who must be guaranteed dignity, equality, autonomy, participation and full and effective inclusion in their community.

**Developing services for the transition to living in the community:** supporting individuals and their families who wish to transition to life in the community. This foresees the consolidation and diversification of community-based support and services that integrate person-centered planning and management systems, and boosting availability of housing in the community.

**Enabling conditions for deinstitutionalisation:** a normative and legal framework that guarantees the right to self-determination; the reorientation of and financial commitment to support the implementation of this Strategy; the transformation of professional practice; and the creation of cooperation and governance mechanisms among the different actors involved in the process.

### Challenges

Key challenges identified include service availability gaps, the need for professional training and attitude change, and consistency between policy intentions and ongoing practice in areas such as inclusive education.

For more information consult <https://estrategiadesinstitucionalizacion.gob.es> The strategy itself can be found [here](#).

## Malta's deinstitutionalisation and independent living strategy<sup>6</sup>

Malta has also now developed a comprehensive strategy, embarking on one of the most significant reforms in disability services in its history, representing a complete redesign of the system's framework that extends from national legislation to the way individuals access services.

### Core reform objectives

The reform is grounded in Malta's 2021-2030 National Strategy on the Rights of Disabled Persons and aligns with UNCRPD Article 19 and its General Comment Number 5, as well as the EU Guidance on independent living. The mission is to transform disability-related services and processes to reflect respect, autonomy and flexibility, moving away from traditional systems that have focused on institutional care and limited opportunities for individuals to exercise control over their lives.

### Phased implementation approach and co-design

The reform began in 2023 with groundwork including stakeholder meetings, planning and public consultations, followed by reviewing feedback and establishing consultative committees. Consultations have involved persons with disabilities, the Commission for the Rights of Persons with Disability, the Directorate for Disability Issues, independent organisations, personal assistants and professionals. In 2024, the focus shifted to design and legislative work, including creating a users' charter of rights and responsibilities, drafting generic job descriptions for personal assistants and preparing national legislation related to personal assistance.

### Self-directed support

The reform strongly embraces the principles of self-directed support, giving individuals the power to decide how their assistance is structured, so they can live independently and be part of inclusive communities. With this approach, persons with disabilities can access every aspect of life on their own terms, from tertiary education and employment to family life and leisure. The reform introduces personal assistance for everyone without specific criteria, focusing instead on access to the support needed.

### Personal budgets by 2030

By 2030, Malta aims to introduce personal budgets, giving individuals full control over their support services. This represents a transition towards a flexible model that reflects individual needs rather than a one-size-fits-all approach limited to personal assistance. Under this new system, persons with disabilities will be able to access subsidies for various support, including personal assistance, assistive technology or other forms of support that enable independent living.

### Legal capacity

Malta is also developing a Personal Autonomy Bill that will take legal capacity into account, recognising that supported decision-making is imperative for enabling persons with disabilities to manage their personal assistance and support.

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<sup>6</sup> The summary here is based on a presentation from Aġenzija Support, Malta's National Agency that offers and provides services, support and guidance to persons with disabilities and their families, at ENIL's hybrid event "Independent Living services and the EU Disability Strategy". Aġenzija Support is a member of EPR.

## Evaluation and continuous improvement

Evaluation is considered to be a cornerstone of the reform. Feedback comes from: persons with disabilities themselves, employees, support networks of people using the services, and partners and stakeholders, including disability commissions and civil society organisations.

## Examples of policies implementing independent living in Sweden

ENIL's *Independent Living Survey 2024: Disabled People's Perceptions of Independent Living in Europe* aimed to capture lived experiences, asking persons with disabilities to score their country on 15 pillars of independent living (such as personal assistance, accessible housing, and legal capacity) using a 1-5 point scale reflecting the degree to which rights are guaranteed in practice, with detailed guidelines on how to rate each pillar. The survey showed Sweden and Iceland among the top scorers. However, even in the areas that scored most highly, criticisms still exist. A few examples that have generally favourable analysis, in Sweden, are included below.

### Personal assistance model<sup>7</sup>

The Swedish personal assistance model was rated most highly in the 2024 ENIL survey, and was one of the first schemes in Europe. Since 1993, the Swedish Personal Assistance Budget has enabled persons with disabilities to direct their own support by selecting their assistants and determining when and where assistance is provided. In Swedish policy, the concept of 'personal assistance' means "personally designed assistance provided in different situations by a limited number of people, which aims to provide the person with a greater opportunity to live an independent life". 17,903 people were receiving personal assistance in total in August 2025.

Regulated by the Assistance Benefits Act of 2010, funding is allocated directly to individuals based on assessed needs, with those requiring more than 20 hours of weekly support eligible for the Assistance Allowance administered at the national level, whilst lower-hour assistance remains a municipal responsibility. In addition, the municipality has an obligation to provide financial support for reasonable costs for personal assistance for the portion not covered by the Assistance Allowance under the Code of Social Insurance. Users enjoy substantial flexibility, able to employ assistants through associations, cooperatives, private companies, or municipal organisations.

However, the system has experienced criticism in recent years. Since 2015, the number of people receiving state-funded personal assistance has decreased by over 3,000, with particular impacts on adults. The United Nations Committee on the Rights of Persons with Disabilities raised alarm in its April 2024 Concluding Observations regarding restrictive changes to personal assistance eligibility, including the exclusion of persons over 66 years old, the loss of assistance for approximately 1,500 individuals, and significant variations in service provision between municipalities. There are signs of re-institutionalisation, "with smaller residential settings growing in size", and "[t]hose with the highest support needs continue to be the most likely to remain in residential care".

### Advocacy

Advocacy for Persons with disabilities in Sweden is described as particularly strong, with one of the highest scores in ENIL's independent living framework. The Swedish Disability Rights Federation (Funktionsrätt Sverige), founded in 1942 and comprising 54 national disability organisations with approximately 400,000 individual members, serves as the unified voice of the disability movement. The federation is a statutory member of the government's disability council and holds seats on official

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<sup>7</sup>Information is primarily drawn from the study: "Independent living of persons with disabilities in the European Union" commissioned by the European Parliament, ŠIŠKA and BEADLE-BROWN (Nov 2025)

governmental inquiry committees, whilst also serving as the mandatory referral body for all disability-related government investigations.

The federation receives diversified funding through membership fees, parliamentary allocations from the national budget and project-based grants. Swedish disability organisations exercise freedom to choose their advocacy strategies, from public campaigns and media engagement to parliamentary testimony and strategic litigation, without risking cessation of financial support.

Advocacy in Sweden extends across all dimensions of disabled people's lives, from inclusive education and employment opportunities to healthcare, transport, community participation, deinstitutionalisation and the specific rights of disabled women, children and LGBTI people. Support networks including self-advocacy groups and peer support services are systematically developed and funded across the country. This comprehensive scope reflects the understanding that advocacy must address the intersecting barriers that disabled people encounter, rather than focusing on single policy domains.

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## EU funds for independent living: European Commission Guidance

The “Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding” (EC Guidance) published on 20 November 2024, aims to be a practical guidance document intended to support Member States, EU funds implementing bodies, service providers, civil society organisations, and persons with disabilities in realising the right to independent living and inclusion in the community. The document is grounded in Article 19 of the CRPD and applicable European Union law, but is non-binding.

It provides recommendations to Member States on using EU funding to accelerate the transition from institutional care to community-based services and independent living, covering six critical areas: rethinking living arrangements through preventing institutionalisation and transitioning away from institutional care; implementing person-centred approaches; breaking down barriers to community inclusion; driving transformation in service provision through workforce development; ensuring meaningful participation of persons with disabilities; and providing strategic frameworks at all governance levels.

It details how the European Social Fund Plus (ESF+), European Regional Development Fund (ERDF), Recovery and Resilience Facility (RRF), Technical Support Instrument (TSI), InvestEU, Cohesion Funds (as part of EU Structural and Investment Funds) and the Ukraine Facility can be used to finance accessible social housing, community-based services, personal assistance, staff training, capacity building, technical support, and strategic national plans aimed at deinstitutionalisation and community inclusion.

The document also includes a self-assessment tool comprising key questions to help funded projects and programmes self-assess their alignment with the approaches for ensuring the independent living of persons with disabilities.

For more information, consult the EPR briefing, found [here](#).

## EPR member practices

The practices are organised according to the scope and level of independent living they address. The organisational practices are presented first, representing systemic approaches that establish frameworks for independent living across multiple services. Subsequent practices progressively address more specific and targeted interventions, with the final practice focusing on an initiative designed to support labour market inclusion.



**CHANCE B**  
GRUPPE

### CHANCE B MODEL

**Chance B Group** is a non-profit group of companies founded in 1986, providing comprehensive social services with a strong regional focus in rural Eastern Styria, Austria. The organisation supports around 4,200 people annually with approximately 770 employees, including around 50 people with recognised disabilities. Chance B is politically independent and offers 31 social and economic services across all life stages and areas.

#### Overview and support to independent living

**The Chance B Model** is holistic, enabling all people in rural areas of Eastern Styria who need support to lead a fulfilling, autonomous, self-determined life. It focuses on persons with disabilities (intellectual, physical, sensory), people with mental illnesses or dual diagnoses, young people in transition from school to work, long-term unemployed or jobseekers with low qualification levels, and people with age-related illnesses, regardless of gender, for all ages from infants to older persons.

Since 1989, Chance B has delivered services designed to enable independent living. Recognising the unique needs of each individual, the model addresses a broad spectrum of social requirements in line with the UNCRPD. The jigsaw motif in its logo symbolises the interlocking diversity of support services that together empower self-determination: early child and family interventions promoting development; education and work programmes fostering community belonging; housing and leisure offerings enabling a sense of home and autonomy; and health and care for older people ensuring quality of life through therapy and support at home.

Primarily delivered through mobile services, the model reaches people within their everyday environments: families, schools, communities, and workplaces. It combines mobile social services with day centres, residential options, therapeutic interventions, employment programmes, and social enterprises. This holistic, flexible approach is key to facilitating autonomy across all dimensions of life.

In rural areas, independent living demands comprehensive local services spanning the entire lifespan. Chance B ensures that social services are accessible close to where people live and work, opening up opportunities for a self-determined life at the heart of society.

The model innovates continuously to meet emerging challenges, recruits competent staff dedicated to human rights principles, creates a diversity of jobs to support rural communities, strengthens

social framework conditions through networking, influences legal and financial policies sustainably, and actively contributes to implementing the UN Convention in Austria.

### Highlights

- **Holistic life-stage approach:** 31 interlocking services from infancy to old age ensure continuity and comprehensive support.
- **Rural reach:** "More cars than houses": over one million kilometres driven annually to provide mobile support where people live.
- **Social enterprises:** Creating valuable services for society (catering, green space maintenance, sewing) whilst providing stable jobs for persons with disabilities under the "gut" ("good") brand.
- **Co-designed solutions:** Services developed in dialogue with service users, families, and communities, for example, mobile therapy developed from parents' input or community nursing from consultations with mayors.
- **CRISP therapy approach:** Creative teams involving parents, grandparents, teachers and friends supporting long-term therapy for children with disabilities.

### Outcomes and impact

The Chance B model impacts quality of life across all dimensions. Comprehensive support across health, housing, employment ensures holistic wellbeing; material, emotional and physical. The support increases self-determination; social inclusion and participation.

Interpersonal relationships are developed by programmes fostering social connections and community belonging. Meaningful work and activities promote growth and personal development. Long-term positive prospects enable many to become more independent, requiring less intensive assistance.

Some 2023 figures: 40% of 53 transit workers subsequently found jobs in the primary labour market; 82 people employed by Hausmasters including 30 recognised under the Disability Employment Act.

### Success factors

- **Holistic, individualised support,** tailored to each person for an independent life at the heart of society.
- **Involvement in innovative projects:** regional, national and international projects for finding new needs-based solutions.
- **Strong legal anchoring of clients' rights** to support services due to Austria's commitment to UNCRPD.
- **Regionality: combination** of employees' expertise and commitment with regional roots means cooperation and integration into support networks is particularly successful.
- **Support of relevant decision-makers** including mayors of 12 municipalities who are co-owners of subsidiary companies.
- **Triangle of research-practice-policy:** practitioners in dialogue with research institutions, conducting innovation research feeding findings into political arena, strong cooperation using umbrella organisations to influence political frameworks.



### Challenges and lessons learnt

- **Turning away from solidarity-based community:** there is an increasing tendency to shift responsibility to the private sphere defining support as an individual responsibility rather than the community's.
- **Shortage of skilled labour** due to demographic developments, caps on qualified professionals, outdated training programmes not reflecting changing user needs.
- **Political instability and short election cycles** can lead to slowdown or regression in promoting social participation and independent living despite long-term UNCRPD commitments.
- **National Action Plan on Disability** primarily contains declarations of intent without sufficient binding force across government periods and departments.
- **Huge increase in support needs** and complexity requires greater staff expertise; risk that overloaded professionals withdraw to rigid methodological approaches rather than individualised responses.



FUNDACIÓN  
**Intras**

### **ECOSYSTEM OF SUPPORT FOR INDEPENDENT LIVING BASED ON THE ACIP MODEL**

**Fundación INTRAS** is a private non-profit entity founded in 1994, operating in the field of mental health through an ecosystem of support, including comprehensive care, psychosocial habilitation, social and labour integration, supported housing, personal assistance, research and innovation, and cultural awareness to fight stigma. The organisation supports 628 people annually across Castilla y León and Madrid and has more than 775 staff members.

### Overview and support to independent living

**The Ecosystem of Support for Independent Living Based on the ACIP Model** (Care Centred on What Is Important to the Person) transforms fragmented service provision into a flexible, coherent, person-centred network targeting people with barriers to full community participation, including those with severe mental health problems, psychosocial or intellectual disabilities, risk of social exclusion, and cognitive impairment.

The initiative enables individuals to design meaningful life projects by placing support at the service of what is valuable to each person, rather than addressing limitations. INTRAS identifies and overcomes barriers – social, residential, occupational, emotional, and legal – that hinder participation. Each plan starts from what the person values, designing personalised strategies that remove obstacles and enhance strengths.

This approach ensures real choice in living arrangements and employment, fostering self-determination through skills training and community participation. Continuous, personalised support accompanies life transitions without disruption.

Fundación INTRAS has created an integrated ecosystem coordinating supported employment, housing with personal assistance, therapeutic services, leisure, sports, technology, and innovation



into a coherent framework that adapts to each person's changing needs. Implementation occurs through the "Support Service for the Life Project" methodology, encompassing participatory planning, authentic relationships centred on dignity, integrated pathways for employment and housing, and co-production in service design and evaluation.

Two key professional roles have emerged: Support Coordinators identify what matters and coordinate resources to address barriers, whilst Direct Support professionals provide day-to-day accompaniment and ensure continuity of support.

### Highlights

- **Common coherent framework:** Unifies traditionally fragmented services under a single logic, focused on what is important.
- **Transformative approach:** Goes beyond needs-based care, placing elements that provide meaning and sustainable motivation at the core.
- **Interactive and horizontal methodologies:** Breaks away from paternalistic care and promotes authentic, empowering relationships based on equal partnerships with professionals.
- **Transferability:** Integrates tools from behavioural science, contextual psychology and person-centred planning, making it applicable in different contexts and for groups experiencing vulnerability.
- **Organisational culture transformation:** The organisation has undergone a cultural shift so that every staff member embraces dignity, autonomy and construction of meaningful life projects.

### Outcomes and impact

- **For service users:** greater ability to express preferences and make decisions; increased continuity within the community rather than institutional settings; progress in social and labour market inclusion; more positive perception of their own life path as co-authors of their Support Plan.
- **For professional teams:** cultural change toward identifying what is important and jointly building life pathways; creation of Support Coordination and Direct Support roles clarified responsibilities and improved coordination; training in meaningful interactions enhanced technical skills and fostered greater professional satisfaction.
- **For the organisation:** adoption of a common language and shared logic across all services; structural transformation toward an integrated ecosystem; use of the MN Program platform facilitates systematisation of information and visibility of the Life Project as the axis of intervention.

### Success factors

- **A common and shared framework** (ACIP model) acting as an organisational compass with clear principles guiding practice and management.
- The centrality of the Life Project as the cross-cutting reference **connecting different services**.
- **New professional roles** (Support Coordination and Direct Support) clarifying functions and improving continuity.
- **Ongoing training and supervision** (more than 100 hours initially, complemented by specialised modules and regular supervision).

- **Tools for systematisation** (integration of forms, plans and records into MN Program platform).
- **Organisational culture** in transformation emphasising horizontal and meaningful interactions.

### Challenges and lessons learnt

- **Fragmented funding frameworks** organised around specific services make it difficult to sustain personalised cross-cutting pathways.
- **Complexity in life transitions** requires intense intersectoral coordination; lack of synchronisation between social and health systems can make continuity of support difficult.
- **Cultural inertia and resistance to change** require a profound shift in mindset; not all teams advance at the same pace.
- **The risk that the Life Project becomes too bureaucratic** or procedural must be prevented by reinforcing its motivating purpose and making sure that it is practical.
- **Finding a balance** between having consistent evaluation methods across the organisation whilst still honouring the personal nature of person-centred support is an ongoing challenge.



RehabGroup

PARNELL PLACE TRANSFORMATION

**RehabCare**, part of The Rehab Group, is a charity founded in 1949, providing health and social care services supporting people with disabilities to live fulfilling and independent lives. The organisation operates nationwide across Ireland, serving over 3,500 individuals annually with 1,758 staff members and delivering services on behalf of Ireland's Health Service Executive (HSE).

**Parnell Place Transformation** is an award-winning, purpose-built inclusive living environment developed through partnership between RehabCare and Newgrove Housing Association. It targets adults with physical, sensory, intellectual disabilities and/or mental health difficulties, offering a unique blended model of residential care, supported living, and independent accommodation within one integrated community in the heart of Limerick City.

Parnell Place demonstrates comprehensive, person-centred independent living within an integrated urban community setting. Unlike traditional models that require individuals to relocate when support needs change, disrupting established connections, this initiative enables flexible transitions between support levels whilst remaining in the same community. By combining accessible accommodation, assistive technology, person-centred planning, and strategic city-centre location, residents maintain autonomy and dignity whilst accessing appropriate support when needed.

The development blends HIQA-registered residential care with supported and independent living options, including fully accessible apartments, a townhouse, and shared spaces adapted to individual needs and equipped with assistive technology. Positioned close to public transport and amenities, residents access education, employment, health services, and recreational activities within the broader community. The physical environment resembles a natural neighbourhood, with communal gardens and shared social areas fostering peer support and community participation.

A dedicated team of four service managers coordinates provision, supported by staff trained in disability support, autism awareness, medication management, mental health, and assistive technology. Critically, resident and stakeholder engagement has underpinned the service from initial

design through ongoing operations. Continuous consultation with residents, families, the Health Service Executive, and local authorities ensures supports remain responsive and aligned with individual aspirations whilst meeting regulatory requirements.

### Highlights

- **Flexible integrated model:** Combines residential care, supported accommodation, and independent living within one community, enabling seamless transitions between support levels.
- **Collaborative stakeholder approach:** Partnership model involving residents, families, RehabCare, HSE, and local housing authorities ensures comprehensive support.
- **Assistive technology integration:** Smart home technologies and call systems linked to mobile phones promote independence whilst ensuring timely access to support.
- **Strategic urban location:** City-centre placement provides access to transport, amenities, education, employment, and community life promoting genuine integration.

### Outcomes and impact

- **Residents report increased self-esteem,** safety, and overall quality of life through personalised support that enables autonomous living within a supportive community. Many have transitioned to more independent arrangements, increased participation in employment, education, and social activities, and taken active roles in decision-making and community engagement.
- **Staff benefit from collaborative, supportive working environment** with continuous professional development, multidisciplinary training, career progression opportunities, and reflective supervision contributing to high morale and retention. The shared care model empowers staff and enhances competence in delivering person-centred support.

For RehabCare, Parnell Place serves as flagship example of inclusive, integrated living demonstrating commitment to innovation, community inclusion, and human rights-based service delivery. Recognition as Residential Care Home of the Year at Irish Healthcare Centre Awards validates the model's success whilst strengthening relationships with key stakeholders.

### Success factors

- **Person-centred approach** placing individual preferences, goals, and choices at core of all planning and service delivery.
- **Holistic and flexible support models** offering diverse accommodation options that evolve with changing needs promoting sustained independence.
- **Collaborative stakeholder engagement** maintaining continuous dialogue with residents, families, healthcare providers, and community agencies.
- **Skilled and well-trained staff** with comprehensive training covering specialist areas and ongoing professional development.
- **Integration with community resources** through strategic location near amenities, transport, educational institutions, and leisure facilities.
- **Strong governance and quality assurance** through ongoing monitoring, regulatory compliance, and transparent feedback mechanisms.

### Challenges and lessons learnt

- **Balancing safety and autonomy** requires embracing positive risk-taking principles to ensure resident rights to self-directed living remain central whilst maintaining appropriate support.
- **Funding constraints** and resource limitations can restrict flexibility and adaptability of services; sustainable funding models are essential for maintaining person-centred approaches.
- **Complex and fragmented systems** across health, housing, and social care require intensive coordination to provide seamless support and avoid service gaps.
- **Cultural and attitudinal barriers** from individuals, families, or communities can limit opportunities for independence, particularly regarding personal finances and decision-making.
- **Regulatory compliance requirements**, whilst necessary for quality standards, can impose administrative burdens that must be balanced with innovative, person-centred approaches.
- **Recruiting, training, and retaining skilled staff** comfortable supporting independent living remains challenging amidst sector-wide workforce shortages affecting continuity and quality.



### **INDEPENDENT LIVING APARTMENTS FOR PEOPLE WITH MENTAL HEALTH CONDITIONS**

**Rey Ardid Foundation** is a non-profit organisation founded in 1991, promoting inclusion, autonomy, and quality of life for people in vulnerable situations in Aragón and La Rioja, Spain. The organisation supports approximately 15,000 people annually through mental health services, support for older people with dementia, social integration programs, and special employment centres.

**Independent Living Apartments for People with Mental Health Conditions** is a network of supervised community-based housing for people undergoing psychosocial rehabilitation. It is focused on individuals with severe mental health conditions, offering two levels of support: intensive accompanied living and semi-independent temporary housing, with the ultimate goal of transition to fully independent living.

### Objectives and support to independent living

The initiative aims to facilitate recovery of people with mental health conditions through comprehensive community-based support, promoting integration, active participation, and development of daily living skills.

Rey Ardid recognises that decent, stable, adequate housing is a key factor in mental health recovery. People with mental health conditions face significant barriers to accessing and maintaining suitable housing due to insufficient income, deterioration in social skills, and stigma associated with mental illness diagnoses.

By providing individualised pathways with flexible intensity of support adapted to each person's progress, the initiative enables residents to progressively build autonomy in a real-life context. The therapeutic accompaniment model offers listening, emotional support, understanding each individual's psychological state in context of their social relations and everyday life, not just medical symptoms.

## Overview

Since 1992, Rey Ardid has managed supervised apartments located within the environment of Zaragoza and Calatayud municipalities. These constitute community-based housing integrated into the mental health network of the Aragonese Health Service.

The program provides a very high level of support, with staff close by and actively helping residents in their day-to-day lives, to accelerate the ability to carry out daily activities, and less intensive support focused on consolidating achievements and fostering independent community integration. Typically, residents begin with intensive support and transition to temporary apartments where training, employment, or other occupation is encouraged.

The service includes accommodation, training in practical, everyday and technological skills, nutritional support, integration of healthy habits, household and financial planning, community accompaniment in accessing health, social, educational, employment resources, and individualised plans. Interventions are shaped by respect for human rights in mental health and are guided by the WHO Quality Rights training.

## Highlights

- **Flexible model:** Combines housing, therapy, and community integration with flexibility based on each user's progress.
- **Horizontality:** Professionals act as support figures and therapeutic companions rather than authority figures, fostering autonomy and shared responsibility.
- **Community integration:** Residents access day centers, employment resources, leisure programs, and mainstream community services, progressively moving away from specialised mental health resources.
- **Time bank:** A mutual support exchange system among participants fosters collaboration, participation, and support networks enriched by each member's contributions.

## Outcomes and impact

Between 2022 and 2024, the program demonstrated measurable gains: average 63% decrease in hospital admissions since entering the program; 67.5% of residents with employment goals finished with regular employment, protected employment, or occupational workshops; improved quality of life and autonomy measured through Camberwell Assessment of Need (CAN) and Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q). Residents develop active roles in health management, adopting resilience strategies and a more positive vision of crisis. User and family satisfaction surveys in 2024 averaged 8.6 and 8.45 out of 10. Residents highlighted individualised attention, human treatment, specialised support, and staff involvement.

## Success factors

- **Personalised and flexible support** adapted to individual progress.
- **Constant coordination** with health and social services ensuring continuity of care.
- **Stable housing** with supportive supervision in natural community environments.
- **User participation** in decision-making and goal setting reinforces agency and responsibility.
- **Accessibility and flexibility** of the program enables diverse pathways to independence.

### Challenges and lessons learned

- **Shortage of affordable housing** available after discharge limits full transition to independent living.
- **Economic limitations** and high co-payment requirements impoverish residents and create barriers to employment and community participation.
- **Bureaucratic delays** in accessing public support slow progress toward independence.
- **Persistent stigma around mental illness** requires ongoing anti-stigma work and community awareness.
- **Need for sustainable long-term funding** to ensure continued independent living beyond program completion.



**ESPAI PAUSA**

**SASM Foundation** (Santos Andrés, Santiago y Miguel) is an NGO founded in 2001, dedicated to socio-health care, recovery, rehabilitation, housing, and community integration of people with mental illness in the Valencian Community, mainly Ribera Baixa municipalities. The organisation serves around 500 people annually across nine resources with more than 130 professionals, plus volunteers.

**Espai Pausa** is a pioneering community-based mental health centre that provides non-clinical, inclusive, and creative support designed to foster recovery, psychosocial wellbeing, and social inclusion. It serves people with mental illness or psychological distress, focusing on youth aged 18–30, women with mental health challenges, families, and the local community.

Acknowledging the high prevalence of mental health disorders in the Ribera Baixa region, alongside significant service gaps, such as long waiting lists and a lack of intermediate or community-based care, Espai Pausa offers a safe, stigma-free environment. Here, individuals experiencing psychological distress can engage in activities that promote self-expression, personal development, and a sense of belonging, helping to build autonomy and confidence.

The initiative adopts recovery-oriented, human rights-based, and participatory approaches, enabling users to develop daily living skills, strengthen social networks through mutual aid groups (GAMs), take part in cultural and creative activities to build identity and self-esteem, and connect with mainstream community resources to reduce stigma and encourage inclusion.

Espai Pausa's diverse activities include the podcast 'Mind Out Loud' co-created by participants and professionals to openly discuss mental health; workshops on independent living skills such as budgeting, cooking, and hygiene; youth groups offering safe social spaces; peer-led GAMs, both mixed and women-only, that provide empowerment and support; and art, environmental, film, and reading groups fostering creativity and community engagement. Awareness campaigns further increase understanding among police, firefighters, students, and the broader community.

The centre is staffed by a multidisciplinary team, including a psychologist, social worker, occupational therapist, social integrator, activity monitors, and an expert by experience, who provide comprehensive support, inspiration, and guidance. Volunteers also contribute to activity facilitation and community education efforts.



Espai Pausa creates a holistic, supportive, and empowering environment that addresses both individual recovery and broader social inclusion, thereby supporting independent living for people with mental health conditions.

### Highlights

- **Holistic non-clinical approach:** Moves beyond medication-focused models by offering stigma-free environment for recovery through creativity, leisure, and participation.
- **Community networking:** with schools, cultural institutions, emergency services, and local associations ensures visibility and shared responsibility.
- **Podcast innovation:** "Mind Out Loud" is a pioneering tool giving participants voice to share experiences, reduce stigma, and reach the wider community.
- **Role of expert by experience:** The expert by experience on staff validates that recovery is possible and provides credible role modelling.

### Success factors

- **Co-production and co-creation** involving service users in design, delivery, and evaluation ensures activities respond to real priorities and promotes active citizenship.
- **Multidisciplinary team** combining professional expertise with lived experience addresses holistic needs.
- **Integration of multiple services:** Brings together Independent Living workshops, Mutual Aid Groups, cultural forums, artistic expression, and awareness campaigns into one coordinated programme.
- **Gender perspective:** Women-only groups and empowerment strategies embedded across the programme address specific vulnerabilities.
- **Integration with Valencian Mental Health Strategy 2021-2024** provides policy framework validating the approach.

### Outcomes and impact

Both quantitative and qualitative monitoring demonstrates improvements in autonomy, social participation, wellbeing, and inclusion. Regular attendance and active engagement in activities builds increased confidence in daily living skills (budgeting, household management). Strengthened social networks and reduced isolation is facilitated through peer support. Creative activities enhance self-expression and identity.

Special attention to gender and age differences ensures young people and women receive tailored support. Families have shared positive feedback; noticing behavioural improvements and increased openness. Greater community visibility and reduced stigma has been achieved through awareness campaigns. External organisations in Spain and beyond have expressed an interest in replication.

### Challenges and lessons learnt

- **Territorial implementation** of mental health strategy remains uneven, affecting the consistency of service delivery across the region.
- **Funding gaps and resource limitations** require ongoing advocacy and diversification of funding sources.

- **Need for stronger coordination** amongst local services to ensure comprehensive support pathways.
- **Balancing structured programming** with open flexible space requires ongoing adjustment based on user feedback.
- **Digital inclusion** efforts must continue to ensure all participants can engage with technological tools and online resources.



## PéVA, PÉDAGOGIE DE LA VIE AUTONOME<sup>1</sup>

**LADAPT** is a French non-profit organisation dedicated to social insertion and the promotion of diversity and equality within society. The organisation operates under the principle 'Vivre ensemble, tous différents, tous égaux' (Living together, all different, all equal) and provides localised support through services and establishments located across France via departmental networks.

### Overview and support to independent living

PéVA (Pédagogie de la Vie Autonome) is a structured, long-term initiative conceived by l'Institut du MAI in 1996 and further developed by LADAPT since 2016. The programme focuses on adults with disabilities who have not been able to live independently, with particular focus on individuals with severe motor impairments (including wheelchair users) and those with cognitive disabilities.

The PéVA methodology adopts a three-step, human rights-based approach aimed at enabling participants to live independently. Over approximately four years and 21 training modules, the programme emphasises empowerment, guiding individuals to develop both the practical skills and psychological confidence necessary for autonomous living in their own homes.

Central to PéVA's philosophy is active involvement of service users throughout the entire process. Participants collaborate with their support teams to assess progress, determine readiness to advance to the next stage, and identify any additional support required. This ensures that clients function as active drivers of their own development rather than passive recipients of care.

### Highlights

- **Training-focused approach:** Framing PéVA as 'training' rather than aid reinforces the concept of learning and growth, strengthening participant agency and sense of autonomy.
- **Gradual, structured progression:** The four-year timeline with 21 modules helps users build both practical skills and self-confidence necessary for independent living through incremental development.
- **Family engagement:** Working with families to help them understand and support the participant's growing independence, though acknowledging that family dynamics can present significant challenges when parents struggle to relinquish control.
- **Reframing support as training:** This conceptual shift from 'aid' to 'education' fundamentally changes how both participants and professionals approach the work, promoting growth rather than dependency.



- **Systematic dissemination:** LADAPT has developed a two-year training programme to enable other centres, residential facilities within its network, and partner organisations to adopt and implement PéVA methodology with consistent quality assurance and regular follow-ups.

### Outcomes and impact

The PéVA programme demonstrates significant long-term benefits for both participants and care services. Over 25 years, more than 160 individuals have successfully transitioned to independent living through the programme. Beyond individual empowerment, the initiative reduces the financial burden on care services over time by enabling participants to manage independently.

Participants develop practical life management skills whilst simultaneously building self-determination and personal agency. The programme prioritises the psychological dimension of independence, ensuring that individuals not only acquire technical skills but also develop the confidence and mindset necessary for sustained independent living.

### Success factors

- **Individualised assessment:** Careful evaluation of each participant's capabilities and needs ensures realistic, tailored progression through the programme stages.
- **Human rights-based framework:** Restoring full autonomy over personal and financial matters, enabling participants to reclaim control over their own resources, regain ownership of identity, and fully exercise rights as citizens.
- **Active service user participation:** Ongoing collaboration between participants and support teams in goal-setting and progress evaluation creates ownership and accountability.
- **Structured methodology:** The defined three-step framework with 21 modules provides consistency while remaining flexible to individual circumstances.
- **Long-term commitment:** The approximately four-year timeline acknowledges that sustainable independence requires sustained investment rather than short-term intervention.

### Challenges and lessons learnt

- **Family dynamics:** One of the most significant challenges arises when family members, particularly parents, struggle to relinquish control over their adult children's care. Whilst protective intentions are understandable, this reluctance can hinder programme entry or impede progress. The shift from dependency to independence requires fundamental perspective changes across families, professionals, and participants alike, which can be emotionally complex and demanding.
- **Implementation consistency:** Ensuring that partner organisations and satellite centres maintain methodological fidelity and quality standards when implementing PéVA requires substantial investment in training and ongoing support.
- **Systemic barriers:** Broader social and institutional barriers to independent living for disabled people remain challenging, including accessibility issues, discrimination, and inadequate community resources and support structures.

The PéVA programme exemplifies how long-term, participant-centred, human rights-based approaches can successfully empower individuals with significant disabilities to lead fulfilling, autonomous lives within their communities. By investing in structured training, maintaining participant agency, and working systematically to engage families and partner organisations, LADAPT has developed a model with proven effectiveness and significant replicability potential.



## WOMEN IN ON MODE

**Fundación ONCE** operates throughout Spain supporting employment and empowerment of people with disabilities. Founded by ONCE (National Organisation of the Spanish Blind), the foundation works to promote inclusion, accessibility, and equal opportunities for people with disabilities across multiple sectors and programmes.

### Overview and support to independent living

Women in ON Mode addresses the barriers to independence experienced by women with disabilities that have suffered gender-based violence. Women with disabilities experience significantly higher rates of gender-based violence than women without disabilities, due to the intersection of gender and disability, and such violence severely undermines independence, confidence, and quality of life. Many victims experience trauma, loss of confidence, economic dependency, social isolation, and barriers to employment, often becoming trapped in cycles of abuse.

The initiative supports women to regain independence, confidence, and economic autonomy. Using the Recovery Cycle methodology, the programme offers flexible, sustained support adapted to each woman's pace and circumstances. This enables women to heal from trauma, develop or recover skills for daily living and employment, access economic resources and independence, rebuild social connections and support networks, and reclaim agency and control over their lives.

Support is delivered through the COMPASS professional network, which provides individualised pathways tailored to each woman's situation and goals. Core components include psychological support and trauma counselling; skills training covering digital literacy, professional capabilities, and life skills; employment orientation and job placement; legal assistance and rights information; peer support networks; and coordination with social services, health providers, and specialised violence services.

Multidisciplinary teams comprising psychologists, social workers, employment specialists, legal advisors, and peer mentors with lived experience work in partnership with employers, local authorities, violence services, and women's organisations to ensure comprehensive support that addresses all dimensions of independent living.

### Highlights

- **Intersectional approach:** Explicitly addresses intersection of gender, disability, and violence rather than treating these as separate issues; compounded barriers require a specialised response.
- **COMPASS network:** Comprehensive professional network ensures coordinated support across psychological, social, legal, and employment dimensions.
- **Mutual Support Groups (GAMs):** Peer support is delivered through these groups, which were developed in response to emerging needs identified amongst the women themselves.

### Success factors

- **Employment as pathway to independence:** the approach regards economic autonomy as an essential foundation for leaving violence and rebuilding one's life.
- **Recovery Cycle methodology:** Recognises the non-linear nature of healing and provides flexible sustained support adapted to individual pace.

- **Comprehensive and coordinated support** addressing psychological, social, economic, and legal dimensions simultaneously.
- **Strong employer partnerships** creating inclusive employment opportunities and supportive workplace environments.
- **Empowerment focus:** Supports women to reclaim agency, make choices, and design their own futures rather than being passive recipients of services.

### Outcomes and impact

Over 4,000 women have been supported since the programme inception; more than 1,600 women achieved employment, enabling economic independence. Women report that they have regained confidence, self-esteem, and a sense of control over their lives. Mental health and wellbeing have been improved through trauma counselling and peer support. There has been a reduction in re-victimisation through economic independence and support networks, as well as increased awareness amongst employers about the importance of supporting women with disabilities who have experienced violence.

Success stories demonstrate that with appropriate support, women can overcome trauma and barriers to achieve independence, meaningful employment, and full participation in society. The programme shows that employment is not only an economic necessity but also a powerful tool for empowerment and recovery.

### Challenges and lessons learnt

- **Need for stronger systemic coordination** amongst violence services, disability services, and employment programmes to avoid fragmentation.
- **Ongoing awareness-raising and training** are required for employers regarding intersection of disability and gender violence.
- **Sustained long-term support** is often needed beyond initial intervention as recovery is a gradual process.
- **Accessibility of violence services** remains a barrier; many specialised violence services lack expertise or adaptations for women with disabilities.
- **Policy frameworks** must explicitly address the intersection of gender, disability, and violence to ensure targeted resources and responses.
- **Cultural change** is needed to combat stigma and stereotypes affecting women with disabilities who have experienced violence.



## THE OTHER SIDE OF TECHNOLOGY

**Theotokos Foundation** is a not-for-profit organisation founded in 1963, providing comprehensive services in special education, vocational training, therapeutic rehabilitation, family support, and community inclusion for persons with autism and intellectual disabilities in Attica, Greece.

**The Other Side of Technology** is an educational and training initiative addressing digital safety and cybersecurity awareness. It targets three groups: adolescents and young adults (aged 14–35) with

intellectual disabilities and autism; families and caregivers; and professionals in vocational training, rehabilitation, and education.

### Overview and support for independent living

Theotokos Foundation states that in the 21st century, independent living is inseparable from digital safety and autonomy. Whilst the internet is essential for communication, education, employment, and social participation, people with intellectual disabilities and autism face disproportionate online risks—including cyberbullying, grooming, sextortion, fraud, and manipulation. This initiative equips individuals with practical self-protection skills, enabling them to act independently rather than remain dependent on others to manage online risks. It also helps families transition from overprotection to supported autonomy, allowing individuals to explore digital opportunities safely.

Developed through co-production with service users, families, professionals, and the Cyber Crime Division of the Hellenic Police, the initiative comprises three tailored handbooks and training seminars. The service users' handbook presents common threats and practical step-by-step guidance in easy-to-read format with visual supports. The parents' handbook explains risks and offers monitoring and support strategies, empowering families to recognise unsafe behaviour and respond effectively. The professionals' handbook provides risk analysis, assessment tools, intervention strategies, and real-life case studies.

Training combines experiential learning through role play, group discussions, and case analysis. Significantly, service users participated in testing and refining the materials and some became peer trainers delivering sessions to fellow service users. Pilot sessions in September 2024 trained 35 service users (20 trained directly by Cyber Crime officers) and over 50 professionals, with national expansion already planned.

### Highlights

- **Pioneering collaboration:** This is Greece's first initiative where a disability organisation and law enforcement collaborated to produce digital safety resources for persons with intellectual disabilities and autism.
- **Real-life case integration:** The handbooks include actual incidents experienced by service users, ensuring credibility and practical relevance.
- **Accessibility and scalability:** Materials use plain language, visual supports, and video links; their modular design enables easy translation and adaptation across languages and cultural contexts. The handbooks are also low cost.
- **Shift in perspective:** The project challenges misconceptions about digital participation, positioning digital safety as a right and foundation for independent living, not a restriction on autonomy.
- **Building trust with public authorities:** The collaboration with law enforcement builds trust, empowering individuals to report incidents and exercise their rights as citizens, a crucial step toward inclusion and equality before the law.

### Outcomes and impact

Early results demonstrate measurable gains: 35 service users gained confidence in identifying online risks; 20 received direct training from Cyber Crime experts; over 50 professionals were trained and integrated digital safety into daily programmes. Pre- and post-training questionnaires showed improved recognition of online risks. Service users report feeling safer and more confident; families notice children now openly report suspicious situations, indicating increased awareness and trust.

Parents and professionals rate the materials as highly useful. External organisations in Greece and abroad have already expressed interest in replication.

### Success factors

- **Co-production** involving service users, families, and professionals to ensure materials are relevant and accessible.
- **Cross-sectoral collaboration** combined expertise in disability support and cybercrime prevention.
- **Easy-to-read formats**, visual supports, and tailored tools for each audience enabled direct engagement.
- **Experiential training methods** reinforced learning and behaviour change.

### Lessons learned

- **Varying digital literacy levels** among families may need additional capacity-building.
- **Rapidly evolving online threats** demand regular updates and continuous expert collaboration.
- **Long-term sustainability** and thus impact requires dedicated funding streams beyond short-term initial public funding support.



**TEA EVENING WITH THE  
CAREER COUNSELLOR**

**Social Integration State Agency (SIVA)** operates under Latvia's Ministry of Welfare, providing vocational rehabilitation and social integration services for people with disabilities. SIVA manages social care centres and dormitories supporting individuals in developing independent living skills and preparing for employment and community participation.

### Overview and support to independent living

**Tea Evening with the Career Counsellor** is an informal vocational guidance initiative making career guidance accessible and enjoyable for young adults and adults with intellectual disabilities, mental health conditions, and other disabilities who face barriers in traditional educational and employment settings. SIVA recognises that traditional career counselling often fails to engage this population, who may feel intimidated by formal settings or lack confidence in decision-making.

By hosting relaxed evening sessions in familiar environments, the initiative transforms career guidance into an enjoyable social experience. Career counsellors facilitate interactive activities including self-assessment games, group discussions about interests and strengths, creative exercises exploring career possibilities, informal one-to-one conversations, and accessible career information sharing. The warm, informal tea-time setting reduces anxiety and encourages openness; participants engage more readily when sessions resemble social gatherings rather than formal appointments. The informal group setting encourages social participation, peer support, and community inclusion, essential elements of independence, whilst creative methods ensure accessibility for individuals with different abilities and communication.

Sessions are tailored to individual readiness and needs, recognising career development as a gradual process. The approach combines individual reflection with peer learning, enabling participants to learn

from one another's experiences. Through this combination of activities and social support, participants shift from passive recipients of services to active agents in their own career planning, building motivation, self-awareness, communication skills, and the ability to make informed decisions about their futures, central to independent living.

### Highlights

- **Low-barrier accessibility:** Bringing services to where people live eliminates transportation barriers and creates familiar comfortable environment.
- **Informal methodology:** Games, discussions, and creative activities replace formal assessments, reducing anxiety and increasing engagement.
- **Warmth and creativity:** Tea and refreshments, relaxed evening timing, and playful approach make career guidance enjoyable rather than intimidating.
- **Replicable and low-cost:** Simple format requires minimal resources and can be adapted to diverse settings and populations.

### Outcomes and impact

Participants demonstrate enhanced motivation and confidence in career planning; improved ability to articulate interests, strengths, and goals; increased social connections and peer support networks; greater awareness of career possibilities and pathways; stronger decision-making skills and self-advocacy. Participants share positive feedback about the enjoyment and usefulness of sessions.

Staff observe that informal setting enables conversations and insights that rarely emerge in traditional counselling formats. Participants who initially showed reluctance to engage with career planning become active contributors when the approach feels supportive and fun. The initiative demonstrates that accessibility is not only about physical access but also about emotional safety and cultural appropriateness.

### Success factors

- **Familiar setting** where participants feel comfortable and safe.
- **Informal timing and format** transform counselling into enjoyable social activity.
- **Interactive methods** using games, discussions, and creativity engage participants effectively.
- **Peer learning and group support** provide additional motivation and ideas.

### Challenges and lessons learnt

- **Sustaining funding** for innovative informal approaches requires demonstrating value to authorities accustomed to traditional service models.
- **Adapting to diverse student needs** within group format requires careful facilitation balancing individual and collective activities.
- **Building trust and openness takes time;** initial sessions may feel unfamiliar to participants accustomed to formal approaches.
- **Integration with broader vocational rehabilitation pathways** ensures career insights translate into concrete next steps.
- **Documenting informal processes and qualitative outcomes** is challenging but essential for demonstrating impact and securing continued support.





## CEVET PROJECT - CUSTOMISED EMPLOYMENT FOR VOCATIONAL EDUCATION AND TRAINING

**Fønix AS'** main task is to assist people in finding work. Fønix has a fundamental belief that everyone can participate in working life. This is the starting point in meetings with employers and job seekers. Fønix AS is a limited company owned by Sandefjord Municipality and has approximately 150 employees and a turnover of 160 million kroner.

### Overview and support to independent living

Fønix leads the CeVET (Customised Employment for Vocational Education and Training) project, which adapts Customised Employment principles for application within European vocational training systems. In partnership with organisations from Norway, Ireland, Belgium, Spain, and Portugal, the project has established a collaborative European framework promoting inclusive employment.

Targeting individuals with intellectual and developmental disabilities, as well as vocational training providers, employers, and policy makers across participating countries, CeVET enables people to co-design their career paths through the person-centred Customised Employment (CE) methodology.

The initiative advances employment outcomes and empowerment by equipping professionals and employers with the necessary skills, implementing CE principles within national vocational frameworks, and fostering pan-European cooperation. Recognising that traditional vocational training often neglects individual strengths, interests, and aspirations due to standardised approaches, the CE method reverses this trend by focusing on the person, their motivations, abilities, and preferences, and develops tailored employment opportunities accordingly.

Embedding CE across European vocational systems empowers individuals to exercise genuine choice and control over their careers, accessing meaningful employment aligned with their capabilities and interests, thereby enabling full participation in economic and social life.

Core activities include creating training materials and implementation toolkits, providing professional development for trainers, job coaches, and support workers, engaging employers in co-creating customised job roles, piloting CE with service users across partner countries, establishing knowledge-sharing networks, and advocating for policy reforms that support CE integration.

The CE process involves four key stages: discovery, which explores the individual's interests, strengths, preferences, and support needs; job development, identifying or creating employment opportunities matched to the individual; negotiation, collaborating with employers to customise roles and conditions; and ongoing support, ensuring sustainable employment through continued assistance for both employee and employer.

The project demonstrates that successful employment is not about fitting individuals into existing jobs, but instead about crafting opportunities that recognise and value each person's unique contributions.

### Highlights

- **Employer engagement:** Active partnership with employers to co-create customised roles rather than requesting accommodations to standard positions.
- **European collaboration:** Cross-national learning and adaptation ensures methodology works across diverse systems and contexts.

- **Policy integration:** Advocacy for systematic change aims to ensure that CE becomes embedded in national vocational frameworks rather than remaining as a pilot project.
- **Documentation and dissemination** of success stories demonstrate value and inspire replication.

### Success factors

- **Person-centred methodology:** Discovery process places individual's strengths, interests, and aspirations at the centre rather than fitting people into existing opportunities.
- **Evidence-based methodology** from the United States of America is being adapted thoughtfully for European contexts.
- Strong **multi-country partnership** enabling shared learning and diverse perspectives.
- **Engagement of multiple stakeholders** (individuals, families, professionals, employers, policy makers) ensures a comprehensive approach.
- **Practical tools and training materials** make implementation accessible to vocational providers.

### Challenges and lessons learnt

- There is the **need for ongoing policy advocacy** to ensure CE becomes mainstream rather than an alternative approach.
- **Consistent professional training and quality assurance** is required to maintain fidelity to CE principles.
- **Employer engagement** is resource-intensive but essential; this requires dedicated relationship building and education.
- **Cultural and systemic differences** across European countries require localised adaptation whilst maintaining core CE principles.
- **Sustainability beyond project funding** requires integration into national vocational systems and ongoing capacity building.

## Practice Success Factors

While the practices featured in this study range from a whole organisational approach to a specific support initiative, they still have many success factors in common and this study is an opportunity to emphasise their importance. They fall into two categories, the individual, relational level, and the organisational, or systemic level.

Success factors specific to the individual practices can be found within the summaries. The following list outlines those that the practices have most in common:

- Person-centred approach
- Promoting empowerment and agency
- Co-production
- Multidisciplinary and skilled teams
- Comprehensive and integrated services
- External stakeholder collaboration
- Engagement with policy makers



**Person-centredness:** A person-centred approach ensures that services and support are tailored to each individual's unique needs, preferences, and goals. This approach recognises that persons with disabilities are experts in their own lives and should direct decisions about their care and support. By placing the individual at the heart of service design and delivery, this method maximizes relevance, engagement, and ultimately the success of independent living initiatives.

**Promoting empowerment and agency:** Empowerment enables persons with disabilities to gain agency and make informed choices, exercise control over their lives, and actively participate in their communities. When individuals develop agency, they gain the confidence and skills needed to advocate for themselves and navigate systems independently. This shift from passive service recipients to active decision-makers is fundamental to achieving true independence and self-determination.

**Co-production:** Co-production can be considered as an approach implementing person-centredness. It involves persons with disabilities as equal partners in designing, developing, and evaluating services that affect their lives. By combining lived experience with professional expertise, co-production creates more effective solutions for independent living.

**Multidisciplinary and skilled teams:** The diverse and sometimes complex needs of individuals often require expertise from various professional disciplines working collaboratively. Skilled professionals who understand the human rights-based approach and independent living principles can provide high-quality, respectful support that facilitates autonomy.

**Comprehensive and integrated services:** Independent living requires addressing multiple interconnected aspects of life. Integrated service delivery reduces gaps, eliminates duplication, and creates seamless pathways that support comprehensive independence. Barriers in one area often impact others, so coordinated solutions are needed. If a service provider does not provide support in all areas needing support, they will need to understand this and collaborate with stakeholders that do.

**External stakeholder collaboration:** As well as collaboration with other support service providers, collaboration is necessary with governmental bodies and other stakeholders relevant for the personal goals of an individual, such as employers, as well as entities operating in the communities, such as the police. In addition, building partnerships can help create more inclusive communities and it promotes mutual learning among the stakeholders collaborating.

**Engagement with policy makers:** Effective advocacy at policy level ensures that legislation, regulations and funding meet the needs and rights of persons with disabilities, and facilitate the provision of quality support for independent living. Systemic change can benefit entire communities rather than addressing issues on a case-by-case basis.

## The EQUASS Framework: essential elements for organisations to facilitate independent living

EQUASS (European Quality in Social Services) is a quality framework tailored to the social sector designed to assure quality services and facilitate continuous improvement. It can be implemented in organisations that provide direct support, care or training to individuals. Organisations seeking EQUASS certification undergo an audit process to demonstrate compliance with each criterion's requirements. EQUASS is owned, operated and developed by EPR.

The EQUASS Framework has undergone comprehensive revision in recent years, with its latest version operational from 2026; this update carefully considers service providers' role in facilitating independent living through interconnected criteria. A human rights-based approach permeates the framework, prioritising individuals' autonomy, choice, and control at the centre of service provision. It sets out detailed requirements for quality support across multiple domains, which can also be considered as success factors.

The criteria and their requirements address essential elements for services committed to enabling and promoting independent living. The framework is structured into five sections: "Leadership and Governance", "Quality Management and Improvement", "Workforce Management and Development", "Rights and Dignity" and "Empowerment and Person-Centredness". Topics covered include:

- Promoting individual autonomy, self-expression, and self-advocacy, ensuring individuals make informed decisions and have genuine control over their lives. Where required, this includes proxies or supported decision-making, while aiming to maximise each person's independence.
- Ensuring person-centred planning, with support plans co-produced with service users and relevant stakeholders, based on each individual's needs, strengths, aspirations, and goals. Regular review and adaptation are essential.
- Implementing robust safeguarding, privacy, and data-protection protocols that enable people to participate in services securely and with dignity.
- Supporting the development of personal and social skills to help individuals participate meaningfully in their communities and other areas of life.
- Actively facilitating social inclusion through local partnerships and opportunities that connect individuals to cultural, community, educational, and employment activities.
- Providing accessible, universally designed services that remove barriers to participation.
- Ensuring individuals have opportunities for meaningful participation in organisational governance, advisory structures, and feedback processes.
- Systematically assessing and enhancing the quality of life for service users, making their own definitions of well-being central to support practices.
- Working towards comprehensive, continuous support, with a strong focus on transitions.
- Data-driven monitoring and improvement practices, including ensuring that each individual's outcomes and quality of life inform ongoing organisational learning and service adjustments.

- Training staff in human rights-based, person-centred, and autonomy-promoting approaches to ensure day-to-day practice is empowering and supports independence.
- Promoting workplace diversity, fair employment, and well-being, recognising that the values and stability of the workforce directly impact the independence and inclusion of those supported.

## Underlying challenges and barriers to support for independent living

Section 2 addressed the more visible obstacles by directly outlining how to overcome them through the essential elements. This section aims to focus on the underlying challenges and barriers to independent living, that sit behind the already presented visible obstacles, taking a "root cause approach".

Where the essential elements call for clear funding commitments, personal assistance, quality community-based services and accessible housing; insufficient funding, lack of availability of personal assistants and suitable housing are barriers to independent living. However, these are not the root cause, so this section aims to go more in depth, tracing key challenges from their underlying causes outwards. Societal narratives about disability and care inform political commitment (or lack thereof), which determines structures and resource allocation.

### Societal

- Societal narratives that equate disability with dependency and “care”, not individuals with equal rights; which shows up in policy making and support services, as well as in local resistance to community-based services.
- Collective inaction and failure to show that with right support all persons can live in the community.
- A vicious circle of a low number of people with disabilities living independently and contributing in the community due to lack of support, equating to low visibility and lack of understanding.
- Protective family attitudes, linked to the above, which may lead to a lack of support for a family member transitioning into community-based living, or economic considerations for staying together in the family home.
- General underfunding of the social sector due to societal undervaluation of social and care work, sometimes rooted in gendered and outdated perceptions of care as unpaid family responsibility.

### Political

- Lack of awareness and understanding among policymakers about the benefits and human rights imperative of enabling independent living, leading to low levels of funding.
- Separate “silos” for disability, health, housing, social protection, employment and education were built up over decades with their own laws, budgets and data systems, so no single body is clearly accountable for the whole independent living pathway and ministries may be protective of what falls under their remit.
- Historic political preference for investing in large institutions, including because of a misplaced belief that institutions are more cost-effective than community-based services<sup>8</sup>, leading to entrenched systems.

<sup>8</sup> See for example Chapter 2.3 of Enhancing Community Care: Social Services A Force for Change (ESN, 2024)

- Short political cycles, making long-term transformation (and possible double running costs during transition) less attractive.
- Consultation with persons with disabilities and their organisations often organised programme-by-programme instead of through a shared governance structure, which reinforces piecemeal rather than systemic solutions.
- Responsibilities often split vertically (national-regional-local) without clear division of roles or shared strategies, making it hard to align timelines, budgets and service standards.
- Reluctance from funding authorities or other stakeholders to “let go” of control over how an individual might spend a personal budget, driven by fear of misuse or audit risk.
- Weak enforcement of CRPD-aligned standards or quality assurance means legacy institutional practices persist.

## Structural

- Information systems and assessment tools too often focus on “deficits” and diagnosis, based in the medical model of disability, not the social or human-rights model of disability<sup>9</sup> or strengths.
- Planning and funding frameworks around standard “places” or “beds” rather than flexible person-centred support packages, meeting, quality criteria or achieving outcomes, which discourages joint planning and pooled budgets.
- Housing policy not coordinated with disability and social care policy, so accessibility of housing accessibility is and support are not built in from the start.
- Budgeting rules that treat independent living support as “extra” or discretionary rather than core support.
- Complex, bureaucratic procedures for person-centred funding, without support to navigate them, which also pose additional challenges for people with cognitive, communication or psychosocial disabilities.
- Weak monitoring and sanctions regarding accessibility and reasonable accommodation obligations.
- Many professional training and management systems still promote risk-avoidance, protection and control rather than e.g. co-production, supported decision making and positive risk-taking within services.
- Market incentives favour general housing or high-end developments over accessible and social housing.

The challenges are fundamentally about entrenched systems, cultures, and power structures that resist the paradigm shift required by the CRPD, hindering the development of an enabling framework and the investment needed in the support for independent living.

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<sup>9</sup> Some scholars see the CRPD as an evolution of the social model, others view it as a distinct framework that incorporates but extends beyond the social model's focus on barriers, and others that they have “different subjects and different functions”. (Lawson and Becket, 2020)

## Recommendations

This set of recommendations does not aim to be comprehensive for all topics related to independent living but focuses on what service providers need from policy makers to be able to support and promote independent living, based on the challenges identified by EPR members.

### EU level

- ✓ **Ensure respect of the CRPD is among the Horizontal Principles:** in the forthcoming financial framework, all funded actions and programmes should be required to uphold adherence to the CRPD.
- ✓ **Preserve earmarked funding for social objectives:** the forthcoming financial framework must maintain dedicated budget lines for social inclusion initiatives, including the promotion of independent living.
- ✓ **Establish stringent EU fund allocation oversight:** implement comprehensive and transparent monitoring systems to ensure that actions and programmes indeed adhere to the CRPD and all Horizontal Principles, aligned with the EC Guidance, with particular scrutiny of countries with histories of institutional segregation.
- ✓ **Strengthen monitoring of the partnership principle:** mechanisms should be implemented to monitor and verify genuine engagement of key stakeholders, including persons with disabilities, representative organisations and service providers, in the design, implementation, and evaluation of funded programmes.
- ✓ **Develop inclusive monitoring indicators:** the EU should mandate the collection and reporting of specific indicators related to inclusive education, inclusive employment, and access to support services for persons with disabilities.
- ✓ **Facilitate EU-wide innovation and capacity-building initiatives:** provide structured funding and policy support for pilot projects, peer reviews, technical guidance, and professional exchanges focused on the essential elements for independent living at governmental level, for the development of services supporting independent living and for organisations to transition from residential to community models.
- ✓ **Fund implementation of key EU disability initiatives:** allocate dedicated resources to support the operationalisation of the Disability Rights Strategy 2021–2030 flagships, including the Framework on Social Services of Excellence for Persons with Disabilities, and the Disability Employment Package initiatives.
- ✓ **Ensure the implementation of independent living in policy and practice** features strongly in the updated Disability Strategy: Address the essential elements laid out earlier in new actions for the coming years, producing resources for and promoting mutual learning among Member States, and among stakeholders.

## National/regional/local level

The recommendations are not distinguished by the level of government, as the responsibility for the various policy areas and funding varies between countries.

### Funding and Contracting

- ✓ **Long-term funding commitments:** governments must establish multi-year funding agreements (minimum 4 years) that extend beyond project cycles, to enable sustained, person-centred independent living services rather than time-limited pilot programmes.
- ✓ **Unified funding mechanisms:** create integrated budget streams, allowing flexible allocation across service types according to individual need rather than maintaining separate funding silos that fragment service delivery.
- ✓ **Flexible funding allocation:** replace rigid, service-specific budget allocations with flexible budgets that allow service providers to customise support packages for each individual, enabling transitions between support levels without service disruption.
- ✓ **Funding to implement external quality assurance frameworks:** policy makers should provide time-limited grants for service providers to set up internal processes and prepare for audits, setup, staff training and external support to achieve quality certifications that promote independent living principles.
- ✓ **Prioritise quality in competitive public tendering processes for social services:** award criteria should be based on the best price-quality ratio, take into account the organisation, qualification and experience of staff, and quality, continuity, accessibility, affordability, availability and comprehensiveness of the services, the specific needs of different categories of users, including disadvantaged and vulnerable groups, the involvement and empowerment of users and innovation (as referenced in the EU Directive 2014/24/EU).
- ✓ **Reward quality certification in public contracts for social services:** require external quality certifications that promote independent living principles or allocate additional points in public tenders when an organisation possesses an external quality certification that promotes such principles.

### Systems integration and coordination

- ✓ **Integrated support:** establish formal mechanisms requiring coordination between health and social welfare systems, as well as other policy areas.
- ✓ **Data-sharing agreements:** develop legislative frameworks allowing secure data exchange between health, social, employment, and housing providers to create integrated support pathways without repeated form-filling or information loss.
- ✓ **Affordable housing requirements:** implement housing policy mandating dedicated affordable housing stock for people with disabilities, with integration into mainstream communities, and connection to support services.
- ✓ **Frameworks for coordinated service provision:** establish supportive frameworks that facilitate and encourage service providers to collaborate effectively to coordinate support for individuals



across organisational and sectoral boundaries and require coordination protocols for particularly vulnerable populations (e.g., women with disabilities experiencing violence).

### Transitions

- ✓ **Earmark funding for services:** ensure funding is available to support the development of services that support independent living and community-based services, and for organisations to transition from residential to community-based models where relevant.
- ✓ **Use EU funds for the transitions to community-based services:** EU funds can be used to adapt existing services, create and pilot new ones. See also the first workforce recommendation.
- ✓ **Carefully consider individuals with severe or complex disabilities:** ensure that service providers have the resources to enable such individuals to live as independently as possible and prevent exclusion.
- ✓ **Ensure support to service providers during any transitions to person-centred funding models:** Ensure mechanisms to smooth financial flows, that income received is high enough to cover overheads and staff training, and provide technical assistance and change management support where organisational transformation is required.
- ✓ **Provide support to the community:** structured and timely transitions require preparing the community, raising awareness, boosting understanding and promoting inclusion integration in the community. This work can be carried out by service providers.
- ✓ **Housing and residential standards:** ensure regulations permit flexible models combining residential care, supported living, and independent accommodation within integrated communities, while maintaining safety and quality standards.

### Workforce

- ✓ **Continuing professional development requirements:** fund ongoing education, training, and capacity building for staff and volunteers on the principles and implementation of independent living. This should aim to address and eradicate institutional culture in all settings and promote a human rights-based approach. EU funds can be used for this purpose.
- ✓ **Wage and working conditions:** ensure funding for services allows service providers to provide good working conditions and pay attractive wages.
- ✓ **Recognition of peer support roles:** create formal job classifications and pay scales for peer support workers with lived experience, recognising this expertise through legal employment frameworks.

## Closing reflections

This study examined essential elements of policies, legislation and practices supporting independent living for persons with disabilities, drawing on international standards, national strategies, organisational experiences, and discussions around quality of services.

It is clear that the support needed for independent living; personal assistance, supported decision-making, accessible housing, quality community-based services, accessibility, etc; is well understood among key stakeholders. What is needed for a successful transformation strategy at governmental level is also well documented. Governments have even committed to transformation, but most are far from achieving the enabling framework necessary.

The challenges appear to be systemic. The study shows how these systems perpetuate themselves: societal narratives equating disability with dependency inform political prioritisation; political priorities drive funding allocations; funding structures incentivise institutional solutions; and institutional environments reinforce limiting narratives about what persons with disabilities can achieve. On top of this, historically fragmented governance structures further limit progress.

Breaking the cycle requires simultaneous change across multiple levels: cultural, political, financial, organisational, and professional. However, as it could be argued that the cultural and societal challenges are at the root of the lack of progress, more effort is needed to address these challenges. As can be seen with Sweden's experience with personal budgets, political commitment to independent living policies can be rolled back. All actors must promote better understanding of independent living as a right, and as an achievable goal, so that it is widely accepted, so that needed support is both available and well-funded. Policy makers must be reminded of their commitments and obligations. This will anchor sustainable change and help prevent regression.

In this context, it is also essential to showcase what can be and what is being done. At policy level, Spain's comprehensive strategy, developed through wide-ranging participatory processes demonstrates that ambitious system-wide change grounded in human rights principles can be designed and implemented at scale. Malta's phased reform, centred on self-directed support and personal budgets, illustrates how systems can be reimagined to place choice and control in the hands of persons with disabilities. At the level of support services, there are many examples of initiatives and service transformation effectively enabling independent living. EPR member practices demonstrate that person-centred, co-produced approaches deliver measurable independent living outcomes, and integrated community-based ecosystems can unify fragmented services into coherent pathways.

**What next?** Support service providers can find inspiration and guidance from each other through mutual learning, engage in continuous quality improvement around independent living principles; invest in workforce development emphasising rights and empowerment; and establish genuine partnership structures with persons supported, their communities and other stakeholders.

Actors at European level with a common interest in promoting independent living should work together closely to ensure a strong collective voice. Collaboration should also engage mainstream service providers, whose engagement at national and local levels is crucial to ensure inclusive communities.

Policy makers must involve persons with disabilities and their organisations in every stage of planning and evaluation of strategies and policies, establish multi-year, coordinated and flexible funding mechanisms for independent living support; implement coordinated governance across sectors;

mandate affordable housing stock and integrated support pathways; invest in ongoing professional development and ensure attractive working conditions for the support services workforce.

The EU should ensure funding to implement the EU's Disability Strategy initiatives and priorities, require all funded actions to adhere to the CRPD, monitor genuine stakeholder participation, facilitate innovation and track inclusive indicators.

Only through sustained commitment and broad collaboration can independent living become an established, protected reality across Europe.

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National Agency for the Provision of Services to Persons with Disabilities of the Republic of Malta. 2025. "Reforming Personal Assistance Systems" by Maria Theresa Aquilina. Presentation at Make Independent Living Services a Priority in the EU Disability Strategy, organised by the European Network on Independent Living, Brussels and Online, November 19.

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United Nations. 2006. *Convention on the Rights of Persons with Disabilities*.

United Nations Office of the High Commissioner for Human Rights. 2023. "Good Practices of Support Systems Enabling Community Inclusion of Persons with Disabilities: Report of the Office of the United Nations High Commissioner for Human Rights." A/HRC/55/34.

United Nations High Commissioner for Human Rights. 2025. "Human Rights Dimension of Care and Support: Report of the United Nations High Commissioner for Human Rights." A/HRC/58/43.

Vardakastanis, Y. 2025. "Speech by the President of European Disability Forum (EDF)". High-Level Conference on Independent Living, Copenhagen, Denmark, November 6.

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## Summaries of the Publications

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### **Committee on the Rights of Persons with Disabilities. 2014. "General Comment No. 1 on Article 12: Equal Recognition before the Law." United Nations**

This General Comment clarifies Article 12 of the UN Convention on the Rights of Persons with Disabilities (CRPD), affirming that all persons with disabilities have the right to enjoy legal capacity on an equal basis with others in all aspects of life. It requires a shift away from guardianship and substituted decision-making towards supported decision-making, so that disabled people can make their own choices, including about where and how they live. The Comment stresses that the denial of legal capacity is both discriminatory and a barrier to independent living.

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### **Committee on the Rights of Persons with Disabilities. 2017. "General Comment No. 5 on Living Independently and Being Included in the Community." United Nations**

This authoritative interpretation of Article 19 of the CRPD sets out what it means for persons with disabilities to live independently and be included in society. The Comment details States' obligations to ensure individuals have the necessary support and freedom to choose how, where, and with whom they live, and to access community services on an equal basis. It strongly links independent living to legal capacity, personal autonomy, appropriate support (such as personal assistance), accessible housing, and the right to participate fully in community life, stressing measures to eliminate institutionalisation and segregation.

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### **Committee on the Rights of Persons with Disabilities. 2022. "General Comment No. 8 on the right of persons with disabilities to work and employment." United Nations, CRPD/C/GC/8.**

General Comment No. 8 interprets Article 27 of the CRPD and emphasises the right of persons with disabilities to work in inclusive, accessible environments, free from discrimination. It clarifies States' obligations to prohibit employment discrimination, provide reasonable accommodations, and develop policy frameworks that promote equal opportunities for work, supporting the transition from segregated sheltered workshops to open, mainstream employment for all persons with disabilities.

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### **Committee on the Rights of Persons with Disabilities. 2022. "Guidelines on Deinstitutionalization, Including in Emergencies." United Nations**

These Guidelines provide States with practical advice on how to fulfil their obligations under Article 19 of the CRPD by ending all forms of institutionalisation. They define institutionalisation as discriminatory and as a denial of legal capacity and liberty, and outline how deinstitutionalisation should be planned and implemented, even during emergencies. The Guidelines emphasise that community-based supports, personal assistance, and accessible housing are essential, and that reforms must centre disabled people's voices to restore autonomy, choice, and dignity.

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**Council of Europe. 2022. "Resolution 2431 (2022) Deinstitutionalisation of Persons with Disabilities." Parliamentary Assembly of the Council of Europe, Strasbourg.**

This Resolution urges European States to accelerate the process of deinstitutionalisation and transform care systems. It highlights the need to replace institutional models with individualised, community-based support services, and recognises the importance of respecting personal autonomy, choice, and inclusion for persons with disabilities. The Resolution also calls for sufficient funding, legislative changes, and the involvement of persons with disabilities in designing reforms.

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**Council of the European Union. 2025. "Conclusions on the social inclusion of persons with disabilities through the promotion of independent living"**

These Council Conclusions, adopted by all 27 EU Member States in October 2025, set out shared commitments to advance independent living and community inclusion. They call on Member States to develop person-centred community support services, supported decision-making, and accessible housing, whilst addressing the particular vulnerabilities of women and girls with disabilities.

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**European Association of Service Providers for Persons with Disabilities (EASPD). 2022. "Independent Living and Inclusion in the Community for Persons with Disabilities: Position Paper in Preparation of the Guidance towards Member States."**

This position paper sets out EASPD's vision and recommendations for ensuring independent living and inclusion in the community. It promotes a person-centred approach, highlights the need for structural reforms, and outlines the importance of access to quality community-based services, personal assistance, accessible housing, and inclusive education and employment opportunities for all disabled people.

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**European Disability Forum (EDF). 2024. "The Transition from Institutions to Community-Based Services and Independent Living for Persons with Disabilities: Position Paper."**

EDF's position paper advocates for a comprehensive shift away from institutional models of care in Europe. It details the barriers to independent living across the continent and calls on governments and the EU to invest in community-based support, ensure accessibility, uphold legal capacity, and meaningfully involve disabled people and their representative organisations in designing and monitoring reforms.

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**European Foundation for the Improvement of Living and Working Conditions (Eurofound). 2024. "Paths towards Independent Living and Social Inclusion in Europe." Publications Office of the European Union.**

This Eurofound report analyses trends and developments in independent living and social inclusion policy for disabled people across European countries. It reviews pathways to deinstitutionalisation, highlights good practices, and identifies remaining challenges and policy gaps to inform further reforms in line with the CRPD.



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**European Network on Independent Living (ENIL). 2024. "Independent Living Survey 2024: Disabled People's Perceptions of Independent Living in Europe."**

The ENIL survey presents the lived experiences and perceptions of disabled people regarding independent living in several European countries. Results score and analyse multiple pillars of independent living, such as personal assistance, accessible housing, and participation, demonstrating that significant barriers persist and that no country has yet fully guaranteed this right in practice.

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**European Network on Independent Living (ENIL). 2024. Update to the Shadow Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities in the European Union. Submitted to the Committee on the Rights of Persons with Disabilities.**

ENIL's Shadow Report provides a critical civil society assessment of the EU's progress in implementing the CRPD. It highlights ongoing issues such as institutionalisation, lack of personal assistance, discrimination, and insufficient accessibility, as well as positive developments, calling for more binding measures and full compliance with the CRPD.

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**European Parliament. 2024. The State of Play of Independent Living and Deinstitutionalisation for Persons with Disabilities in the EU: Progress, Challenges, and Way Forward in Supporting Community-Based Living. Study by Alizée Thomas. Policy Department for Economic, Scientific and Quality of Life Policies. Document PE 754.233.**

This study examines the current state of independent living and deinstitutionalisation across the EU, mapping progress, ongoing obstacles, and the impact of EU policy and funding. It offers recommendations for completing the transition to community-based services and upholding CRPD obligations.

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**European Parliament. 2025. Independent Living of Persons with Disabilities in the European Union. Study by Jan Šiška and Julie Beadle-Brown. Document PE 759.355.**

The 2025 study provides an updated analysis of legislation, policies, and outcomes for independent living of persons with disabilities in the EU. It addresses persisting barriers, highlights effective practices, and calls for enhanced EU action to support Member States in achieving full community inclusion for all disabled people.

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**European Social Network. 2024. Enhancing Community Care: Social Services A Force for Change.**

This report explores the role of social services in advancing deinstitutionalisation, independent living, and social inclusion of persons with disabilities. It identifies innovative practices and policy recommendations, stressing the need for integrated, high-quality, and person-driven community care systems.

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**European Union. 2024. "Commission Notice: Guidance on Independent Living and Inclusion in the Community of Persons with Disabilities in the Context of EU Funding." Official Journal of the European Union, C series, C/2024/7188.**

The Commission Notice offers practical guidance for Member States on using EU funding mechanisms to promote independent living and community inclusion in compliance with the CRPD. It urges Member States not to fund any institutional forms of care and to prioritise investments in accessible, personalised support and community-based services.

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**Inclusion Europe. 2024. "Housing for People with Intellectual Disabilities: Issues, Ideas, Practices."**

This paper collects evidence and practices on housing for people with intellectual disabilities, examining challenges such as affordability, accessibility, and discrimination, and promoting innovative models for choice, autonomy, and community integration.

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**Lawson, Anna, and Anna E. Beckett. 2020. "The Social and Human Rights Models of Disability: Towards a Complementarity Thesis." The International Journal of Human Rights 24(2):348-79.**

Lawson and Beckett examine the social and human rights models of disability, arguing for their complementarity. The article reflects on how these models influence legal, policy, and practical approaches to disability, including the promotion of independent living, autonomy, and the imperative for legal reforms to support equal recognition before the law.

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**Ministerio de Derechos Sociales, Consumo y Agenda 2030. 2024. Estrategia estatal para un nuevo modelo de cuidados en la comunidad: Un proceso de desinstitucionalización (2024-2030). Secretaría General Técnica.**

Spain's national strategy outlines a roadmap for transitioning from institutional to community-based care by 2030. It includes legislative reforms, funding priorities, and measures to develop comprehensive, person-centred community support for all persons with disabilities, ensuring their rights and inclusion.

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**United Nations. 2006. Convention on the Rights of Persons with Disabilities.**

The CRPD is the foundational international treaty establishing the equal rights of persons with disabilities. It enshrines the right to independent living (Article 19), legal capacity (Article 12), work, education, participation, and freedom from discrimination. The Convention sets the legal framework for all subsequent policy, legal guidance, and monitoring in the field of disability rights globally.

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**United Nations Office of the High Commissioner for Human Rights. 2023. "Good Practices of Support Systems Enabling Community Inclusion of Persons with Disabilities: Report of the Office of the United Nations High Commissioner for Human Rights." A/HRC/55/34.**

This report compiles global examples of effective support systems enabling persons with disabilities to participate fully in their communities. It identifies some good practices and persistent gaps, stressing the importance of policy coherence, investment, and participation of disabled persons' organisations.

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**United Nations High Commissioner for Human Rights. 2025. "Human Rights Dimension of Care and Support: Report of the United Nations High Commissioner for Human Rights." A/HRC/58/43.**

The 2025 Report explores care and support systems from a human rights perspective, advocating for models which respect autonomy, dignity, and inclusion, and which prevent segregation or institutional responses that undermine independent living.

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