

PATHWAYS TO INDEPENDENT LIVING

Recommendations for service providers
and policymakers to implement UN and EU
Guidelines for the transition
to community-based services.

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Easy to read summary

Who made this publication?

The European Platform for Rehabilitation (EPR), a group of organisations that support people with disabilities, created this document.

What is it about?

This document explains how people with disabilities can live more independently and be included in their communities. It focuses on:

- Helping people move from care institutions into their own homes.
- Improving community services that support independent living.
- Providing advice to people who make laws and manage services.

Independent Living:

- People with disabilities can make choices about their lives, like where to live and what services they need.
- They should have the same rights as everyone else to be part of their community.

Deinstitutionalisation:

- Moving people out of large institutions and into community-based homes or apartments.
- Providing services and support directly in the community.

Challenges:

- Lack of accessible housing and community services.
- Not enough trained staff to support people.
- Stigma and discrimination against people with disabilities.
- Families sometimes worry about change and need support too.

Recommendations:

- Improve cooperation between housing, healthcare, and social services.
- Develop high-quality community-based services.
- Train caregivers and professionals to provide person-centred support.
- Use technology to assist independent living.
- Involve people with disabilities in decisions that affect them.

Good Practice Examples:

The document presents good practice examples from Italy, Latvia, France and Spain for supporting people with mental health issues to live independently in the community.

Why is this important?

Living independently empowers people with disabilities, improves their quality of life, and creates more inclusive communities. This publication helps service providers and policymakers understand how to make this happen.

About the Publication

This publication is the result of the work of the EPR Task Force on Pathways to Community Inclusion set up in 2024. The aim of the Task Force was to prompt a meaningful exchange between EPR members and policy makers regarding the transition of services to people with disabilities to be community-based and discuss how services can be enablers for independent living. The Task Force met three times during the year: the first two meetings were joined by representatives from the UN Secretariat of the CRPD Committee, the UN OHCHR Europe Office and the European Commission Directorate-General Employment, Social Affairs and Inclusion, respectively, whereas the final meeting was dedicated to an EPR members exchange.

This publication is aimed at national and EU decision-makers and it provides 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 in the EU disability agenda. As a result, the *EU Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding*¹ was released on 20 November 2024. The Guidance provides policy building blocks and practical guidance on how to use EU funds to promote the right of persons with disabilities to live independently and be included in the community.

This document also seeks to provide feedback on the Guidance and inform EPR work on autonomy, independent living and transitions towards community-based services. To achieve this, it presents the analysis and findings of the task force meetings, by exploring the challenges and good practices shared by EPR members.

EPR members are service providers to people with disabilities focusing on high-quality service delivery. They offer services which are co-produced, person-centred and that promote the autonomy of the service user, working towards building personalised life projects. This document strives to unpack two main policy frameworks that may impact their work on independent living, namely: the *2022 UN Guidelines on deinstitutionalization, including in emergencies*² and the *2024 EU Guidance on Independent Living and inclusion in the community of persons with disabilities*³.

The EPR secretariat aims to discuss the publication and main reflections and conclusions with key stakeholders.

¹ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, News Article '*Guidance on Independent Living and Inclusion in the Community*', 2024, available [here](#).

² United Nations, *Guidelines on deinstitutionalization, including in emergencies*, 2022, available [here](#).

³ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, News Article '*Guidance on Independent Living and Inclusion in the Community*', 2024, available [here](#).

Policy Context

In October 2024, Eurofound released the report “Paths towards independent living and social inclusion in Europe”⁴ which investigates the state of play of institutional living across Europe over time. It shows that the number of children, adults with disabilities and older people in residential settings has increased in the past 10 years, reaching up to 1.44 million people across the EU. As the report reveals, characteristics of institutional culture include isolation, depersonalisation, lack of participation in society and rigidity of routine. This culture can exist in any setting, but is common in segregated residential settings, often resulting in inadequate living conditions and social exclusion.

2022 UN Guidelines on deinstitutionalization, including in emergencies

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)⁵ is a legally binding instrument ratified by 191 states and the European Union. This landmark Convention enshrines a paradigm shift from a medical model of disability to a human rights model of disability. As a follow up, the UN has continued to develop supportive policy frameworks that can help the signatories in the implementation process of the Convention, including the *UN Guidelines on deinstitutionalization, including in emergencies*⁶. These Guidelines have three dimensions:

1. **Legal Issues:** The CRPD sets a clear obligation for governments and service providers to ensure that services are inclusive and community-based.
2. **Conceptual Framework:** Emphasises personhood over impairment, advocating for services that respect autonomy, dignity, and choice.
3. **Operational Implementation:** Stresses the need to transform services to community-based models, ensuring that support is individualized and embedded within the community.

According to the Guidelines, the two core pillars of de-institutionalisation are **restoring personhood** and **ensuring community inclusion**. Within this framing, an institution is not defined by size, but by the lack of control individuals have over their lives.

2024 EU Guidance on independent living and inclusion in the community

The *EU Guidance on independent living and inclusion in the community*⁷ (hereafter referred to as the Guidance) is a flagship initiative of the European Strategy on the Rights of Persons with Disabilities 2021-2030⁸ (hereafter referred to as the Disability Strategy) and was published on 20 November 2024. This Guidance has been developed in consultation with civil society organisations with the aim of preventing EU funding from supporting segregation. Notably, it acknowledges the vital role played by social services in promoting independent living of persons with disabilities, and places focus on choice and a person-

⁴ Eurofound: Publications Office of the European Union, Luxembourg, *Paths towards independent living and social inclusion in Europe*, 2024, available [here](#)

⁵ United Nations, *Convention on the Rights of Persons with Disabilities*, 2006, available [here](#).

⁶ United Nations, *Guidelines on deinstitutionalization, including in emergencies*, 2022, available [here](#).

⁷ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, News Article ‘*Guidance on Independent Living and Inclusion in the Community*’, 2024, available [here](#).

⁸ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, *Union of equality – Strategy for the rights of persons with disabilities 2021-2030*, Publications Office, 2021, available [here](#).

centred approach to care. The Guidance is interlinked with other Flagship initiatives of the Disability Strategy such as the Framework on Social Services of Excellence for persons with disabilities, set to improve service delivery to persons with disabilities and upgrade of service providers' skills to increase attractiveness of the sector. As a result, it is understood that independent living is a cross-cutting issue and needs to be mainstreamed in other policy areas impacting the life of persons with disabilities.

The Guidance defines the pillars of independent living as:

- **Prevention of institutionalisation:** Safeguarding legal capacity and addressing risks of institutionalization.
- **Person-centred approach:** putting the person at the centre of the service, according to their individual needs and choices.
- **Quality Services:** Enhancing accessible, affordable, and quality services in the community.
- **Community Inclusion:** Removing barriers through accessibility improvements and combating stereotypes.
- **Participation of persons with disabilities:** Ensuring involvement of persons with disabilities in the design and implementation of measures.

This Guidance is built on the principles of non-discrimination and equality, enshrined in Articles 10 and 19 of the Treaty on the Functioning of the European Union⁹. It aligns with the European Pillar of Social Rights¹⁰ and Article 19 of the UN CRPD¹¹.

The purpose of the Guidance is to support Member States in transitioning towards accessible and non-segregated places of residence, community-based services and support¹². It provides a strategic framework for the deinstitutionalisation process, which includes:

- clearly defined timeline for the overall deinstitutionalisation process;
- needs-based analysis of investment gaps based on the outcome of individual needs assessments and a mapping of existing infrastructure, services and workforce;
- time-bound targets and respective indicators;
- dedicated budget and resources, including for the elaboration and implementation of individual plans for the transition to, and for achieving, independent living;
- clear governance and division of the responsibilities of the main stakeholders implementing the actions;
- robust and independent quality control system, including accessible complaint mechanisms available to persons with disabilities, their families or persons representing their interests;
- monitoring tools to guide the structural reforms needed and related investments.

Furthermore, the Guidance provides practical examples for implementing EU funds in this context, particularly in areas of housing, accessibility, and person-centred service delivery. The European Structural and Investment Funds – including the European Social Fund Plus (ESF+) and the European Regional Development Fund (ERDF) – support family- and community-based care services, with funds

⁹ European Union, *Treaty on European Union and the Treaty on the Functioning of the European Union*, 2024, available [here](#).

¹⁰ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, *European Pillar of Social Rights Action Plan*, 2021, available [here](#).

¹¹ United Nations, *Convention on the Rights of Persons with Disabilities*, 2006, available [here](#).

¹² European Disability Forum (EDF): Haydn Hammersley, *New Commission Guidance to improve EU spending on independent living*, 2024, available [here](#).

directed towards construction or renovation of facilities, capacity-building initiatives for informal carers and professionals, and schemes for the dissemination of best practices in the provision of community-based care and services.

Case Study: Use of EU funds to enable independent living in Estonia

Estonia used European Cohesion Policy funds to develop the welfare sector during the period 2014–2020. Funds were used both from the European Social Fund and the European Regional Development Fund through various measures and activities. The objectives of the measures were to:

1. provide services to help people with lower working capacity to stay in employment or find work.
2. to provide welfare services, to develop special care infrastructure and to provide accommodation for people with disabilities.
3. improve access to care services to alleviate the burden of caring for the elderly and disabled.
4. to encourage co-operation between local governments in the provision of services, with the aim of improving the availability and sustainable provision of welfare services.

Of the European Regional Development Fund measures, following activities of measure 2.5. "Development of welfare infrastructure, adaptation of the environment to the needs of people with disabilities" were evaluated:

- 2.5.1 Reorganization of special care institutions.
- 2.5.2 Physical adaptation of housing for people with disabilities

Both of these were related to deinstitutionalization and during midterm evaluation it was found that the measure had a positive influence on deinstitutionalization and that activities should be continued.¹³

Additionally, Estonian think tank Praxis developed in 2017 an evaluation framework¹⁴ to assess the impact of deinstitutionalisation, and proposes indicators, combining which is possible to elaborate an optimal system for monitoring DI impact. The main problem with many indicators is that data for them is not available at the moment, and collection of data still needs to be initiated.

Although no new mechanisms were included in the Guidance, Member States are required to meet enabling conditions for funding. To this end, the Guidance provides a range of good examples of the use of EU funds – namely ESF+, ERDF, Recovery and Resilience Facility, Technical Support Instrument or Invest EU. These include options such as personal assistance schemes, personal budgets, accessible social housing, employment and active labour market policies, affordable assistive technology, e-health services, involvement and consultation with civil society, and accessibility and inclusiveness of mainstream social services.

¹³ Civitta, *Ühtekuuluvuspoliitika hoolekandeteenuste tulemuslikkuse ja mõju hindamine Sotsiaalministeeriumile (Evaluation of the performance and impact of Cohesion Policy welfare services for the Ministry of Social Affairs)*, 2022, available [here](#).

¹⁴ Praxis, *Pikaajalise hoolduse deinstitutionaliseerimise mõju hindamise raamistik - Analüüsi aruanne (Framework for assessing the impact of deinstitutionalisation of long-term care - Analysis report)*, 2017, available [here](#).

Annexed to the Guidance, there is a useful tool: a self-assessment. This is a set of questions that can be used to evaluate the alignment of operations and projects to the approaches described in the Guidance. Service providers can find this beneficial to assess ongoing activities, but also in the design phase of new project proposals to ensure that they address the specific rights and needs of service users from the conceptual phase up to the consultation process with persons with disabilities themselves.

The Guidance recognises the essential role of social services in promoting independent living of persons with disabilities. It is a comprehensive new strategic framework with time bound targets. Although this instrument is not legally binding – it complements other existing legal instruments, making it a tool to help Member States fulfil their already existing obligations. For one, principles enshrined in the European Pillar of Social Rights¹⁵ (Principle 17) emphasise that supporting independent living for individuals with disabilities is crucial for social inclusion.

Challenges to achieving Independent Living

The transition away from segregated institutional settings to community-based services and support remains a significant challenge, rooted in the traditional European model of care. Achieving independent living for persons with disabilities requires tackling systemic barriers and ensuring that community-based services uphold the principles of autonomy and inclusion outlined in the UN CRPD¹⁶ and reaffirmed in the 2024 EU Guidance.

A fundamental challenge is the insufficiency of public funding, especially in remote and rural areas, which hampers the availability and quality of community-based services. The lack of transparency and monitoring in the use of funds exacerbates these issues. Service providers face major obstacles due to understaffing, administrative inefficiencies, and insufficient training, particularly in light of current digital and technological advancements. Severe shortages of trained professionals, including psychologists, occupational therapists, and personal assistants, further compound these difficulties. Improving training, working conditions, and resources is critical to attracting and retaining workers in this sector and ensuring the continuity of high-quality support.

There is a risk of recreating segregated institutional environments under new guises, that still restrict autonomy and choice of persons with disabilities. Thus, efforts toward deinstitutionalisation must avoid creating new hierarchies of disability or new forms of exclusion. Nonetheless, it requires acknowledging the additional difficulty in transitioning individuals with complex and/or severe disabilities into community settings. EPR therefore calls for a shared understanding of independent living as underpinned by the principle of respecting an individual’s choice for the type of service that best meets their needs.

Effective policy reform is essential to support the transition to independent living. Current funding models, in some cases, continue to support segregated settings rather than community-based ones. Legislation and policy must move away from substituted decision-making frameworks and adopt supported decision-

¹⁵ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, *European Pillar of Social Rights Action Plan*, 2021, available [here](#).

¹⁶ United Nations, *Convention on the Rights of Persons with Disabilities*, 2006, available [here](#).

making systems that empower persons with disabilities to make choices and exercise autonomy over their lives. These reforms are critical to aligning national practices with Article 19 of the UN CRPD.

The shortage of affordable, accessible, and secure housing significantly limits the capacity of Member States to provide family- and community-based care. Misconceptions about the safety and feasibility of community living, particularly for persons with high/complex support needs, pose additional barriers to their inclusion. Stigma and discrimination from the community can further hinder progress in this regard. Likewise, families of persons with disabilities may not always fully support the transition into the community due to protective attitudes towards their family member or economic considerations that suggest staying together in the family home. Achieving independent living also requires building greater societal awareness and preparedness through targeted education, training and awareness campaigns. These efforts should emphasize the importance of societal acceptance and understanding of disability inclusion. They should be targeted to communities, families as well as service professionals and policymakers in order to abandon institutional-model mindsets.

While technology holds the potential to enable independent living, its implementation must be ethically inclusive to avoid negative repercussions – such as increasing isolation, deepening the digital divide or embedding algorithmic biases. At the same time, quality management systems, such as EQUASS, can play a role in operationalising person-centred support. By putting the person in the centre of service planning and execution, such systems help ensure that services are tailored to the individual needs and preferences of persons with disabilities.

Services as Enablers of the transition to independent living

From this backdrop, it is important to highlight that moving towards community-based services and independent living needs to be accompanied by specialised services supporting the process and being well integrated in the community, thus having the measures needed to do so (funding, effective support to this transition, etc.) Deinstitutionalisation means more than the physical act of moving people out of facilities. As such, the following questions arise: how can we ensure that managing authorities – at national, regional and local levels – abide by the UN Guidelines and EU Guidance? How can service providers become enablers of this transition? Below are key recommendations for regulators and service providers, put forth by EPR members.

Recommendations

- **Strengthening holistic coordinated approaches**

A successful transition to independent living requires a holistic and intersectional approach that connects key sectors such as housing, healthcare, and employment. Strengthening coordination between medical and social services, support networks, and organisations of persons with disabilities will enhance service delivery and accessibility. Additionally, improving the accessibility of mainstream services is essential to ensuring that persons with disabilities can fully participate in society. Families also play a crucial role in this process, and better support systems should be put in place to prevent them from carrying the burden of care responsibilities alone. By fostering synergies across sectors and institutions, a more sustainable and inclusive support framework can be achieved.

- **Developing robust community-based services**

A robust community support system is needed to prevent isolation and ensure inclusion. Within such contexts, services should act as facilitators and enablers of social integration. EU funds should ensure that deinstitutionalisation efforts do not recreate segregated environments under new labels, and instead focus on building the capacities of communities to comprehensively meet the needs of people with disabilities. Community-based services should be high quality, measured by their impact on the Quality of Life of service users as a clear metric for advancing independent living. A structured and timely transition requires preparing the community, raising awareness, and establishing a supported independent living model. This approach would involve a team of experts working alongside the community to help individuals with disabilities integrate into society.

- **Implementing personalised support programs**

Adopting a person-centred approach in living arrangements is crucial to ensuring that individuals can make informed choices about their preferred environment. Service providers can develop a *life project approach* for each service user, with a multidisciplinary team offering tailored support. Technology should be leveraged as a tool to enhance service efficiency and assist individuals with higher or more complex support needs. Transitions must be carefully planned, ensuring continuity of support and daily activities while acknowledging the varying levels of autonomy among individuals. The challenges of deinstitutionalisation must be recognised, and flexible support structures must be in place to respond to each person's evolving needs.

- **Including individuals with complex and or high support needs**

Transitioning individuals with severe or complex disabilities to independent living requires careful planning to prevent further exclusion. Training programs should focus on shifting mindsets and equipping professionals, caregivers, and policymakers with the tools needed to implement inclusive practices effectively. Additionally, community resistance to integrating individuals with complex needs remains a significant challenge. Strategies should be developed to raise public awareness and promote integration in the community, ensuring that inclusive living arrangements are met with support rather than opposition. By addressing both systemic and societal barriers, individuals with high support needs can be included in meaningful, community-based living environments.

- **Workforce development, upskilling and training**

Professional support is essential to guide persons with disabilities through the process of deinstitutionalisation, preventing feelings of abandonment or being overwhelmed. Therefore, EU funds should be channelled into training and upskilling social services' staff to better meet the needs of service users at different life stages and support their growing autonomy. Such education, training, and capacity building efforts should aim to address and eradicate institutional culture in all care settings and promote a rights-based approach. Additionally, improving working conditions and increasing resource allocation are critical to attracting and retaining professionals in the sector. A well-trained, motivated workforce is essential to ensuring high-quality services that promote independent living.

- **Leveraging new technologies**

Assistive technologies can play a crucial role in supporting the autonomy of service users and improving their quality of life. AI and digital tools can enhance the efficiency of services, particularly in sectors facing staff shortages and heavy workloads. A multidisciplinary, technology-driven approach should be adopted to increase independence for individuals with higher support needs, ensuring that digital solutions

facilitate—not replace—human interaction and community integration. Furthermore, fostering digital literacy through continuous training and upskilling of social service staff is essential. Capacity-building initiatives should be implemented to ensure that professionals remain informed about emerging technologies and best practices that impact service delivery.

- **Transparent monitoring of services and quality assurance**

Robust monitoring mechanisms must be established to ensure that EU funds are allocated effectively and that services uphold the principles of independent living. Particular attention should be given to the implementation of the 2024 EU Guidance, especially in countries with a history of reliance on segregated institutions. Monitoring mechanisms should oversee this process, identifying gaps in social protection and areas for improvement. Additionally, service users should be actively involved in decision-making processes within organisations, ensuring that their voices are heard and that services align with their needs.

- **Dedicated funding for community-based services**

Adequate funding and resource allocation are critical to supporting the transition to independent living. Dedicated funding streams should be established to strengthen community-based services and prevent re-institutionalisation. EU fund allocation must be transparent, prioritising services that promote independent living rather than segregated settings. It is also essential to ensure that small not-for-profit organisations, which play a crucial role in supporting disability inclusion, have access to the resources they need to implement effective programs. Strengthening the capacities of community services, supporting not-for-profit organisations at local, national and European level and raising public awareness will remain key priorities for achieving true inclusion of persons with disabilities.

As a whole, continued collaboration between stakeholders will be required in the coming years to achieve the effective implementation and uptake of the 2024 EU Guidance. EPR will continue to facilitate exchanges between members and the European Commission, ensuring practical feedback informs future EU initiatives.

Examples of Good Practices

Life-Project Approach – Fondazione Don Gnocchi, Italy

www.dongnocchi.it

Fondazione Don Gnocchi (FDG, Italy) provides rehabilitation to persons with a disability and adopts a “life project” approach (introduced by the Italian Framework Law on Disability in 2021), whereby a multidisciplinary team develops with the user a personalised plan to support their recovery of autonomy, involving also family members and caregivers. FDG works to implement the paradigm shift from a hospital-based care to transitional and home care by providing telerehabilitation to patients with different conditions, allowing them to do rehabilitation sessions at home while the therapist follows them from the hospital. Since June 2020, FDG has carried out around 59.000 telerehabilitation treatments to approximately 3.200 patients, with an average patient satisfaction score of 4.3/5. FDG also offers home care services to users, including elderly people, who can live independently while receiving medical and social support at home. In 2023, FDG centres across Italy carried out around 265.000 home care treatments.

FDG is currently involved in a project in Lombardy, northern Italy, to implement case management to accompany elderly people with neurodegenerative diseases and their families through the process of accessing the services they need, favouring the integration between local health and social services.

FDG also has a network of specialised centres, the [SIVA centres](#), where users can have personalised assessment and advice to find out the appropriate Assistive Technology solutions that best meet each individual need (e.g. mobility, communication, home adaptation, personal care etc.). The personalised assessment is carried out by a multidisciplinary team based on clinical, socio-educational and contextual aspects, and includes user testing of aids, adaptations and research of the most suitable solutions available on the market.

Enhancing Independent Living Through Informal Caregiver Training – SIVA, Latvia

www.siva.gov.lv

Since 2022, the Social Integration State Agency's College (SIVA) has been implementing the RRF project "Rehabilitation, Support, Inclusion, Further Education". One of the key initiatives within this project is the development of a Competency Development Program for informal caregivers – family members and close relatives of persons with functional impairments. The program aligns with the EU Recovery and Resilience Fund, specifically within the component "Reducing Inequality" and the investment in "Synergistic Development of Social and Professional Vocational Services." The goal is to establish a modern, accessible competency development centre supporting individuals with diverse functional impairments, their families, and professionals working in social care and education.

Between 2023 and 2024, the program received 165 applications and successfully trained 160 participants across 15 training groups. Participants ranged in age from 24 to 82 years, with an average age of 55. The majority of trainees completed one or two thematic modules, gaining essential skills to improve caregiving quality. The program will continue in 2025.

This initiative highlights the critical role of informal caregivers in supporting independent living and the need for continuous professional development in this sector. The approach taken by SIVA demonstrates that structured training for caregivers can enhance the autonomy of persons with disabilities while also preventing caregiver burnout. Investing in such programs is essential for strengthening community-based support and fostering truly inclusive societies.

PéVA, Pédagogie de la Vie Autonome - LADAPT, France

www.ladapt.net

PéVA was conceived by l'Institut du MAI in 1996 and is further developed by LADAPT since 2016-. It supports adults with disabilities that limit independent living, focusing on individuals with severe motor impairments, including wheelchair users and with cognitive disabilities. The program is designed as a three-step, rights-based initiative aimed at enabling participants to live independently. Over approximately four years and 21 training modules, PéVA emphasizes empowerment, guiding individuals to develop the skills and confidence they need to manage life autonomously in their own homes. A core principle of PéVA is the active involvement of service users throughout the process. More than 160 persons have found a "home" in the past 25 years, by learning how to live independently. Participants collaborate with their support teams to assess their progress, determine when they are ready to advance, and identify any

additional support they may need. PéVA prioritizes self-determination and personal agency, ensuring that clients are not passive recipients of care but active drivers of their own development. One of the first core principles addressed is restoring full autonomy over personal and financial matters, for example by enabling participants to reclaim control over their own resources, regain ownership of their identity, and fully exercise their rights as citizens.

One of the program's key success factors is its gradual, structured approach, which helps users build both the practical skills and the self-confidence necessary for independent living. Framing PéVA as a "training" rather than a form of aid reinforces the idea that participants are learning and growing, rather than simply receiving help. This mindset shift empowers the clients and strengthens their sense of autonomy. Challenges may arise from family dynamics, particularly when parents struggle to relinquish control over their children's care. While their intentions are protective, this reluctance can hinder the entry into the program or slow the progress. Accepting the person's growing independence requires a significant shift in perspective for families, professionals and participants, which can be emotionally complex.

To expand the impact of PéVA, LADAPT has developed a strategy to train other centers and residential facilities within its network, as well as partner organizations, to adopt and disseminate this methodology. This two-year training program includes regular follow-ups and structured assessment points, ensuring a consistent and high-quality implementation of the approach.

PéVA thereby highlights the long-term benefits of investing in programs that support independent living. Not only do they empower individuals with disabilities to lead fulfilling lives, they also reduce the financial burden on care services over time.

Supporting persons with mental health – Fundación INTRAS, Spain

www.intras.es

INTRAS Foundation is a Mental Health organisation which offer services to more than 1.500 people with disability due to mental health problems and with a psychiatric diagnosis. The goal is to focus on what is important for each person, and support them to achieve it. The activities and services that INTRAS Foundation offers are all community-based, supporting people to attend the activity they want to attend, and find it in the community. Leisure and free time means joining a mountain club, just like anyone who enjoys the mountains. In the sports club everyone competes, and in the veteran league in which they compete, people know them as the team with women, not the team with people with disabilities. The same principles are applied for accommodation. INTRAS Foundation has a few residential centres, more than 150 supervised flats, and they are all organised in the same way.

During the Taskforce, Fundación INTRAS shared the successful example of Angel, a man whose life has not always treated him kindly. He struggled with suicide attempts, exhibitionism, gambling addiction, substance abuse, and low self-esteem. He felt rejected in many job interviews, he lost control and went in a very controlled environment in the North of Spain. His family asked INTRAS Foundation to provide services to him in Toro. Now Angel lives in a supervised flat in this town with which he has ties. His parents were from there, he knows the village and the neighbours. He works in a cafeteria and became a volunteer. Work is important for Angel. He eats at the cafeteria or takes dinner home if he does not feel like cooking. He feels good with his roommates. María, his psychologist, explains that he works hard to build his life project. Together they identified the support he needs. These needs may change from time to time. Angel

comes and goes from his apartment whenever he wants. He attends an art workshop or goes camping for a week, alone, and manages travel, meals, money and medication all by himself. He is almost autonomous with his medication. He actively participates in his treatment, and negotiates with his psychiatrist when he is uncomfortable with the side effects of his medication. Angel feels in control of his life, and makes his own decisions. He is doing well and his neighbours care about him.

Residential and Supported Housing Programs – Fundación SASM, Spain

fundacionsasm.org

SASM Foundation provides housing solutions that encourage independent living while offering necessary support. Users live in supervised apartments where they can develop life skills, build routines, and learn to manage daily responsibilities with minimal intervention. The organisation's commitment to the Libera Care model eliminates coercive practices, fostering environments where individuals feel safe, respected, and in control of their lives. SASM's partnership with *Obertament* (an anti-stigma organization) includes training and consulting to promote environments free from discrimination and stigma. These efforts empower users to feel accepted within their communities and build the confidence needed for independent living.

SASM Foundation is implementing the WHO QualityRights tool¹⁷ to evaluate and improve services related to mental health and human rights. This ensures that users receive care rooted in respect for autonomy and quality of life, facilitating their ability to live independently. SASM provides workshops and training programs focused on practical skills (e.g., financial literacy, cooking, personal care, and managing household responsibilities) to help users transition to independent living. By employing experts with lived experience, SASM ensures that users receive guidance from individuals who understand their journey. This peer-to-peer support model encourages mutual understanding and motivation for independent living. Finally, SASM adopts the "Safewards Model" to create comfortable, supportive spaces for users. These environments promote emotional stability, encouraging users to take steps toward living independently while feeling secure and valued.

¹⁷ World Health Organization (WHO), WHO QualityRights tool kit, 2012, available [here](#).

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