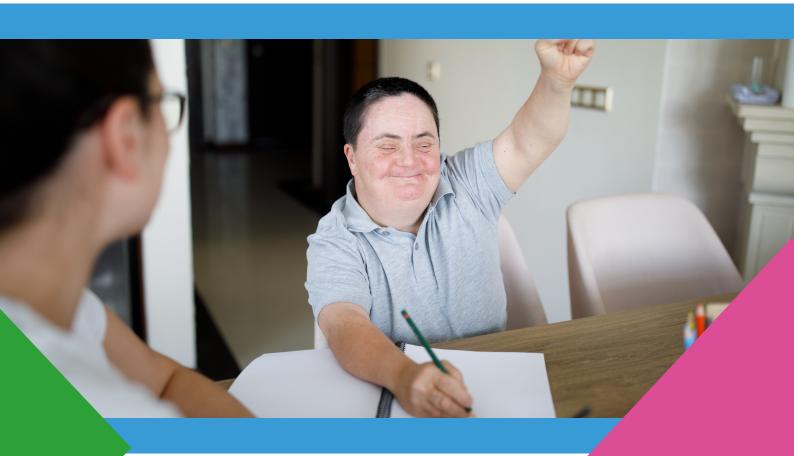# Models on innovative practices focusing on supported decision-making mechanisms

Models on Innovative practices focusing on supported decision-making mechanisms

Acknowledgements

This is a report of the European Association of Service providers for Persons with Disabilities (EASPD) subcontracted to Fundació Campus Arnau d'Escala.

Brussels, December 2021

Contents

Introduction

The study presented here responds to the call for tenders launched by EASPD during 2021. The main motivation for the tender was to obtain value-added and up-to-date information on the state of the art of supported decision-making mechanisms deriving from Article 12 (Equal Recognition before the Law) of the UN Convention on the Rights of Persons with Disabilities.

The study identifies and analyses a triple-axis ecosystem (**legal frameworks; services and academic curricula or life-long education programmes or initiatives**) in EU Member States and beyond. It is an eminently practical study and each of the three blocks of this report is designed in such a way that the reader can obtain sufficient information to be able to analyse the applicability of the concepts in their local context.

From the perspective of **legal framework** reforms, the processes in six EU countries have been analysed: Austria, Belgium, Greece, Ireland, Portugal, Spain (and Catalonia). In all of these countries except Greece, legal reform processes affecting the legal capacity and supported decision-making mechanisms of persons with disabilities have been undertaken. The analysis includes elements of the reform process as well as the innovative elements to which it has given rise, with particular emphasis on new instruments influencing legal capacity and supported decision-making.

The second block analyses a package of **good practices** in the field of supported decision-making services. Two types of good practices are distinguished: on the one hand, good practices promoted by administrations and therefore of a structural nature are analysed; on the other hand, good practices (and promising ones) arising from civil society organisations have also been collected and analysed. It should be noted that practices from all over the world and not only from member stated in the EU-28 sphere are shown. This is because searches for good practices in the EU yielded very few results, so it was decided to expand the search to the global level. The low presence of good practices in EU countries is an indication that, although legal reforms are being undertaken, they are not yet transcending into the services sector in a significant way. The criteria for inclusion as good practice have emphasised, in addition to innovative elements, those that have to do with the participation of the person in the different areas of social interaction, as well as those that promote independent living and integration into the community.

The third block is dedicated to analysing **training and capacity building programs** related to decision-making support services. A distinction is made between those in the academic field, those offered by private entities and those promoted by public administrations.

2. Legal Framework Reforms and Implementation

This chapter includes an analysis of the process of legal reforms in six EU countries. It also includes the case of Catalonia (Spain) emphasising the introduction of new instruments related to supported decision-making. This chapter further highlights the aspects of the reform processes that have led to significant improvements and provides a detail-oriented analysis of the instruments, and their alignment with the UN Convention on the Rights of persons with disabilities (UNCRPD). As it has been already highlighted by the CRPD Committee, there are very few examples of full compliance with the mandates of the Convention, and this can also be observed in this report. Lastly, this chapter includes examples both where reforms have been occurred and where they are planned in the short term.

Austria

Key elements

Austria undertook a comprehensive reform on its legal framework in 2018 reformulating its system to create more flexibility in the different measures available for a person with a disability or with support needs to retain their legal capacity to the maximum extent possible as well as configuring the support they want to receive. However, support is envisaged and conceptualised based on different representation formulas that may not align to the interpretation of the UNCRPD Committee on supported decision-making.

The *«Second Protection of Adults Act»*[1] came into force on July 1, 2018 and focuses on autonomy, self-determination and orienting persons with disabilities towards decision-making. The law brings a radical change as it implies the disappearance of incapacity in favour of support as the only way to protect people who, without losing their capacity, require protection against their illness.

Reform Principles

- The objective of the current law is to maintain and recognize the autonomy of each individual to make decisions for as long as possible and support the individual managing their affairs rather than making decisions for them.

- Additionally, despite the mechanisms included in the law encompassing some form of representation or substitution of the person, one of the principles (the third) recognises the self-determination of the individual even after those mechanisms have been formalised. It is intended that persons with

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[1] «2. Erwachsenenschutz-Gesetz – 2. Erw- SchG»

disabilities can retain their legal capacity and can decide for themselves, ensuring that their will, wishes and preferences are taken into consideration.

- The focus is on the individual and not on the disability itself. This is the fifth principle included in the law and it lays the foundation for evaluating a person's ability not only based on medical criteria but through an assessment process initiated by an *«adult protection association» or «erwachsenenschutzverein».*[2]

- Substitute decision-making mechanisms have been limited and can only be applied to an extent and for as long as it is considered necessary. Additionally, this implies that the right to oppose the chosen form of representation exists, as well as to establish a limited period of applicability, or to be able to select the most appropriate representation model depending on the situation.

Supported Decision-Making mechanisms & other legal elements

- The *«Second Protection of Adults Act»* develops a wider range of representation models to choose from as the intention is that multiple solutions or mechanisms exist to adapt, adjust and tailor-made the judicial measure to the needs of the person, each one with different attributes and different levels of power.

- The Austrian legal framework develops and configures four mechanisms to support an individual using representation as a mechanism: *«enduring powers of attorney»*, *«elective representation»*, *«statutory representation»* and *«court appointed representation»*.

  - *«Enduring powers of attorney»*[3]

  - *«Elective representation»* requires that the person freely chooses its representative amongst friends, family members or other individuals with a close relation to him or her. It does not have a limited duration over time.

  - *«Statutory representation»* is exercised by members of the family, friends or other individuals with a close link to the person requesting it. It has a maximum duration of three years and after that it must be renewed. The person has the right to oppose or object to this type of representation.

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[2] There are 4 adult protection associations in Austria. (1) Vertretungsnetz, (2) Lower Austrian regional association for adult protection, (3) Adult representation Salzburg, (4) Institute for Social Services (ifs) for adult representation, resident representation and patient advocacy

[3] A power of attorney is a legal instrument that enables an individual to choose in advance and in front of a notary another person to take care or perform certain acts or deal with certain and predefined topics. Powers of attorney are a flexible instrument with potential to be used in business-related decisions or to deal with personal and health-related decisions. Powers of attorney are an extra-judicial mechanism and represent an adequate, but often underused, alternative to guardianship.

- ○ *«Court appointed representation»* replaces the previous *«guardianship model»*. As a novelty, the powers of the representative assigned by court will be limited to specific matters without the possibility of managing all the affairs or spheres of an individual. Representation will cease when the specific matter it was appointed for has been dealt with or automatically within a period of three years, whichever comes first. This substituted decision-making mechanism is intended to be used as a last resort.

- A common characteristic among all mechanisms is that none will automatically determine the loss of legal capacity of an individual. In order to avoid a serious risk to the person, the court, when a legal representative exists, may establish that certain legal acts require the approval of the legal representative to be valid.

Impact & next steps

- Intervention of courts has been limited so its intervention is only necessary when specific sensitive situations need to be settled. Some examples include, deciding a permanent change of residence, solving disagreements between the person with a disability and their representative regarding medical treatment or asset management and other complex issues with high impact on the life of the individual.

- In personal and family matters, the general principle establishes that adults must make their own decisions. The legal representative may only intervene if the person concerned is unable to make a decision autonomously.

Conclusions on legal reform and implementation

The Austrian legal framework in relation to legal capacity is a very flexible system that allows the social inclusion of the person with a disability. The individual retains his capacity to act in every sphere despite the system relying on a broad range of representation mechanisms.

The new legislation has also improved the previous system by regulating a maximum number of individuals that legal professionals (notaries, lawyers) can represent at the same time if there are legal issues to be addressed. This is being accomplished by limiting the fees of the representative of the individual or by expanding the role of publicly funded protection associations which, aside from advisory functions, will become a central hub for individuals to ask for tailor-made support solutions.

Belgium

Key elements

Belgium has made significant efforts to develop a legislative framework to align with the provisions of Article 12 of the Convention and the interpretation of the UNCRPD Committee. A two-stage legislative reform conducted in 2013 and 2018 (entered into force in 2019), highlights the importance given by the Belgian legislators to adapt its legal framework to this international treaty.

Reform principles

- The Belgium legislation regarding legal capacity presumes that every adult is able to transact in all acts of civil life *«Art. 488 of the Belgian Civil Code»*. The ability to acquire and exercise subjective rights is the norm, unless the person has been declared incapable by law *«Art. 1123»* via a court resolution.

- In the reform enacted by *«Law of March 17, 2013»*[4], a new support model was introduced in order to unify the existing support mechanisms and ensure that the person with a disability is at the centre of the process. The reform will be reviewed in 2023, however, before this date the legislator has introduced some modifications.

- In the *«Law of December 21, 2018»*[5] the procedure was simplified and some legal gaps in the legislation were solved. In turn, this meant a lower workload for judges and court clerks and in general a positive outcome for persons requiring support.

- The will and preferences of the individual with support needs are central elements of the measures proposed, as well as that the person with a disability and their supporter should be in close contact.

Supported Decision-Making mechanisms & other legal elements

- The Belgian model presents two different types of support: extrajudicial support and judicial support. Extrajudicial support is established as a general rule and, only in its absence, judicial support mechanisms may be established.

- The law establishes that persons may be considered as *«in need of support»* but it does not establish or define the specific rules or criteria used to make the aforementioned consideration. However, the *«Royal Decree of July 29, 2019»* defines a standard model whereas a medical certificate with certain

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[4] «Loi du 17 mars 2013 réformant les régimes d'incapacité et instaurant un nouveau statut de protection conforme à la dignité humaine»

[5] «Loi du 21 décembre 2018 Simplification des dispositions du Code civil et du Code judiciaire en matière d'incapacité, et de la loi du 17 mars 2013 réformant les régimes d'incapacité et instaurant un nouveau statut de protection conforme à la dignité humaine»

requirements must be included in the judicial request in case the individual requiring support presents health issues. The purpose of adding a medical certificate to the petition is for the judge to have all relevant information to make an informed decision on which aspects a person has difficulties understanding, thus supporting in individualising the support measures an individual receives.

- The person who requires support has the right to be assisted throughout the process by a *«trusted person»* designated by him or her.

- The *«trusted person»* acts upon as an intermediary between the judge, the future *«administrator»*[6] and the person with support needs and its duty is to help the person exercise their rights as well as to ensure that the will, wishes and preferences of the individual are taken into consideration in the process of determining the support measure to be determined by court. As far as possible, the administrator should maintain close contact with the person in need of support, as this will help the person concerned express their wishes and assist them in expressing their opinions if they cannot do it autonomously.

Impact & next steps

- A *«central registry for the protection of persons»* entered into force in June 2021. This registry is a platform for interaction between the court and the persons involved in the case of an individual with support needs to verify and identify the person in charge of providing support.

Conclusions on legal reform and implementation

The Belgian legislation reform on adult legal capacity has been conducted in a two-stage process. The reform is built on the old provisional administration regime, while making fundamental changes in the role of the administrator. Whilst the provisional administrator had a representation mission, unless specified differently by the judge of peace, the new administrator has an assistance mission, with specific exceptions. The objective of the legislator is to allow the person who needs support to be able to develop autonomy , make decisions as an equal citizen and to strengthen the role of the various social actors (protected person, judge of peace[7], trusted person, administrator, family members).

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[6] The administrator is the person who will support the person in the future. The administrator can exercise the role to assist a person in making decisions but can be granted representation faculties of an individual to deal with personal or property issues.

[7] The judge of peace is the judge who is closest to the citizen and operates on a civil jurisdiction. It does not operate on criminal matters, tax matters and social law issues.

More info available on: https://justice.belgium.be/fr/publications/le_juge_de_paix

Greece

Key elements

The United Nations Convention on the Rights of Persons with Disabilities was signed by Greece on 2007, entering into force on 2012 alongside its Optional Protocol by virtue of its incorporation into national law *«4074/2012 (Government Gazette 88/A΄)»*.

However, at the same time, provisions of the Civil Code regarding legal capacity are included in «Law 2447/1996»[8], which incorporated the provisions from 1666 to 1688 to the core of the Greek Civil Code. Since then, the legal mechanisms have not been amended nor has the concept of *«supported decision-making»* been incorporated into Greek Law, so it cannot be said that any reform has taken place to advance in the implementation of the UNCRPD in the matter of legal capacity.

Reform principles

- The basics of legal capacity are defined by *«Articles 127 to 129 of the Greek Civil Code»*, which positively establishes that every Greek citizen is competent for legal action at the age of 18 but, on the other hand, deems *«incapable of legal action anyone who has not completed the 10th year and persons who are under full deprivation of legal aid»*.

- In Greece any reference to the concept, mechanism or institution that could be parallelised as *«supported decision-making»* does not exist. Instead, every measure in its legal framework refers to the concept of *«legal aid»* or *«legal assistance»* which ultimately takes the form of *«guardianship»*.

- Under *«Articles 1666 to 1688 of the Greek Civil Code»* a *«guardianship»* measure could be activated and the adult is subject to *«legal aid»*:

  ○ *«when due to a mental or intellectual disorder or due to a physical disability is unable, in whole or in part, to take care of his own affairs;*

  ○ *when, due to promiscuity, drug addiction or alcoholism, he exposes himself, his spouse, his descendants or his ancestors to the risk of deprivation and;*

  ○ *the minor, who is under parental care, may seek legal assistance, if conditions are met, during the last year of adolescence, and the results of legal aid begin after the minor becomes an adult».*

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[8] «Νόμος 2447/1996»

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SDM mechanisms & other legal elements

- According to the Greek Civil Code, the court appoints a *«guardian»*, which can be a natural person proposed by the person with support needs or a juridical person - an association, institution or a competent social service - established for this purpose.

- The institution of *«legal aid»* is indeed a *«guardianship regime»* based on substitution where a person is fully or partially deprived of his or her legal capacity. Hence, a person is appointed for specific legal acts and decisions *«partial auxiliary»* or for all legal acts and decisions *«full auxiliary»*, requiring the consent of this figure for the acts specified in the judicial decision.

Impact & next steps

- Despite the legal framework contemplating representation measures, there is a possibility for a person to exercise choice and control over the person who wants to be supported by or wants to be excluded from providing it. However, the court can override the wishes of the individual and appoint another person based on the suitability or unsuitability of the person's candidate and according to the requisites and order established by law.

- Assessing a person's ability to make decisions - not on the basis of supported decision-making - but determining whether there is a circumstance leading to incapacity of a person to take care of their own affairs is decided by court based on evidence provided by a report elaborated by a health professional from a public hospital or other public body and an judicial forensic assessment. Additionally, the Greek Civil Code stipulates that the competent court, in order to decide on appointing a *«legal assistant»*, takes into account a report of the competent social service that must include the necessity of the measure and the suitability of the person to be appointed.

- Whilst legal capacity or supported decision-making has not been a priority issue for the Greek Government, the Greek National Action Plan for the Rights of Persons with Disabilities was born with the aim to codify and reform legislation, transpose European directives for persons with disabilities and harmonize the United Nations Convention on the Rights of Persons with Disabilities into domestic Greek legislation, and has potential to become the lever to initiate action in this sensible topic.

Conclusions on legal reform and implementation

The legal framework in Greece regarding legal capacity and supported decision-making refers to the latest reform made in 1996 and its incorporation in the Greek Civil Code. Despite the Greek State ratifying the Convention and its Optional Protocol in 2012, significant efforts need to be made by the legislator to overcome traditional institutions such as *«guardianship»* or *«legal aid»* and embrace the new paradigm of supported

decision-making. Taking advantage of the Greek National Action Plan for the Rights of Persons with Disabilities and the Deinstitutionalisation Strategy and Action Plan currently conducted by the Greek Government the debate for a substantive reform on legal capacity should be a higher priority on the political agenda on a nearby horizon.

Ireland

Key elements

Ireland was one of the last countries in the European Union to ratify the Convention on the Rights of Persons with Disabilities. In prevision, a comprehensive reform of its legal framework[9] regarding legal capacity was approved in 2015. The reform provides a clearly defined and regulated range of mechanisms to individualise the support a person wishes to receive but still contemplates measures that enable representation of individuals in exceptional circumstances.

Reform principles

- The Irish reform repeals the provisions about legal capacity included in the *«Victorian Lunacy Regulation (Ireland) Act, 1871»*

- Provides a modern statutory framework to support decision-making for adults ending the wardship system and establishing a new Decision Support Service (DSS)

- The law contemplates the creation of an administrative agency, the «Decision Support Service; DSS» which will have an important role supervising and safeguarding the different measures or mechanisms.

- The law presumes every individual is able to make decisions and has full legal capacity, including persons with disabilities, unless the contrary is proven.

SDM Mechanisms & other legal elements

- A functional test will we used to assess a person's capacity to make a decision by analysing if the person is not able to: (1) **understand the information** relevant to the decision, (2) **retain the information** overtime to make a voluntary choice, (3) **use or weigh the information** obtained as part of the process

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[9] «Assisted Decision Making (Capacity) Act» signed on 30th December 2015. Despite its approval in 2015, the law has been partially amended in the «Assisted Decision-Making (Capacity) (Amendment) Bill of 2019»

of making the decision and (4) **communicate the decision** verbally, in writing, using sign language, assistive technology or any other means.

- The main formal mechanisms to support individuals are **«assisted decision-making»**, **«co-decision-making»**, and **«decision-making representation»**. Decisions under the latter mechanism must be based on the will and preferences of the individual and is the only mechanism where the person cannot freely choose the person who will provide the support or when to terminate the relationship.

- The formal mechanisms using the *«decision-making assistance agreement»* and the *«co-decision-making agreement»* could be terminated at any given time with consent from both parties, albeit the latter needs the approval of the director of the DSS.

- The person chosen to be the *«decision-making assistant»* or the *«co-decision-maker»* should be a relative or a friend of the person with support needs who, as defined in the Act, has a relationship of trust built up over a period of personal contact.

- The Irish *«Assisted Decision Making (Capacity) Act»*, aside from formal mechanisms supervised by court or the DSS, foresees the use of *«enduring powers of attorney»* and *«advance healthcare directives»* for a person to receive support and exercise their right to legal capacity.

Impact & next steps

- Ireland has taken decisive steps to develop an aligned legal framework to the UNCRPD mandate, albeit despite being approved in 2015 and amended in 2019, the law is not fully operational yet.

- The Irish Government has created the *«Inter-Departmental Steering Group; IDSG»*, previously under the remit of the Department of Justice and Equality, which includes the Decision Support Service, the Mental Health Commission, the Courts Service, the Ireland's Health Service and the Department of Health. This group was created to ensure that the necessary actions are being deployed to implement the law by June 2022.

Conclusions on legal reform and implementation

Ireland's reform represents a huge leap towards the implementation of the UNCRPD albeit still contemplating representation of individuals in exceptional circumstances. Nevertheless, the reform has had a significant delay in its implementation since its approval in 2015. It is a significantly positive indicator that a special steering group has been created by the Government to accelerate the uptake of the law and its provisions in the different service structures of the country. This, coupled with the fact that the Irish Government has secured a budget of

€5.8m for 2021 for the DSS to become operational by developing the necessary systems, including IT systems, is a positive outlook for the law to become definitely enacted in 2022.

Spain

Key elements

Spain recently approved (2021) a comprehensive reform of its civil legislation, abolishing traditional institutions that deprived persons with disabilities of their legal capacity. The new legislation establishes new measures to support persons who might need it aiming to implement the United Nations Convention on the Rights of Persons with Disabilities and the paradigm of supported decision-making[10].

Reform principles

- The traditional paradigm of *«protection institutions»* has been overcome by **abolishing *«guardianship»*** and redefining *«curatorship».*

- The main formal mechanism to support individuals is *«curatorship»,* still **allowing representation of a person**, albeit, in duly justified and **exceptional circumstances**. When *«even having made a considerable effort, it has been impossible to determine the will, wishes and preferences of the person»* and in every circumstance the person with representative powers **must always take into account the *«life history»*** of the person with support needs.

- Article 268 of **Law 8/2021** establishes that the *«judicial resolution [to determine **the support measure], under no circumstances, will include the mere prohibition of rights».***

- Law 8/2021 does **not venture to specifically define the term *«support»*** but clearly sets the standard as *«support in the exercise of legal capacity must respect the rights, will and preferences of people with disabilities and must never decide for them».*

SDM mechanisms & other legal elements

- The Spanish legislation does **contemplate *«safeguards»*** as an important and inherent element in providing support to persons with disabilities.

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[10] *«Ley 8/2021, de 2 de junio, por la que se reforma la legislación civil y procesal para el apoyo a las personas con discapacidad en el ejercicio de su capacidad jurídica».* Came into force on September 3rd 2021. The Convention of the Rights of Persons with Disabilities came into force in domestic law on May 3rd, 2008.

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- It must be taken into consideration that it is the **person who must make decisions freely and autonomously, including choosing their own support,** and must understand the information that is given and the consequences of a decision **but no specific mechanisms are regulated to guarantee it.**

- **Any type of support measure** needs to be **reviewed periodically** and adapted if the circumstances of the person vary.

- Any reference to the concept of *«superior interest»* or *«best interest»* **is eliminated** in the legal framework and, instead, the guiding principle of the reform is based on the *«respect of the will, wishes and preferences of the person».*

- **The right to receive support** is conceived as a subjective right of persons with disabilities so, in principle, requesting and receiving support should **not entail additional costs for persons with disabilities.**

Impact & next steps

- There is still a **need to move away from the traditional scheme of *«capacity assessment»*** and to work in close collaboration with specialised experts in the legal, health and social field in order to encompass different spheres of an individual.

- There is a prevailing **need to create a new mechanism to assess a person's support needs** taking into consideration the person's abilities and its capacity to understand the context of the decision they are making as well as the specific consequences and implications of a decision.

- **Training** legal professionals, civil servants and professionals involved in the process of supported decision-making **is mandatory by law.**

Conclusions on legal reform and implementation

Since the Convention entered into force and despite the efforts to adapt the heterogeneous and dispersed regulations existing on the rights of persons with disabilities in Spain, **the reform of the civil legislation had been an unresolved matter in Spain until 2021.**

This reform was necessary as a first step to align with the Convention but as the legal framework has evolved, **it is necessary to build or redefine the current system of public and private services** to adapt them to the new standard of support provision.

Catalonia

Key elements

Catalonia has recently approved (2021) a transitory legislation, the *«Law Decree 19/2021»*[11]*,* to adapt its Civil Code to the Convention on the Rights of Persons with Disabilities, taking advantage of the reform in procedural law deriving from the comprehensive Spanish legal reform.

Reform principles

- The Catalan legislator **eliminates** all traditional civil law **institutions based on representation and substitution** such as *«guardianship»* or *«curatorship»* and regulates **«assistance»**[12] as the only possible formal institution or mechanism able to provide support for persons whom might need it.

- The *«assistance»* mechanism incorporates adjustments and provisions in order to function as the **only formal mechanism** existing in the current Catalan Civil Code but maintains its core essence.

- It seems that the Catalan legislator will venture to define **support** and consider different wide range measures of support in the future reform, **not limited to but beyond human support**[13].

SDM mechanisms & other legal elements

- *«Article 226-2»* establishes that *«the designation of the person providing the assistance must be based on the **best interpretation of the will of the person** concerned and his or her **preferences**, in accordance with his or her **life history and trajectory**, previous manifestations of his or her will in similar contexts, the information held by trusted persons and any other considerations relevant for the case. In this case, it is mandatory to communicate to the judicial authority all the circumstances known in relation to the wishes expressed by the assisted person»*.

- The designation of an *«assistance»* could be materialised via **notary** by means of granting a notarial public deed or, instead, through a **voluntary procedure** requesting the provision of judicial support

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[11] «Decret llei 19/2021, del 31 d'agost, pel qual s'adapta el Codi civil de Catalunya a la reforma del procediment de modificació judicial de la capacitat».

[12] This figure was created in 2010 to comply with the principles of the Convention but first and foremost to provide support to persons who might need it and request personally through a voluntary procedure instead of an adversarial one but also to respect their legal capacity as it remains unmodified, their will and preferences in order to choose by whom they want to be supported by or when to stop receiving support.

[13] A reform of the Catalan Civil Code was already in process and a public consultation process was conducted in 2019 and concluded in 2020 originating the publication of a first proposal of its basis and principles. This document establishes the «support concept» which is fundamental for civil law regulation.

measures in front of court. The Catalan legislator aims with this reform to give a predominant and more important role to voluntary support measures.

- The Catalan transitory legislation introduces an **exception** in the *«assistance»,* allowing and regulating representative functions for the assistant, only with prior judicial authorisation, that should trigger when the will, wishes and preferences of the person cannot be determined by any possible means and action is needed or considered essential due to the circumstances of the person[14].

Impact & next steps

- Under *«Law Decree 19/2021»*, legal practitioners and interested parties have to be vigilant so representation under this mechanism becomes the exception and **only operates in fringe cases** and does not end up being the general rule.

- The Catalan *«Law Decree 19/2021»* is a temporary regulation that will cease to exist when the comprehensive reform of Catalan civil legislation is completed so **many important aspects are still pending to be developed**.

Conclusions on legal reform and implementation

The Catalan *«Law Decree 19/2021»* lays out the basics to adapt current legislation to the new paradigm of supported decision-making mechanisms and the mandate of the UNCRPD. Nonetheless, first and foremost it acts as a transitory regulation in which the legislator faces a twelve month period to develop and approve an integral reform of the Catalan Civil Code. There are many aspects included in the *«bases of the reform of the Catalan Civil Code in the matter of support for the exercise of legal capacity»* that suggests it will become a pioneer example with the utmost compliance and advanced implementation of the Convention around Europe.

Portugal

Key elements

Portugal signed the UNCRPD on 2007 as well as its optional protocol. Both entered into force after its ratification on 2009[15]. Since then, the Portuguese Civil Code has been reformed by the *«Law 49/2018 from 14th of August»[16]*, and is in force since 2019, replacing traditional regimes in force since 1967, for a newly created

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[14] This point is controversial, since in previous legislation, representative functions were an exclusive attribution to «guardianship» and «curatorship» mechanisms, whilst «assistance» was not entitled to it unless granted by the person on a per-situation basis.

[15] «Resolução da Assembleia da República n.º 56/2009» and «Resolução da Assembleia da República n.º 57/2009»

[16] «Lei 49/2018, de 14 de Agosto, regime jurídico do maior acompanhado»

regime of *«acompanhamento»* (accompaniment or support). The reform was conducted after the Concluding observations on the initial report of Portugal (CRPD/C/PRT/CO/1) were made public by the Committee in 2016 and represent a step forward towards compliance with the demands and provisions of Article 12 of the UNCRPD.

Reform principles

- The reform abolishes *«interdiction; interdição»* and *«incapacitation; inabilitação»*.

- Any adult can voluntarily choose the person who will exercise his or her *«acompanhamento»* and its decisions must be respected by the court.

- The concept of «legal capacity», as defined by the Convention, does not coincide with the dogmatic categories traditionally used in Portuguese Law and the binary approach that distinguishes the capacity to hold rights and the capacity to exercise those rights still exists.

SDM mechanisms & other legal elements

- Measures of *«acompanhamento»*, as defined by *«Article 138 of Law 49/2018»* apply to persons who *«are unable, for reasons of health, disability, or their behaviour, to exercise, fully, personally and consciously, their rights or, in the same terms, fulfil their duties»* whilst *«Article 140 of Law 49/2018»* determines the goal of the measure by stating that its aim is *«ensuring their well-being, their recovery, the full exercise of all their rights and the fulfilment of their duties»*.

- The Portuguese reform - *«Article 141»* and *«Article 143»* - establishes greater importance that the person concerned initiates by its own will the procedure to request support or *«acompanhamento»* and, in similar terms, chooses its future supporter, despite contemplating measures for third parties to initiate the procedure.

- Despite emphasizing the person's ability to exercise choice and control, in absence of choice by the person of his or her future supporter this role is granted to *«to the person whose designation best safeguards the best interest of the beneficiary»*.

- Measures of *«acompanhamento»,* can take different forms and shapes by virtue of *«Article 145.2 of Law 49/2018»*, even though they may not be all considered as *«support»* in the same way the Convention and its interpretation defines it. Depending on each case and independently of what has been requested, the court may design an accompanying person to act under one or more of the following regimes: «*(a) exercise of parental responsibilities or the means to fulfil them, according to the circumstances; (b) general representation or special representation with express indication, in this case, of the categories of*

acts required; (c) total or partial administration of assets; (d) prior authorization to conduct or perform certain acts or categories of acts; (e) interventions of another type, duly explained».

- Significantly, *«Article 145.4 of Law 49/2018»* establishes that *«the legal representation follows the guardianship regime, with the necessary adaptations, the court being able to request the constitution of the family council».*

Impact & next steps

- *«Article 146 of Law 49/2018»* of the Portuguese legislation mentions that *«in the exercise of their function, the accompanying person privileges the well-being and recovery of the accompanied person, with the diligence required of a good family man [bonus paterfamiliae], in the specific situation considered»*. Whilst the use of the expression *«diligence of a bonus paterfamiliae»* leads to identify with the concept of *«best interest of the person»,* as already used in previous articles of the law, it can and should possibly be interpreted in accordance with the Convention's paradigm of *«will, wishes and preferences»*, albeit that is a matter of discussion and particular interpretation.

- Another aspect that could lead to discussion and controversy is the fact, under «Article 149 of Law 49/2018» that the provision of support can only end or be modified «by judicial decision», adding another layer of complexity for the person with support needs. As in this case, the person needs to start a new legal procedure if the support is not necessary or desires to modify its terms, and the person will only succeed in this endeavor if the competent authority recognises «the cessation or modification of the causes that justified it».

Conclusions on legal reform and implementation

Portugal was one of the latest European Member States to reform its legal framework in an attempt to abolish traditional and outdated institutions whilst developing new mechanisms based on support and accompaniment. However, despite the new terminology, measures of support still allow forms of representation that resemble the old *«guardianship regime»,* guided by the *«best interest paradigm»* and limiting other fundamental rights - if determined by court. Such rights include: the right to marry[17] , the right to recognise paternity as a limitation of personal rights[18] or the right to write a will.[19]

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[17] *«Article 1601 of the Portuguese Civil Code»*

[18] *«Article 1850.2 of the Portuguese Civil Code»*

[19] *«Article 2189 of the Portuguese Civil Code»*

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3. SDM Good Practices Analysis

The following innovative good practices have been selected with the aim to offer relevant examples based on supported decision-making mechanisms. There are different ways to implement the article 12 of UNCRPD on equal recognition before the law. For instance, decisions like how to manage one's own budget, to choose between different medical treatments, family planning, independent living, educational decisions and so forth.

As stressed in the previous chapter, European countries are slowly integrating the new approach into national legislations and a widespread implementation is still yet to come. In addition, the UNCRPD does not define formal mechanisms that have to be followed by States and this can be one of the reasons behind the limited level of transposition into the services for persons with disabilities.

The following criteria have been used to identify the good practices of this chapter:

- Innovation
- Transferability
- Impact
- Promotion of autonomy (ability to make decisions)

The process to identify good practices has been conducted as follows:

- Call for projects launched through user services, local administrations and academia members (European scope).
- Bibliographic search (scientist worldwide database)
- Interviews with key informants

Main results

- The majority of practices do not define a clear mechanism of support, but address partial issues of the SDM approach. Thus, most of them focus on practical dimensions such as the personal budget and are implemented by a unique organisation.
- Just few practices target a whole system of support provided by the public administration.
- Good practices include experiences promoted by administrations and community-based services

Seven good practices have been selected. A brief description of them is shown in the table below:

Good practice	General or specific approach	Impact (single intervention or public service)	Country	Organisation
Kliniken Landkreis	Specific-Health	Single intervention	Germany	Kliniken Landkreis Heidenheim gGmbH
Home Focus	Specific-Health & Independent living	Single intervention	*Ireland*	Ireland's Home Focus service
Personal budget	Specific-Choice of support services	Public service	Ireland, Italy, Spain, Austria, Flanders	*several*
Personal Ombudsman	General	Public service	*Sweden*	*National Board of Health and Welfare*
Promoting independent living of persons with disabilities	General	Single intervention	*Spain*	*Support-Girona*
Build independent lives through flexible support	Specific-Independent living	Single intervention	*United Kingdom*	*KeyRing Living Support Networks*
Developing a model of practice for supported decision making	General	Public service	*Australia*	*Office of the Public Advocate*

1. Building independent lives through flexible support / KeyRing- UK

KeyRing (also known as KeyRing Living Support Networks) is a charity based in the United Kingdom. Their main focus is to support adults in situation of vulnerability to live independently. This is done by assisting their integration into a community as well as teaching them skills that promote self-support, such as financing, being healthy, staying safe, etc. KeyRing focuses on building connections, deliver flexible support and skill-building. Around two thirds of the people Keyring supports have a learning disability, others experience mental health issues, homelessness, substance abuse and/ or are of old age

KeyRing consists of over 100 networks of support across England and Wales, each with around 10 homes located within a short distance from each other so that their members can also connect with each other and become more involved with their community. The service's mission is to connect people and inspire them to build the life they want.

Typically a Living Support Network comprises ten people living within walking distance of each other. Nine of these people are adults in situation of vulnerability and the tenth is a Community Living Volunteer (CLV) who lives rent-free in the Network area. The CLV provides at least 12 hours of their time each week to help the members of this network with issues such as bills and budgeting, getting into education, employment or volunteering. They also promote mutual support between Network Members and help Members build links with neighbours, local and community organisations.

The development of the Network is supported through a process of local community planning which enables KeyRing Members to identify what works well in their Network and their community and use this to co-design the activities of their Network. Members are encouraged to apply to the Small Sparks fund which provides small grants available to persons, either granted individually or collectively, to take forward and develop ideas and projects to enhance their community. Examples include community-based resources, a community garden, a football team or a drama project.

Innovation

Despite that the first community was set in 1990, after 30 years this community-based approach proves to be still innovative and valid. The way in which these networks operate has been evolving to adapt to the paradigm shift enacted by the UN

Convention on the Rights of Persons with Disabilities. In addition, each network operates according to the specificities of the local administrations and communities.

Transferability

The good practice rests on a finely tuned methodology, based on supporting communities. It can be transferred to very different situations. The transferability potential of this approach lies in the flexibility of the networks, which can be adapted to the local context. However, an effort is needed to create strong links with community actors for the intended inclusion to be effective.

Promotion of autonomy (ability to make decisions)

KeyRing Members have often previously experienced more traditional types of social care in which they have been disempowered in terms of their own life choices and marginalised within their local community. Having a membership in a *KeyRing Living Support Network* supports in restoring personal autonomy and opening up opportunities for the person to receive from and contribute to the Network, develop good neighbour relationships and sustainable community connections and access paid or voluntary work.

Impact

KeyRing operates over 100 Networks across England and Wales. In 2017/18 it supported 2001 people in a range of services in 35 local authorities with a team of 209 staff and volunteer members. 99.9 % of KeyRing Members successfully sustain their own tenancy.

Additional information and resources

Website	Contact
www.keyring.org	Sarah Hatch, Communications coordinator, KeyRing supported Living, United Kingdom. Email: sarah.hatch(a)keyring.org

2. Personal budget model- various countries[20]

Personal Budget is an amount of funding which is allocated to an individual by a state body or organisations so that individuals can make their own arrangements to meet specified support needs. This model allows persons with care and support needs to have more control over how they wish to receive their support[21].

Several European countries are currently testing Personal Budgets models. In some cases the model has been already implemented. In addition, similar practises are also present in Israel, Australia and New Zealand among others.

In this light, the practises implemented represent a shift from a traditional to a user-centred funding model, where persons are entitled to choose which services and which service providers fit best to their needs, wishes and preferences. In other words, it is a way to empower persons with care and support needs to make decisions and have control over their own lives and thus, enjoy their right to legal capacity.

Organisations in some European countries, like Ireland, Italy, Spain, and Austria are currently implementing initiatives in line with the personal budget model. As a former European country, an experience from the United Kingdom (Scotland) has also been included in this list. In the case of Finland, Belgium (Flanders) and Sweden the Personal Assistance Budgets (PAB) are already introduced in their national laws and are progressively improving and extending the model.

The good practices analysed are putting in value aspects that contribute to the implementation of the measure such as: (1) capacity building of services users, their families, formal carers and other stakeholders, (2) the importance of the support from the community; (3) the support provided to the users in their personal assistance services and (4) the role of the experts by experience (EbE) in implementing the practice.

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[20] EASPD. *Models of promising practices of user-centred funding models in long-term care and support*. UNIC Project. Brussels 2021. Available at: https://www.unicproject.eu/wp-content/uploads/2021/09/2.1-Models-of-Good-Practices-report.pdf

[21] EASPD. How to fund quality care and support services: 7 key elements. EASPD, 2019. Available at: https://www.easpd.eu/en/content/new-easpd-report-how-fund-quality-care-andsupport-services-7-key-elements

Innovation

Personal Assistance Budget is a clear example of the change of paradigm enabling persons to be central in the planning and delivery of services. It promotes the autonomy of the person, includes a high degree of co-creation and is aligned with the strategy of deinstitutionalisation that guarantees the rights of people with disabilities.

Transferability

The experience coming from the current interventions lead by public administrations at different levels are examples that can be followed and scaled-up by public administrations and Civil Society Organisations from other countries.

Impact

We can distinguish between two sorts of impacts. At individual level, beneficiaries acquire larger shares of autonomy concerning how to address their individual needs. At global level, services offered are going to progressively adapt to users' needs, will and preferences.

Promotion of autonomy (ability to make decisions)

A model as such requires special attention in supporting people in making decisions, especially those who are more used to the old paradigm. Therefore, it is recommended that services and networks should be developed that will guide and support people in this transition from the traditional funding model to the new user-centered one.

Additional information and resources

Website	Contact
www.unicproject.eu	Konstantina Leventi, Senior Policy Officer, EASPD Email: konstantina.leventi(at)easpd.eu

3. Personal ombudsman- Sweden

The personal ombudsmen support (POS) model in Sweden was developed based on a recognition that existing legal capacity systems did not meet the needs of many people with psychosocial disabilities who were pushed between authorities and unable to access their rights. It started as a pilot project, and it soon shown good results – since it was appreciated by the people, it reduced the number of inpatient hospitalisations and resulted in cost-savings. In 2000, Sweden established POS as a nationwide system and currently, about 300 ombudsmen are supporting 6000-7000 persons with psychosocial disabilities[22]

The ombudsman is a professional who works for the beneficiary only. The ombudsman has no commitments or responsibilities vis-à-vis the medical or social services or any other authority or person. The ombudsman only acts when the client asks for their involvement, and it may take time before the ombudsman and the individual have developed a trustful relationship. This type of support has been successful in helping also those who are most hard to reach and who have previously often been left without support.[23]

The service is available to adults with a significant need for long-term care and support, who lack support and social networks, with difficulties to access to services including accommodation, rehabilitation and/or employment. It is advertised through leaflets and by word-of-mouth. Clients may request a POS directly, or through intermediaries, or the POS may reach out the potential clients for instance in hospitals. Some profiles are prioritised above others, such as: young people, parents with children who have serious health problems, people who are at risk of suicide, homeless people or those at risk of eviction.

Many POS are trained social workers, lawyers or have a background in medicine, nursing, psychology or psychotherapy. Typically, POS have between 13–20 clients at a time and work either alone or in groups under an overarching PO management body. This oversight group is made up of representatives from the municipality, county council, primary care and psychiatric health services, employment and social insurance services, local advocacy groups and/or organizations of people with lived experience.

Innovation

While in Sweden POS is well established, for many European Countries it represents a substantial improvement in the way person-centred interventions can be conceived. It is a model of support that promotes the autonomy of the person, seeks the creation of bonding and is limited to providing assistance only in the areas of life or

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[22] Zero project: https://zeroproject.org/policy/sweden-2/

[23] Council of Europe. Commissioner for Human Rights. *Who gets to decide? Right to legal capacity for persons with intellectual and psychosocial disabilities*. Working document (CommDH/IssuePaper(2012)2), 20 february 2012. Available at: https://rm.coe.int/16806da5c0

issues that the person requests. Finally, the model includes a high degree of participation of all stakeholders in the service management body.

Transferability

Sweden is the only country that has introduced POS. However, this model has inspired other decision support measures, such as the *«assistència»* in Catalonia (Spain), also described in this study.

Impact

A quantitative study conducted in 2007 investigated changes during a 6-year follow-up period. It looked at the symptoms, need for care, psychosocial function, quality of life and social network of a sample of POS clients. Client satisfaction with the PO service was reported high; clients had fewer psychiatric symptoms, a better subjective quality of life and an increased social network and were more satisfied with this network. Clients who had left the PO service at the time of the study reported significantly fewer symptoms than current clients, a better overall quality of life, psychosocial functioning, and social network[24].

Promotion of autonomy (ability to make decisions)

POS intervenes in those situations in which persons have difficulties in making their living and are at risk of social exclusion. In the long run, clients acquire habits, make informed decisions and regain control over their lives.

Additional information and resources

Website	Contact
www.kunskapsguiden.se/omraden-och-teman/psykisk-ohalsa/personligt-ombud (in Swedish) www.personligtombud.se (in Swedish)	Ann Bengtsson, Programme Officer, Socialstyrelsen, Sweden. Email: ann.Bengtsson(at)socialstyrelsen.se Camilla Bogarve, Chief Executive Officer, PO Skåne, Sweden. Email: camilla.Bogarv(at)po-skane.org

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[24] World Health Organization. *Community outreach mental health services: promoting person-centred and rights-based approaches*. World Health Organization, 2021. Available at: https://apps.who.int/iris/handle/10665/341644.

4. Promoting supported decision-making and independent living of persons with disabilities / SUPPORT - Girona – Catalonia (Spain)

Support-Girona develops its activities in Catalonia, an Autonomic Region of Spain, which comprises 7.722.203 inhabitants (as of 2020). It provides support to 1061 individuals (December 2021) with different types of disabilities. Concretely, 47% of Support-Girona's user base are persons who are experiencing some type of psychosocial disability, 26% are persons with intellectual or learning disabilities, 17% are persons with cognitive impairments and the remaining 10% are persons with behavioural problems or some type of addiction (data from April 2021).

Description and SDM relevance of the service

Support-Girona is an organization providing global, individualized and flexible social support to persons with disabilities, with whom it has a legal link, promoting their social inclusion and Human Rights. Their mission is to support persons with intellectual disabilities, psychosocial disabilities or elderly persons experiencing some type of disability due to the ageing process to achieve social inclusion and exercise their rights. Support-Girona is

aligned with the principles from the United Nations Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development. The organisation works towards offering a personalised and coordinated service, networking with professionals and organisations, to support persons with disabilities exercise their right to make their own decisions. Support-Girona develops supported decision-making mechanisms from a voluntary designation of an individual or appointed directly by a court order.

Innovation

Within its lifespan the Foundation has developed an innovative support approach in collaboration with other service providers and stakeholders aligned and committed with Human Rights that contributed to build a more inclusive society in their region. Innovation relies on:

● Generate debate around social policy looking for models, alternatives and resources worldwide that increase the quality of life of persons with disabilities and their Human Rights.
● Increase professional knowledge and improve professional practice by creating strategic alliances and increasing networking activities and generate new methodologies on supported decision-making.

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- Contribute to implement the United Nations Sustainable Development Goals, structuring their actions and projects towards tangible outcomes and measurable impacts at a social and environmental level.

Transferability

The current model of service delivery could be scaled up and transferred across countries as long as the different stakeholders and authorities work closely together for improving the efficiency and effectiveness of the system to work as a network. As such, one particular element that enhances and increases transferability potential of the practice is the reliance on the available support through the public network of social services or the health-care sector.

Promotion of autonomy

Support-Girona's workforce is composed of 102 professionals on a permanent basis, distributed between four areas (Juridical, Social, Financial and Management). The gross of the workforce concentrates in the social area with 70 employees with different profiles and expertise in the social sector: social workers, social educators, psychologists. As such, Support-Girona is always available to support every individual with a disability who needs it, overcoming the traditional model of care and promoting and respecting their autonomy on the basis of the Human Rights model.

To achieve that goal, Support-Girona uses every legal tool in the recently reformed Catalan legal framework as a mechanism for Support Decision-Making, with a particular focus on the «assistance». This support mechanism allows each individual to be more autonomous in taking decisions about their life and to exercise choice and control over the way they want to be supported at the same time that provides safeguards for the individual. Organisational efforts have concentrated in:

- Mainstreaming and spreading the idea of supported decision-making explaining what it is and how it works to society and to services and professionals depending on the health or social sector as well as the private sector (banking, regular commerce).
- Promote and pioneer the use of the assistance - a legal mechanism based on the individual's volition - in the region and in Catalonia.
- Offer direct, dynamic, adaptable and global support to persons with disabilities through individual support plans
- Increase measures to protect financial and patrimonial assets whereas the individual retains legal capacity.
- Increase the use of advanced planning mechanisms (powers of attorney, advance directives and Future Support Planning Service for the general population to avoid court measures.

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Impact

Support-Girona's activities are focused on working towards achieving social inclusion of persons with disabilities whilst increasing their decision-making abilities with the appropriate support, deinstitutionalisation in the region. Support-Girona is committed to achieve deinstitutionalization in the region and also increasing independent living of persons with disabilities as well as developing community-based services to:

- Detect, prevent and mitigate the risk from every form of exploitation, violence and abuse suffered by people with intellectual or psychosocial disabilities in institutional settings and in society.
- Promote community-based alternatives to residential institutions by allocating and coordinating residential resources available on the regular or social housing sector avoiding social segregation.
- Provide individualised assessment and guidance to families and relatives of persons with disabilities on alternatives to institutional care settings.
- Sensitise professionals and the network of service providers in order to promote inclusion of people with disabilities in the community.
- Mediate between social agents, stakeholders, neighbours and social services with the objective to mitigate the risk of initial aversion suffered from people with disabilities to develop an autonomous and independent life in the community.

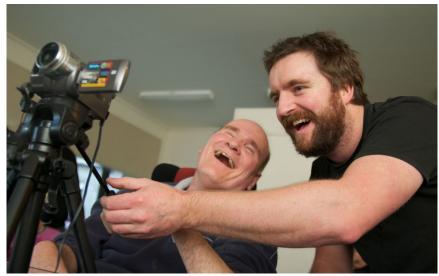## Additional information and resources

Website	Contact
www.supportgirona.cat	Email: girona@supportgirona.cat

5. National Disability Insurance Scheme (NDIS)- Australia

In 2013, the Australian Government introduced the National Disability Insurance Scheme (NDIS) which provides support to people with disability, their families and carers. The NDIS Act also established the National Disability Insurance Agency (NDIA), the independent statutory agency responsible for administering the NDIS. It is jointly governed and funded by the Australian and participating States and territory governments. The NDIS is being introduced across Australia and offers people with disabilities, including psychosocial disabilities, more choice and control over the supports they use. The intention of the NDIS implies greater ownership of decision making by people with disabilities. However, some people with disabilities may require support in order to effectively participate in decision making.

NDIS Behaviour Support Practitioners engage with the person with disabilities throughout the behaviour support process and in developing the person's behaviour support plan (BSP). They also support the person, family, carers, guardian and any other relevant people in the person's life to understand any restrictive practice(s) that may be included in a person's BSP.
Objectives of the scheme outlined in the NDIS Act include:

- supporting the independence and social and economic participation of people with disabilities;
- providing reasonable and necessary supports, including early intervention supports, for participants;
- enabling people with disabilities to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
- facilitating the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disabilities and
- promoting the provision of high quality and innovative supports to people with disabilities.

In the practice, **individualised support** may be funded in areas such as education, employment, social participation, independence, living arrangements and health and wellbeing.

Innovation

It is one of the first countries in the world to adopt, on a large scale, a system that seeks to promote autonomy and control of the person's own life in a comprehensive manner, covering all spheres of life and offering individualized and flexible support, adapted to the person's needs. It also includes the individual's participation in the planning of services. It is therefore a system of supports based on co-production.

Transferability

The system paved the way with an overarching policy setting ambitious objectives that other European countries have studied to introduce person-centred policies in their legal framework.

Impact

An assessment conducted in 2018[25] about the response that NDIS was giving to the policy implementation highlighted that the scheme has been designed and built on sound fundamentals and that the NDIS has been delivering the outcomes that it was designed to deliver.

Promotion of autonomy (ability to make decisions)

The greater ownership of decision making that people with disabilities enjoy has a close relation with the recognition of the autonomy

Additional information and resources

Website	Contact
www.aph.gov.au	Director, Social Policy Section of the Parliament of Australia Dr Luke Buckmaster (Tel: (02) 6277 2724) Email: luke.buckmaster(at)aph.gov.au

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[25] Mavromaras, Kostas; Moskos, Megan; Mahuteau, Stéphane; Isherwood, Linda; et al. *Evaluation of the NDIS*. Adelaide: National Institute of Labour Studies, february 2018. Available at: https://apo.org.au/node/143516

6. User-oriented and community-based mental health service /Kliniken Landkreis - Heidenheim, Germany

Kliniken Landkreis Heidenheim is a mental health service located in a small rural town, Heidenheim, in the länder of Baden-Württemberg, in south-west of Germany.

Since 2017 the clinic is a model for mental health, since it promoted the full flexibility of its services. This innovation was based on a flexible, user-oriented and community-based mental health service that prevents coercion. The service supports people with more severe mental health conditions and is part of the network of community mental health services. All services are available without delay or waiting lists, including outpatient services, inpatient services, day clinics, and home treatment and support.

Service users are free to pick from the therapeutic activities offered, which include group and individual psychotherapy, peer support, social assistance, and art, dance/movement and occupational therapy. These services may also be provided through home visits on request. Peer-to-peer counselling and support is provided via individual and group sessions held weekly on the hospital wards. Service users can share their experiences and seek confidential advice on medication, their diagnosis, as well as discrimination they may face, with peers as well as hospital team members.

If a person prefers to be treated at home rather than being admitted to inpatient care, home treatment and support can start at any time and involves daily home visits by a nurse and weekly home visits by a doctor.

To support community inclusion, the service facilitates leisure activities for people with psychosocial disabilities. In addition, it has direct links with religious communities, self-help groups and support groups for homeless people, unemployment agencies, and charities supporting the elderly, the isolated and those with addictions.

Innovation

This service is based on a flexible, user-oriented and community-based mental health approach, particularly for its focus on the prevention of coercion.

Transferability

The main topics to be considered are (1) the open mindset of the professionals who can manage large shares of autonomy to the patients and (2) the organisational structure, since different services are closely aligned, and in fact, run by the same teams. The personalised recovery plans are followed even if a person moves between services.

Impact

While the service does not systematically collect feedback from service users, several distinct complaints procedures are in place, within the hospital, the community mental health network, through the public health insurance system and the regional medical regulation body. Peer support workers also provide advice on how to access services and file complaints.

Promotion of autonomy (ability to make decisions)

This good practice defines clear pathways to progressively reinforce service users' autonomy in outpatient, inpatient and in community services.

Additional information and resources

Website	Contact
www.kliniken-heidenheim.de/klinikum/patienten/kliniken/psychiatrie-psychotherapie-undpsychosomatik	Martin Zinkler, Clinical Director, Kliniken Landkreis Heidenheim gGmbH, Heidenheim, Germany. Email: martin.zinkler(at)kliniken-heidenheim.de
Video	
Mittel. A film about the experience in Heidenheim, made by a service users' collective from Berlin (German language).https://vimeo.com/521292563	

7. Practical and emotional support to people with mental health conditions / Home Focus - West Cork, Ireland

Based at The National Learning Network (NLN) in Bantry, Home Focus is a partnership between the Mental Health Services and the NLN and is designed to provide outreach and individualised support to people with mental health difficulties who are isolated because of their inability to access traditional, centre-based services. The service has won national recognition for helping people enhance their mental health and wellbeing, based on personalized care-planning, flexibility and recovery principles, and has a central focus on community inclusion. It incorporates peer support and people with lived experience as full members of the team.

The programme started in 2006 and provides individualised service for people within their communities,' especially non-medical based support for people who are living their lives with mental health issues within their own communities.'

This can be done with home visits, visits within a community setting, phone calls or even text messages, it all depends on what people need at that particular time. Many users live alone, in temporary accommodation, which is extremely challenging, or with family members. Home Focus is designed to meet people where they feel comfortable and let them access services within their communities, or enable them to access training or other support that they might need.

Home Focus ethos is centred around people first, to help with managing their life and to focus on the real and positive message that recovery is possible.

The service team comprises: a community mental health nurse, rehabilitative training instructors to help with employment and training, a recovery support worker trained in recovery-oriented, person-centred approaches, including open dialogue and hearing voices and a recovery and development advocate with lived experience. Staff are trained in Wellness recovery action planning and peer Leadership, through a recognized support network.

Innovation

The main element to highlight is flexibility, Home Focus adapts the interventions to the users' needs and preferences.

Transferability

Given the rural dimension, transferability is especially pertinent in similar situations.

Impact

According to an evaluation conducted in 2008[26], the main findings consist of a significant reduction in hospital days, participants improved their health and social engagement and felt more respected and listened than in other traditional services.

Promotion of autonomy (ability to make decisions)

The intervention improved independent living skills, employability and promoted the access to training and certification.

Additional information and resources

Website	Contact
www.rehab.ie/national-learning-network/	Kathleen Harrington, area manager, National Learning Network, Bantry, co. Cork, Republic of Ireland. Email: kathleen.harrington(at)nln.ie Jason Wycherley, National Learning Network, Donemark, Bantry, co. Cork, Republic of Ireland. Email: jason.wycherley(at)nln.ie

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[26] Sapouna, Lydia. An Evaluation of the Home Focus Project in West Cork. Cork: Department of Applied Social Studies, 2008. Available at: https://www.hse.ie/eng/services/publications/mentalhealth/havingchoices.pdf

4. Training and Capacity Building Programs

This chapter contains detailed description of training initiatives offered in different countries to effectively implement decision support policies. These are innovative training programmes delivered by different types of organisations (academia, public administrations and service providers).

We have found 11 good examples that met the criterion of having (at least) one part of the programme focused on supported decision-making mechanisms, either from the point of view of the legal framework or from the point of view of service providers' implementation. Information from the trainings come from European projects databases, Academia and public services agencies. Below you will find the description of each training programme, including the objectives and contents, the target audience, the methodology used and the duration, as well as contact information.

In the first part, **guided trainings** are described. All programs described in this section are based on concrete initiatives already delivered and tested. The source of the training initiatives is variable. Some come from environments close to academia, civil society and others are part of European collaborative projects. In the second part, the National Resource Center for Supported Decision-Making (USA) is described, an initiative which does not offer a training program but it provides **open resources**.

A. Guided trainings

A.1 Assisted decision making training / Nui Galway, Centre for Disability Law and Policy, Ireland

This training on assisted decision-making has three parts, the first which is required to attend the others, offers the conceptual grounds. Each of the parts has its program and its own evaluation. Together they give a comprehensive vision of the support mechanisms.

Objective and program

The program is divided into three blocks described as follows:

Block 1	Block 2	Block 3
Understanding the Act and developing good practice	Applying the Act to Professional Practice Part A: Health and Social Care Professionals Part B: Assisted Decision Making and the Deprivation of Liberty	Applying the Act to Different Groups Part A: Intellectual Disability Part B: Mental Health Part C: Older people

The first block intends to give participants a solid grounding in the principles of the Act and its key provisions, including the new roles, as decision-making assistants, co decision-makers, decision-making representatives, designated healthcare representatives, and attorneys. The participants further understand how these new support options will be applied in practice, and also existing legal frameworks for supported decision making from the international sphere. The human rights norms which underpin the Act are also explored to assess the Act's compliance with international best practices.

The second block aims to give professionals the skills to implement the Act in their field - health and social care; and the third block aims to apply it to different groups – people with intellectual disability, people with experience of mental health services and older people respectively.

Additionally, the third block aims to address the key areas under the Assisted Decision Making (Capacity) Act 2015, which apply to people with intellectual disabilities in Ireland. It further aims to equip participants with the skills necessary to apply the Act across a broad range of areas and ensure will and preferences are respected.

The module also explores how the Act impacts the lives of people with intellectual disabilities in Ireland at the moment under three key areas – independent living, consent to sex and consent to medical treatment – particularly in light of policies such as *Time to Move on from Congregated Settings* and the *Report of the Task Force on Personalised Budgets*. It also draws on best practices at an international level to demonstrate how will and preferences can be respected for all people with intellectual disabilities

Methodology

Training is delivered by experienced facilitators via interactive discussions and practical group work. This programme is currently available online with the potential to soon return to face to face training as this is designed as an interactive training involving group work.

Target groups:

- Block 1 is addressed to everyone: parent, advocate, person with a disability or working in mainstream services (for example as a dietician, occupational therapist, physiotherapist, speech and language therapist, psychologist etc.).
- Block 2 is addressed to social care workers, social workers, nurses, care assistants in a residential service (e.g. nursing home), dieticians, occupational therapists, physiotherapists, speech and language therapists, psychologists and others working in similar fields.
- Block 3 is addressed to everyone.

Duration

- Block 1: 1-day training
- Block 2: Half day each part (A, B)
- Block 3: 1 day training each part (A, B, C)

Certificate

An online quiz is required to receive a certificate of attendance, and the results of the quiz must be above 60%.

Additional information and resources

Website	Contact
https://cdlp.clr.events/page/2134-cdlp/63-assisted-decision-making-training-programme-block-two?ev=130459	disabilitysummerscho(at)nuigalway.ie

A.2 "EU disability law and the UN convention on rights of persons with disabilities" / Academy of European Law (ERA).

This training, offered by the Academy of European Law (ERA) focuses on social aspects and the implementation of the UNCRPD, with an emphasis on Art. 12. And it is organised in the framework of the "Rights, Equality and Citizenship" Programme (2014-2020)

Objective and program

This seminar aims to provide participants with the necessary knowledge and legal tools to use the UN Convention on the Rights of Persons with Disabilities (UNCRPD) combined with relevant EU law in their daily practice.

Key topics are:

- The UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- Disability in EU law
- Implementing the UNCRPD in the EU
- Legal capacity under Art. 12 of the UNCRPD
- Disability in employment-related policies: reasonable accommodation and the right to equality and non-discrimination
- Accessibility in EU law and the UNCRPD: public procurement, ICT, built environment

Methodology

In-person seminar

Target groups

National civil servants and staff of NGOs, DPOs and equality bodies from all EU Member States, plus Iceland and Liechtenstein.

Duration

2 days.

Certificate

A Certificate of completion is available to the participants.

More information

There are more training programs offered by ERA but all are mainly focused on the legal capacity of Persons with Disabilities, or the inclusion in the Society of persons with disabilities, or a specific life area such as personal budgets.

Additional information and resources

Website	Contact
www.era.int	info(at)era.int

A.3 "Master in integration of people with disabilities. Quality of life" and "Master in investigation in disability" / INICO27, Plena Inclusión and Salamanca University

These Masters' programs are not only offering training on support on decision-making but also preparing professionals in a broader sense offering them a formal specialization in the field of disability.

Objective and program

The objective of the *Master in Integration of people with disabilities* is to prepare different professionals with the knowledge, skills, and attitudes that are required to work with people with disabilities. It also aims to provide innovation and better services for this group as well as enable professionals to perform the managing and coordination tasks.

Among all subjects, support is treated in different areas such as employment but there is a specific module of support services which includes: self-determination, planning centred on the person, the role of facilitators, early intervention, education, housing, residence, and day services; Family care; Good practices and inclusion Models. It is also part of all the modules regarding Intellectual disabilities.

The *Master in Investigation in disability* falls within the scope of the recent transformation of the conception of disability. Its objective is to give specialized training that enables students to design and develop innovative investigation projects. There is special attention to the promotion of quality of life, self-determination, and community participation. The program includes investigation methodologies and the study of all kinds of disabilities. Regarding support, special attention is made when it comes to intellectual disabilities, and also in the field of employment.

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[27] University Institute of Integration in the Community

European Association of Service providers
for Persons with Disabilities

Methodology

All subjects of the masters have their own syllabus with their own methodology. They are in English or Spanish and delivered in a face-to-face format

Target groups

Both masters are addressed to students that have a degree in Social and legal sciences, Pedagogy, Psychology, Psychopedagogy and Sociology; Graduates in Social Work, Education, Occupational Therapy and Social Education; also students possessing a degree in Health Sciences (Nursery and Physiotherapy).

Duration

The master in Investigation is thought to be finished in a year, and the master in Integration is thought to be finished in two years

Certificate

According to the university system, finishing the master entitles the student to a master's degree.

More information

We'd like to highlight that these organizations have a larger training offer in the disability area. One example of other training programs is an international course of education and support in the educational area. This program is co-organized by Inico and AICU, from Uruguay.

Additional information and resources

Website	Contact
https://inico.usal.es/	inico@usal.es

A.4 Supported decision making for professionals of the disability sector / Campus Arnau d'Escala Foundation and Support Girona Foundation, Spain

The training is developed from the materials built-in I-DECIDE Erasmus+ project (2017-2020) and has been adapted and updated, taking into account the local (Spanish and Catalan) legal framework.

Objectives and Program

The course aims to:

- Provide support to professionals on what SDM based on Agreements is and explain how to promote the autonomy of people with disabilities through a specific process.
- Give an overview of Spanish and Catalan legal instruments to support people with disabilities and promote those more aligned with the CRPD. In particular, promote the figure of the Assistant as one instrument fully aligned with CRPD.
- Provide specific tools and working methodologies

The Program includes:

1st Session: Introduction to SDM, description of contents, key concepts, legal framework and methodology.

- Autonomy and independence. Right to choose. Decisions, consequences, and the right to make mistakes. Decision making. Support. Difference between support and supported decision-making mechanisms.

2nd Session: SDM as a service to be implemented in support organizations

- Fundamentals of SMD Agreement based methodology.
- Specific tools for SDM: SDM Individualized Plan, Satisfaction survey (to supporters and supported person); basic skills measurement. Continuous improvement.

3rd Session: The Method in practice

- How to detect the needs of SDM. Identification of the supporter and the facilitator. Evaluation of the detected needs of SDM. Elaborating the Agreement. Assessment of basic decision-making skills. Individualized Work Plan collaboration: List of necessary Resources, Performances, and Working Calendar.

4th Session: SDM working plan follow up and assessment. How to implement an SDM-Agreement mechanism into support organizations.

- Revision of the Agreement: Renewal, Update, or Termination.

- SDM-Agreement service implementation in the organization. Overcoming barriers and key factors for effective implementation.

Methodology

Formats: Distance (Online streaming) or in person.
The course shows how to apply the SDM- Agreement based methodology explained through practical examples, role-playing, dialogue between trainers, experts by experience and attendants. Individual exercises are included.

Target groups

Professionals of the disability sector

Duration

10 hours (4 sessions of 2,5 hours.).

Certificate

Participants that attend 80% of the lessons and submit the exercises get a certificate of attendance and a course completion certificate.

Source of information

More information can be found on the course webpage here

Additional information and resources

Website	Contact
www.campusarnau.org	dg(at)campusarnau.org

A.5 Supported decision-making training / Asset South Australia

This training has developed from an initial trial program developed by Cher Nicholson in partnership with the South Australian Office of the Public Advocate. The description of the training is based on Gooding's research brief (2015)[28].

Objective and program

The objective is to train people to facilitate support for decision-making. The aims are to guide facilitators, including providing technical assistance, lending credibility and emotional support to the facilitator, and upholding the integrity of the supported decision-making approach.

The program has two parts, the first includes an overview of the South Australian supported decision-making model; an introduction to article 12 of CRPD, law and policy in South Australia regarding the current substituted decision-making; distinguishing the concept of 'best interest' from 'expressed wish, will and preference'; active listening; community development; communication. During all the training there is a big focus on communication, which must be simple. The second part is based on the training made by peer consultants.

Methodology

The training course includes different activities, role-play and group discussions. Some activities sought to promote 'narrative' and 'strengths-based' approaches to support.

Target groups

Disability support workers, academics, families of people with disabilities

Duration

Two weeks program.

Certificate

It does not apply

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[28] Gooding, Piers. *South Australian Supported Decision-Making* Training: Adelaide. Melbourne: Melbourne Social Equity Institute, 2016. Available at: http://www.supporteddecisionmaking.org/sites/default/files/South_Australian_Supported_Decision-Maki.pdf

EASPD

European Association of Service providers
for Persons with Disabilities

Source of information

[More information can be found on the course webpage here.](#)

Additional information and resources

Website	Contact
www.supporteddecisionmaking.org	cher.nicholson(at)bigpond.com

A.6 Supported decision-making training / Partnership: Advonet, CHANGE, Forum Central, Connect in the North, Leeds City Council Adults and Health and adults with learning disabilities, England

This training directed to support workers is offered for free and offers the tools to give support to adults with learning disabilities.

Objective and program

The training aims to:

- Help support workers better support people with learning disabilities to make their own decisions
- Identify the challenges that people with learning disabilities face when using services and identify ways to overcome these challenges
- Support people with learning disabilities to work with other organisations and help improve their lives in Leeds

An advocacy approach underpins this work, ensuring that adults with learning disabilities can make a choice, have their voices heard and rights respected.

Methodology

Unspecified

Target groups

Support workers

Duration

18 hours (3 sessions)

Certificate

Not foreseen

Source of information

[More information can be found on the course webpage here.](#)

Additional information and resources

Website	Contact
www.advonet.org.uk	https://advonet.org.uk/contact-us

A.7 Workforce training / The Essex Autonomy Project, England

This training promotes ethical reflection in social intervention. Although this training is not focused on support mechanisms, we included it since it promotes broader reflection on a concept that is at the grounds of support: autonomy.

The Essex Autonomy Project is a research and public policy initiative, based at the University of Essex, and investigating the ideal of self-determination (autonomy) in the context of care (health care, social care, eldercare, psychiatric care, etc.). Economic and Research Council (ESRC), Arts and Humanities Research Council and Wellcome are also collaborators in this program.

Objective and program

Essex Autonomy Project Workforce Training provides advanced training on current research, legal developments and the ethical issues surrounding the idea of autonomy in care contexts. Current modules include: "Respecting Human Rights in Locked-Down Care Homes" and "Assessing Necessity and Proportionality when Rights are Restricted".

Some of the questions that the program tries to answer are what is the relationship between the Mental Capacity Act and Public Health Law? To what extent are the interests of the individual bound up with the interests of others? And what should be considered a proportionate response to the risks posed by the coronavirus?

Methodology

Training sessions are on-site, they are held on Zoom, with breakout rooms used to facilitate discussion. Training days are designed to be as an interactive and informative forum.

Target groups

Health and social care practitioner

Duration

Depending on preferences, training may be held on one day or may take place over several days.

Certificate

A Certificate of Completion is available to participants that have finished the training.

Source of information

More information can be found on the course webpage here.

Additional information and resources

Website	Contact
www.autonomy.essex.ac.uk/training/	autonomy(at)essex.ac.uk

A.8 Supported decision making / Produced by the State of NSW through the Department of Justice, NSW Public Guardian and funded by NSW Family and Community Services, Australia

This training offers a basic understanding of the concepts related to Supported decision-making accessible to all.

Objective and program

This e-learning module introduces the Supported Decision-Making Practice Framework developed and tested in South Australia and discusses in detail the various elements of the framework. The module aims to build the knowledge and skills of supporters to promote consistent best practices in supported decision-making.

After the module, learners have:

- Gained a basic understanding of the key concepts, principles and strategies related to supported decision-making.
- Confidence to begin to apply this knowledge in daily work.
- Ability to identify challenges and strategies to maximise opportunities for people with disabilities to make decisions in all aspects of their lives.
- A better understanding of issues relating to decision-making, including factors that may affect a person's ability to make decisions and tools that might assist and
- By applying these concepts and principles attendees will be empowering a person with a disability and affirming their right to be in charge of their own life.

Methodology

Virtual course. Critical concepts are explored and their application is presented through examples and practical scenarios.

Target groups

Support professionals and non-formal supporters

Duration

The module takes on average 80 minutes to complete. There are five sections (which are each approximately 15 minutes long).

Certificate

A Certificate of Completion is available to participants that have finished the whole module.

Source of information

More information can be found on the course webpage here.

Additional information and resources

Website	Contact
www.nds.org.au	www.nds.org.au/contact

B. Training from European projects

B.1 Inclusive training about Article 12 (EU) / IDEA 1229

This training, developed in the frame of Idea 12, consists of one pack of training materials to be delivered in two formats: one day of intensive training and three days of training.
Objective and program

This training aims to provoke a change of behaviour in the participants.

The one-day training is delivered in a heterogeneous group of 30 people.

The goals are: to be aware of the equality of all people; to understand the crucial element of the change of paradigm which has shifted from the 'best interest' to the 'expressed wish, will and preferences'; to understand what means the Article 12 of the CDPD to the disabled people and how is related to other human rights covered by the convention; to understand what the participant can do to implement the Article 12 and what can be done to support it; to understand the value of natural support in the decision making; to experience the equality of mutual support.

The three days training is in a group of 12 participants, mainly addressed to the people with disabilities, their families and the support services.

The goal is to promote self-awareness and to reflect on the impact of decision making in life as well as about the process of supporting decision-making. Concrete objectives are: to understand that all people make decisions and they all use some kind of support; to understand the meaning of the decision making in juridical acts and to distinguish the juridical acts from the decision making; to understand the difference between substitutive decision making and support in the decision-making; be able to use basic tools of planning people-centred and to think in the support in the decision making; to be aware of different kind of supports in the decision making; to be able to distinguish between will and preferences of the one receiving support from the one giving it; to understand that the subject of the decision is the person, non the supporter; to follow the principles of the decision making with support.

Methodology

Workshops in which trainers can give practical advice on how to promote support in decision-making. Different methodologies are used, for example, meditation is used to learn how to let go of old practices. Another exercise

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[29] European project developed by the following partnership: Quip, Nadácia Krajina harmónie, Change, Asociacija "Lietuvosneigaliujuforumas", ResursuCentrsZelda, UniverzitaKarlova, Evangelickáteologickáfakulta, Plena Inclusión España and Fundación Tuya.

is based on drama and emotion-based techniques (i.e.: Social Presencing Theatre) which helps to receive new ideas.

The methodology is designed to achieve a real change of behaviour, and during the three days, it is important to create a safe space, promote personal relationships with all participants, to establish clear roles, etc.

Target groups

The one-day training is addressed to people with intellectual disabilities and mental health problems, their families, support services professionals, public administration, politicians, university teachers, students, citizens.

The three days training is delivered in a group of 12 participants, mainly addressed to the people with disabilities, their families and the support services but also other profiles.

Additional information and resources

Website	Contact
www. idea12.eu/	vzdelavani(at)rytmus.org

B.2 I-DECIDE, SUPPORTED DECISION MAKING USING DIGTAL LITERACY & NUMERACY SKILLS (EU) / I-Decide[30]

This training, developed in the frame of I-DECIDE, based on digital literacy and numeracy skills offer concrete tools to implement the support on decision-making.

Objective and program

The aim of I DECIDE training is to offer to professionals manuals to implement Supported Decision-Making services in three areas (Health, personal finances and consumer rights) in support organizations for people with disabilities. The three manuals are available in universal and local versions (partnership countries) to be used in the local context and have. Training materials contain examples.

On completion of this training learners will be able to:

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[30] European project developed by the following partners: Support Girona (Spain), EASPD (Belgium), KVPS (Finland), Social Care Training (England) and Margarita Foundation (Greece).

- List the main principles of the United Nations Convention on The Rights of Persons with Disabilities (UNCPRD)
- Describe what is meant by Supported Decision Making
- Explain the difference between Supported Decision Making and Substituted Decision Making
- Explain the role of the supporter and the facilitator in Supported Decision Making, and the attributes they should possess.
- Describe the process for Supported Decision Making
- Describe the importance of Digital, Literacy and Numeracy skills for SDM.
- Explain the content of each of the Supported Decision-Making manuals
- Envisage how you will plan and implement this Supported Decision-Making service regarding the three life areas
- Plan how you will implement Supported Decision Making at an organisational level
- Describe how you can manage Supported Decision Making in complex multifaceted cases.
- Make Digital, Literacy and Numeracy assessments.

Methodology

This training is designed as an interactive training in-person.

Target groups

Professionals working in support services for people with disabilities.

Duration

10 hours (duration can vary depending on local context)

Certificate

It does not apply

Additional information and resources

Website	Contact
www.supportgirona.cat/en/international-projects/i-decide/	girona(at)supportgirona.cat

C. SDM open resources

C.1 NATIONAL CENTER FOR SUPPORTED DECISION-MAKING / USA

The National Resource Center for Supported Decision-Making does not provide specific training but it offers online resources accessible for everyone.

Description of the resource

Some of the topics that can be found in a webinar format are: "Guardianship Termination and Restoration of Rights", "Defining SDM and older adults, integrating SDM into advance care planning", "Supported decision-making: what, why and how".

An example of a lecture that can be found in the National Resource Center is *Supported Decision-Making: Protecting Rights, Ensuring Choices.* In this lecture the trainer wants the audience to gain an understanding of how less restrictive alternatives can be created, and make the most of an individual's capabilities and supports. The length of this one is an hour and a half.

Other related training materials that can be found: Supported Decision-Making and the Law: Ethical Considerations; Supported Decision-Making: Where We've Been, Where We Are, Where We Can Go; Supported Decision-Making Basics; Supported Decision- Making and the Law: Update on U.S. Trends & Best Practices.

Additional information and resources

Website	Contact
www.supporteddecisionmaking.org/	JHJP(at)dcqualitytrust.org

5. Conclusion and policy recommendations

Despite the relatively long lifespan of the United Nations Conventions and its article 12, dating 2006, and the Committee's interpretation in 2014, its implementation it's lacklustre around Europe even if the provisions of the Convention are legally binding. Throughout the study, academic research and key analysis of a selected sample of legal frameworks evidence a slow evolution in Member States' legislation. In parallel, the fact that support services have not fully adapted to the new paradigm of supported decision-making reflects on the lack of fully aligned legislative frameworks even in cases where a reform has been conducted.

However, foreseeing the need for a systemic change, civil society organisations and third sector organizations have taken decisive steps to conceptualize and implement support methodologies based on the will and preferences of the person, shifting towards models of service delivery based on human rights, developed in the community and with co-production principles as its core. Even so, the difficulty of finding examples of service models that develop the idea of support for decision-making in a comprehensive and transversal way, with the support of public authorities and with stable financing through social welfare schemes has been a constant.

- Ensure that the debate and discussions about supported decision-making and legal capacity stay alive and lead to build upon a European Union that remains anchored in values of equality, social fairness, freedom, democracy and human rights (as envisioned in the EU Disability Strategy 2021-2030).

- Increase efforts on behalf of the EU Commission using the European Disability Strategy 2021-2030 to develop a cross-border definition of what supported decision-making constitutes and what are the core elements that define it in its essence.

- Guarantee that further debates, policies, strategies or actions plans related to Deinstitutionalisation are not decoupled from supported decision-making and the need of subsequent reforms in that regard, even if that entails putting pressure on Member States (with exclusive competences in the matter of domestic legislation) to take positive and decisive action.

- Stimulate the development of indicators - potentially through the process of developing the flagship initiative on the framework for Social Services of Excellence for persons with disabilities - to help in the transformation of current services to supported decision-making services (or at least include it 'as-a-service' within their organisation) and in the creation of new ones.

- Conceptualise a new way of assessing support needs overcoming the traditional model of disability based on a biomedical paradigm and advocate for the uptake of this new way of assessing through the different layers of public and private services and across sectors (legal, health, financial, social).

- Accelerate the upskill and reskill of service providers, organisations and its respective workforce by developing specific training programmes about UNCRPD and disability rights. These could be deployed through VET training, long-life education programmes, tertiary level institutions or other higher education institutions that ultimately enhance the academic capital and practical knowledge of current and future social sector professionals (not only about SDM but could also encompass general Human Rights theory or other rights or processes such as DI, non-coercion, etc.).

- Create positive synergies within the EU and its Member States and use the current financing schemes and the broad range of EU instruments to advise, influence, stimulate or incentivise legal capacity reforms into domestic law at a similar level that different DI processes are being stimulated.
- Unlock funding opportunities for Member States and service providers to conceptualise, develop and test new methodologies in supported decision-making that could be transferred across services and across countries.

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