

Newsletter

OF THE EUROPEAN COALITION FOR COMMUNITY LIVING

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Word from the Editorial Team

Dear Readers,

We are very pleased to introduce the 3rd issue of ECCL's newsletter and the first issue for 2007. However, it is with great sadness that we have to report the tragic event, which took place in the town of Alsunga, Latvia. There, 25 residents of an institution for people with disabilities (referred to as a 'social care home') died in a fire that broke out in the institution on 23 February. This tragedy is a stark reminder of the urgent need to close down the remaining large institutions for people with disabilities, where human rights abuses and incidents like this are commonplace, and develop quality community-based services to replace them. ECCL, therefore, joined a number of Latvian and European organisations in urging the Latvian authorities to investigate the incident and bring those responsible to justice, and to shift all available resources into developing community-based services for all people with disabilities. A copy of the letter is available on our website www.community-living.info.

Following on from our Focus Report on the Right of Children with Disabilities to Live in the Community, published in December 2006, this issue includes an article on the situation of children with disabilities in Greece. Prof. John Tsiantis points out that while within the Greek mental health system there have been successful moves towards developing community-based alternatives to institutional care, there has been little improvement in the situation for people with physical and intellectual disabilities. It is estimated that there are around 6,000 disabled people (30% of whom are children and young people) in institutions in Greece. Drawing on his experience in implementing the "The Leros PIKPA Asylum Deinstitutionalisation and Rehabilitation Project", Prof. Tsiantis highlights the need for the Greek government to take urgent action to implement a national deinstitutionalisation programme. Maarit Aalto's article describes the model of care for children with disabilities used in the Nordic countries and highlights some examples of good practices in providing services for children with disabilities in the community, such as the Nordic Cooperation on Disability.

In his article on the UN Convention on the Rights of Persons with Disabilities, John Evans takes a closer look at its potential impact on the lives of people with disabilities and its relevance for community living of people with disabilities. The newly adopted UN Convention will become open for signature on 30 March 2007 at a ceremony in New York.

In the second part of the Newsletter, we bring you an update about ECCL's forthcoming User Involvement Seminar, which will take place on 20 - 21 April 2007 in Zagreb, Croatia. We provide you with information on how to join our Break Down the Barriers - Community Living for All Campaign and introduce you to another one of ECCL's Management Partners - Mental Health Europe.

As in every issue, we would like to invite you to send us your feedback and your contributions to the Newsletter and the ECCL website www.community-living.info. To support our work on promoting community living for people with disabilities, please consider joining the European Coalition for Community Living this year. You can download the application form from our website or request it by writing to coordinator@community-living.info.

We look forward to hearing from you and hope to meet you this April in Zagreb!

Editorial Team (Ines Bulić, John Evans and Camilla Parker)

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Children and Young People With Disabilities in Residential Institutions in Greece

By Prof. John Tsiantis, *APHCA*

Introduction

Until the 1980s, care services for people with mental, intellectual, or physical disabilities in Greece were exclusively provided in the form of segregated and institutional care. This system included institutions, psychiatric hospitals and asylums of various sizes, which operated as places of confinement rather than of care, in poor conditions, employing insufficient and unqualified staff. Complaints about inhuman conditions in such settings, focusing on the psychiatric hospital on the island of Leros, led to reactions at both national and international levels. As a result, a wide, multi-annual programme of deinstitutionalisation and the creation of new community-based care units was developed in the country, with the ongoing support of the European Union. In this framework, and since 1990, two out of nine large public psychiatric hospitals have been closed. The remaining hospitals are being scaled down, and 300 new community-based psychosocial care and rehabilitation units (hostels, community homes, day centres, etc.) have been created throughout the country. These community-based units care for 3,000 former psychiatric residents, out of which 15 per cent are people with intellectual and associated disabilities.

Although this reform project has managed to successfully modify the situation in the mental health services system, it has failed to significantly influence the situation within the institutions for people with intellectual and physical disabilities. Such institutions, including those for small children and adolescents, still operate as closed care structures, many of them in extremely poor conditions. The country still has an extensive institutional system comprising of large public institutions, as well as numerous small private institutions created by charitable organisations and scattered across the country. These structures operate under the supervision of the Department of Social Welfare at the Ministry of Health and Social Solidarity. However, this Department has failed to develop an effective system that would enable the recording, control and assessment of their operations. There is no official or reliable data concerning the number and type of institutions, nor is there information on the number, the socio-demographic features, and the kinds of problems children and young people in these institutions experience. Therefore, many obstacles hamper the evaluation of the needs of children and young people in Greek institutions.

It has been estimated that there are 34 public closed care institutional settings, with a capacity of 40-200 residents, in Greece. These institutions host about 3,000 people of all ages (with the exception of senior citizens) with mental, physical and motor disabilities. Among them, there are five Care Centres for Children (KEPEP) that provide for children with chronic (incurable) diseases, physical disabilities or severe intellectual disabilities, with a total capacity of 300 residents. In addition, there are tens of small private institutions (created by charitable and church organisations) that care for another 3,000 patients with disabilities. In total, about 6,000 people with disabilities remain in public and private institutional settings, most of them for many years and some of them for their whole life. Approximately 30 per cent of these residents are children, adolescents and young people. These settings have not established explicit admission criteria, according to age, type of disability and degree of functionality. They admit indiscriminately people with many different needs. Most of them (65% of the total) care for people aged 2 to 36. This fact, in combination with the scant resources available for their operation, in terms of finance and human resources, means that the provision of specialised care is limited or non-existent, particularly in relation to children, adolescents and young people with disabilities.

The deinstitutionalisation program of PIKPA Leros

The full extent of the problems arising from the provision of institutionalised care only came to light in the early 1990s, when the first deinstitutionalisation project in Greece for people with intellectual, physical, motor and other disabilities was implemented. "The Leros PIKPA Asylum Deinstitutionalisation and Rehabilitation Project" concerned an institution for children with special needs. This project was carried out by a group of mental health specialists, under the direction of Mr J. Tsiantis, professor of child psychiatry. At the beginning of the project, there were 165 residents aged 8-46, out of which 32 (20% of the total) were children and adolescents up to 18 years old. Living conditions and sanitation within the setting were found to be unacceptable and completely degrading, nutrition was poor, residents were packed into 40-bed wards which were insufficiently heated, there were no elevators or mobility aids, and the majority of patients remained bed-ridden,

The country still has an extensive institutional system comprising of large public institutions, as well as numerous small private institutions created by charitable organisations and scattered across the country.

without mobility support. There was also a lack of trained personnel, a lack of medical, nursing and physio-therapeutic care, a total absence of special equipment or educational material, and an extensive use of violence and physical restraint by the personnel. In general, it was found that the residents of Leros had, since their childhood, suffered appalling forms of institutionalisation, extreme deprivation, neglect and ill-treatment, with tragic consequences to their physical and social development.

At the end of the intervention project, improvements in the care system and patients' quality of life in the Leros PIKPA asylum were obvious. The residents' ability to communicate and care for themselves has improved, while contact with their families has also significantly increased. Following training, the care staff changed their unacceptable care methods and negative attitude towards people with disabilities. Living conditions and sanitation were upgraded and the building was renovated and modernised. In addition, the project included the creation of one Hostel for 8 residents in Leros and one Hostel for 11 residents in Athens, while some residents were placed in foster families.

Slow progress towards de-institutionalisation

The results of the deinstitutionalisation project of PIKPA Leros have shown that deinstitutionalisation and reintegration procedures may be applied successfully, even in institutions with deeply rooted extreme asylum conditions. Unfortunately, this intervention effort was not further pursued. No further deinstitutionalisation projects were implemented in other institutions. As a result, extreme conditions that degrade the residents' quality of life still exist. In 2001, a group of independent experts visited three Care Centres for Children (KEPEP) and realised that their conditions were similar to those in the Leros PIKPA asylum. In particular, care provision was characterised by extreme institutional conditions: several residents were secluded, none of the residents possessed any personal items and there were no educational materials. There were too few staff and existing staff had insufficient training. The institutions were completely isolated from the local communities. Furthermore, a 2004 study on the rights of people with intellectual disabilities and their access to education and employment in Greece, carried out in the framework of the trans-national programme EUMAP (EU Monitoring and Advocacy Program) revealed that children, adolescents and young people with disabilities that remain in institutions have very little access to education, pre-vocational and vocational training or to employment of any kind (supported, protected, etc.). In particular, there is a complete absence of education and employment for children and adolescents with severe disabilities, who are therefore entirely abandoned by the society.

Only recently has the need for the closure of institutions for people with intellectual, physical and other disabilities in the country been recognised. In 2003, five deinstitutionalisation projects were launched, consisting of staff training and the creation of new community-based structures. These projects are carried out in the framework of a wider programme, co-financed by the European Union, and entitled "Health and Welfare - Gradual reintegration of people with special needs into socioeconomic life and promotion of independent living". As a result, 129 people with disabilities have been deinstitutionalised and five community-based psychosocial rehabilitation hostels have been created. In addition, the central departments of the Ministry of Health have begun to record all operational data concerning institutional structures in Greece. Also, 17 open social care structures for people with disabilities and their families have been created in various regions, in order to provide counselling, help in accessing services, training, functional rehabilitation and social integration.

However, these interventions are quite modest. They concern very few of the total number of institutions operating in the country, and benefit a very small number of persons compared to the thousands of people with disabilities who continue to be confined in institutions and segregated from society. Among them, there are still tens of children and adolescents, who live in degrading conditions that violate their basic human rights and deny them high quality care, education, psychosocial rehabilitation and integration into community life.

Reports from institutions still hit the headlines. Recently, in October last year, a TV programme showed shocking images depicting the situation in the Child Psychiatric Hospital of Attica, where children and young people with mental and other disabilities are placed. Although the closure of this particular institution was announced six years ago, it still remains open.

John Tsiantis is a Professor in Child Psychiatry and the Scientific Director of the Association for the Psychosocial Health of Children & Adolescents, Athens, Greece.

Recommendations to the Greek government

- In order to deal with the remaining institutions for people with disabilities, the Greek government must take immediate targeted measures towards complete deinstitutionalisation of the care system for people with disabilities.
- The Ministry of Health and Social Solidarity should promptly order the closure of all long-stay residential institutions. In particular, the following actions should be carried out: public awareness-raising campaigns about stigma and prejudice; the introduction of a system for the assessment and control of the quality of provided care; staff training programmes on the new care methods; employment of expert personnel; prohibiting any new admissions into institutions; the development of projects for the functional and psychosocial rehabilitation of residents, in particular of children and adolescents; and the creation of community-based integrated care networks in every region of the country.



Children with Disability in the Nordic Countries

By Maarit Aalto, *NSH - FDUV*

Traditionally, disabled children have been hidden away from society by being placed in large institutions. But times have changed and now we understand that the right place for children with disabilities is to live with their own families, receive support in the community and go to mainstream schools with all the other children. It is a question of treating disabled children in the same way as all other children so that they can grow up as part of the family and develop trusting relationships with their parents and siblings, relatives and friends.

For too long the approach to disability has been driven by the 'medical model' which focuses on what a person cannot do and trying to compensate for the disabled person's impairments through a range of treatments. However, increasingly it is recognised that such an approach is not acceptable. Like all children, disabled children are active, emotional and personal little human beings, with their own individual abilities and personality and who need to be part of the family and the wider society. Thus, they should have the same opportunities to engage in family and community life, as any other child.

In order to ensure that disabled children can live with their families, society must redefine the support and service quality and structures. It is not the child who needs to be moved to an institution; rather, services need to become both accessible to disabled children and their families and appropriate to their individual needs. Services must be designed to enable families to take care of their disabled child. Services must support disabled children to engage in day to day family life. Another very important issue is to change attitudes towards disabled children so that the right of disabled children to be included as equal members of society is recognised and respected. This also requires changes in attitude at the political level, changes in laws and a commitment to end the exclusion of disabled children.

A significant step in the Nordic Countries was to end the practice of placing disabled children in large institutions and to close these institutions. This, together with other changes, has given a clear development towards inclusion and the creation of community based settings. The types of services available include personal assistance or school assistance, transport services to and from day centres or schools, local habilitation services, speech and language therapists. All such services, provided in the Nordic countries, are based on the family centred approach. This recognises the need for flexibility in the way in which services are provided, so that families with disabled children feel that their individual needs are being met. While the mechanisms for providing services differ between the Nordic countries, the value base for organising services and providing support to disabled children and their families is the same: 'Whoever You are, You should have the opportunity to live with Your family.'

A chance to development in community living

The general wellbeing of disabled children is connected to their ability to live with their own family, to have their childhood experience and the opportunities available to them to develop as independent young adults with the support that they need to enable them to live in the community as equal citizens. To be involved in normal family day to day life, to get personal assistance in a day centre for children and in school if needed and to get the medical, therapeutic and other services near to home is crucial for disabled children. In order to promote community living for disabled children, the Nordic countries have a decentralized model of services. Furthermore, they seek to ensure that disabled children have access to mainstream services. This is because it is not always necessary to create special services for disabled children. In many cases, disabled children can use the same services as their non-disabled siblings. By providing services in this way helps to make families with disabled children feel more accepted in society. Of course, there is still much work to be done in order to reach a higher level of inclusion, but we are on the way.

The chance to develop, the right to live in the community with their own families applies to all disabled children, however severe their disability. Too often these children are ignored and people believe that community living is only for the "most able ones". However it is not a question of dividing children into categories and deciding what services and support they need. It is a question of meeting the needs of children with disabilities and their families by treating them as individuals and offering flexibility in the type of support and services to be provided. An important feature of this approach is that families can be involved closely in care-planning. This means that families can develop a close and lasting cooperation with professionals, while professionals can recognise the family members' capacity to provide support and care. So, just to say it once more: whatever level of disability a child may have, s/he has the same human rights and the same human value as anyone else.

In the Nordic countries, local authorities, parents' organisations and other relevant organisations have also been widely interested in developing parents' and relatives' capacity to provide care and support. Thus, courses for parents and relatives are available. These courses are designed to give parents and relatives a better understanding of their child's needs and rights and how such needs and rights can be met, to change attitudes towards disability and families and to teach methods of self-support (what we call "parents strength"). It is important for parents and relatives to become more aware of their child's needs and to be able to learn how to deal with everyday situations and problems.

The provision of financial support is also important for families with disabled children. It is still the case that many parents (mothers in the majority) stay at home with the disabled child longer than they do with the child's non-disabled sisters and brothers. This results in a reduction in the family's income. In the Nordic countries families are provided with financial support (the amount varies between the different countries). The combination of financial support and the provision of community based services provide some flexibility and independence to the parents who stay at home to care for their disabled child.

NSH - project for children with disability and their families in the Nordic countries

NSH - the Nordic Cooperation on Disability (which is an institute under the Nordic Council of Ministers) has started a project for children with disabilities and their families in the Nordic countries. The project's goal is to establish a means of cooperation between the Nordic countries on issues concerning disabled children and their families. By identifying the key issues, problems and possibilities for development, it will enable an exchange of information between the Nordic countries. The project will create networks of organisations working on a range of issues such as habilitation services for children and young disabled persons. It will also create research and development projects and facilitate video conferences on issues connected to children with disabilities and their families in the Nordic countries. NSH is also running a similar project in the Baltic states, Kaliningrad and North-Western Russia for disabled children and their families.

At last ...

Supporting parents with disabled children, providing a flexible support and service structure based in community, and taking action to promote positive attitudes towards disabled people must be our priorities if we are to achieve a better future. In the Nordic countries we can already see that as a result of such work, the new generations of disabled children and young people are more active, more likely to act on their own initiatives and have their own opinions of what they want to do with their lives. And what can be more welcome than that?

Maarit Aalto is a Project Leader at the Nordic Cooperation on Disability (NSH), Finland. She is affiliated with FDUV and is a Board Member of the European Association of Service Providers for Persons with Disabilities.

It Has Been a Long Time Coming: UN Convention for the Protection and Promotion of the Rights of Disabled People **By John Evans, ENIL**

The 11th December was an historic day for the International Disability Movement. It was the day when the UN finally gave the green light to the adoption of the UN Convention for the Protection and Promotion of the Rights of Disabled People. For long time disability rights campaigners and activists it has been a long time coming! This is a testament to two decades of campaigning by disabled People and their Supporters. We have

every reason to be proud of what has now been achieved. It is a time of celebration that we have finally an international legal instrument which can be used world wide in our struggle to combat discrimination, in order to protect the rights of 650 million people worldwide.

However, we know it is not the golden elixir which will solve all our problems in eradicating unlawful discrimination. It is a beginning though, and for many of us who have been travelling down this long road of oppression, exploitation and discrimination it is a welcoming relief. We salute our colleagues from all over the world who over the last 4 or 5 years have been working hard through the UN Adhoc Committee debating, negotiating and creating this important Convention, in the meeting rooms and corridors of the UN in New York.

Announcing the adoption of the Convention on the 13th December, Kofi Annan, the UN Secretary General, said it represented the "dawn of a new era" for disabled People, and described it as "the most rapidly negotiated human rights treaty in international law."

This has been a great achievement but we know that we still have to be politically astute and active in continuing to engage ourselves in the next stages of this process. In fact, the work now intensifies as we need to lobby our Governments to fully sign up for the ratification of the Convention. We cannot be complacent as this is a crucial time. It is necessary now that 20 UN Member States sign up by March 30th. Even after this, we know we have a struggle on our hands and everything will not necessarily be straight forward. It will then mean that countries will have to ensure that there is a process where by international law can be merged into national laws in order to ensure that the Convention can be used in practice in a country to combat discrimination.

Our work right now is to make sure that our governments sign up to the Convention. We need to follow up the government representatives who are responsible for this to lobby them to do it. Many European countries already have disabled people or disability organisations working along with government officials in this process. It is our duty now to see that this happens. Most of the European Union countries have said they will sign up to the Convention, but we cannot guarantee this. If all the EU member states do so there will already be more than 20, but some countries have already expressed doubts about doing this. We know that governments cannot always be trusted. We need their promises to become reality and not rhetoric.

The Convention says inclusion should become achieved "progressively" but does not set any deadlines. However, it does say that any country opting in must take immediate steps to raise awareness and foster respect for disabled people's rights. Countries need to make sure that domestic legislation matches up to the standards which the Convention sets out. It is important that countries have clear rights in law for disabled people to decide where and with whom they live and also to have effective protection against involuntary institutionalisation.

This is where the work for all of us involved in promoting the aims and objectives of ECCL in establishing community based services is mobilised. The key article in the Convention for us is Article 19 which is specifically about Independent Living and community based services, and this is the article we can use to promote our work more effectively.

This Article provides us with legal and practical support to assist us in the development of community based services with the control, choice and participation of disabled people. We need to remind governments of their obligation of this.

We can only hope that the Convention has the same impact that the "Convention on the Rights of the Child" had, which resulted in increased visibility and awareness of children's rights and that the living conditions for people with disabilities will gradually improve. Similarly, the "Convention on the Elimination on all forms of Discrimination against Women" has increased women's rights.

I think this Convention is more important than ever when only recently disabled children were found starving and near to death at an adult psychiatric facility in Braila, Romania. Several other teenagers weighed less than 15 kilos according to the Mental Rights Disability International. These are the very situations which we hope the Convention can help to protect and avoid in the future.

Article 19 - Living independently and being included in the community

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

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

User Involvement Seminar

20 - 21 April 2007, Zagreb

On 20 - 21 April 2007, the European Coalition for Community Living is holding its second annual seminar in cooperation with the Association for Promoting Inclusion, Croatia. The seminar, which will be held in Zagreb, Croatia will focus on involving people with disabilities in the development, provision and evaluation of quality community-based services. We are expecting up to 100 participants from across Europe, including Croatia and other Central and Eastern European countries.

The seminar will provide an opportunity for representatives of disability organisations, service providers, self-advocates, government officials and experts in the disability field to meet and share information and examples of best practice. Participants will be asked to consider, among other, the following questions:

- What are the good practices in the involvement of users of services in their development and delivery and how can we share them?
- What are the challenges to user involvement and how to overcome them?
- What is the current situation with the provision of community-based services for people with disabilities?
- How can we ensure that community-based services for people with disabilities are truly user-led?

Speakers at the seminar will include:

- Gunnar Tveiten (Integration of People with Disabilities Unit, Council of Europe)
- Christian Zechert (Dachverband Gemeindopsychiatrie)
- Michael S. Chapman (Chesapeake Management Consulting)
- Julie Beadle-Brown (Tizard Centre)
- John Evans (European Network of Independent Living)
- Ingemar Färm (European Disability Forum)

Participants will have the opportunity to choose between six focus groups, dealing with issues such as guardianship, advocacy, direct payments and personal assistance, and presenting good practices in policy development, quality evaluation and working with the government on developing quality community-based services.

Conclusions and recommendations of the seminar will be included in ECCL's Statement on User Involvement, which will be presented during the final plenary session and developed into a Position Paper on User Involvement after the seminar. Croatian Minister of Health and Social Welfare Neven Ljubičić has been invited to endorse the conclusions of the seminar and make a commitment on behalf of his government to inclusion of people with disabilities in society.

Presentations and conclusions of the seminar will be available on ECCL's website www.community-living.info. A comprehensive report from the seminar will be published in the next issue of ECCL's Newsletter.

International conference on Deinstitutionalisation and community living: comparative perspectives and international implications

15 - 16 November 2007, Prague



The conference will mark the launch of the report from the EU funded project on **Comparative Cost Analysis: Community based alternatives to Institutional Care** and will focus on the implications of the findings from the project, in particular for Central and Eastern European countries. The conference is organised by the Tizard Centre in conjunction with Inclusion Europe, the Open Society Mental Health Initiative and the Charles University, Prague. For further information, programme and registration visit the conference website on: www.kent.ac.uk/tizard/research/eu_decl_conference/



Ingrid Körner presents the Report to Commissioner Špidla

Update from ECCL's Management Committee

The European Coalition for Community living launched its **2006 Focus Report on the Right of Children with Disabilities to Live in the Community** on 4 December 2006 at the European Day of People with Disabilities conference in the Charlemagne Centre in Brussels (organised by the European Commission and the European Disability Forum).

Ingrid Körner, on behalf of ECCL's Management Committee, presented a copy of the Focus Report to the Commissioner for Employment, Social Affairs and Equal Opportunities Mr. Vladimír Špidla. She highlighted ECCL's position on the need to develop quality community-based services for children with disabilities and the importance of supporting the families of disabled children, to ensure that no child is placed in an institution.

ECCL's Focus Report 2006 can be downloaded from www.community-living.info.



Mental Health Europe By Josée Van Remoortel

For more than two decades Mental Health Europe (MHE) has been promoting and representing mental health in Europe, and has member organisations in most European countries. MHE has found recognition and acknowledgement for its leading and innovative role in promoting positive mental health and well being, the prevention of mental disorders, the improvement of care, advocacy for, and the protection of, the human rights of (ex) users of mental health services, their families and carers. MHE's values are based on dignity and respect, equal opportunities, social inclusion, democracy and participation.

During the last 10 years MHE has been closely associated with programmes of the EU that seek to fight against discrimination and combat the social exclusion of people with mental health problems and psychosocial disabilities. MHE has also a long tradition of cooperation with other European Non-Governmental Organisations (ENGOS) in the broader disability movement.

Why is ECCL important for MHE?

MHE believes that the de-institutionalisation movement that started in the eighties and aimed to close the psychiatric institutions did not achieve its goal. Too many people with mental health problems continue to be confined in large or small institutions all over Europe. The development of alternatives to institutionalisation was slow in nearly all the European countries and too many people with psychiatric problems are hidden away from society in institutions that are often in a very poor condition.

MHE's vision is of a Europe where mental health is given high priority, where (ex) users of mental health services live as full citizens with access to appropriate services and support when needed and where meaningful participation is guaranteed.

MHE's mission is:

- to raise awareness, combat taboos, stigma and prejudice associated with mental issues and fight social exclusion;
- to fight violations of the social rights of people with mental illness through the lodging of collective complaints with the Council of Europe;
- to provide and exchange information and knowledge of effective practices in all countries by highlighting the different cultural approaches to mental health and by providing opportunities for discussion and debate;
- to promote community based services and human rights of people with mental health problems, by involving them in decision-making process.

For MHE it was a welcome opportunity to be a co-founder of ECCL and as such reinforce the need for community living for people with mental health problems. The collaboration between the management partners will give us the opportunity to learn from each other, to develop strategies and to promote independent living in the community for all disabled people, including people with longstanding mental health problems.

We are convinced that ECCL will be another opportunity to promote the social inclusion of all people with mental health problems in Europe.

Campaigns

Break Down the Barriers
C a m p a i g n
Community Living for All

Break Down the Barriers - Community Living for All Campaign calls on governments, service providers and funding organisations to shift the funds from long stay residential institutions to quality community-based services for people with disabilities and to stop new admissions into long stay institutions by providing services in the community.

What you can do...

- Sign the commitment to actively develop quality, comprehensive community-based services and stop financing the establishment of new long stay institutions for any group of disabled people.
- Get involved by organising campaign activities in your community or your country.
- Distribute campaign leaflets in your country.
- Join the European Coalition for Community Living.

More information about the Campaign is available on www.community-living.info. To get involved in the campaign, please contact ECCL Coordinator at coordinator@community-living.info.



1million4disability Campaign, launched by the European Disability Forum, aims to collect at least 1 000 000 citizens' signatures to combat discrimination in all aspects of the lives of disabled citizens in Europe.

The European Union must respond to the call of at least 1 million citizens. This is stated in the draft European Union Constitutional Treaty. *We must not miss this opportunity to raise our voices.*

On 4 October 2007, the signatures will be officially handed out to the European Commission and the European Parliament. At the same time, a gathering of disabled persons, their families, friends and allies will take place in Brussels, in the heart of the European Institutions area.

What you can do...

- Sign the petition on www.edf-feph.org;
- Encourage others to join the Campaign.

For more information about the Campaign, please visit the Campaign website on www.edf-feph.org. The Campaign "One Million for Disability" runs from 23 January to 3 October 2007.

Recommended articles

Out of Asylum

By Judith Klein and Dragan Lukić

In September 2006, Serbia's ministry of labour, education, and social affairs made it official policy to integrate into society thousands of people who had been locked away in Dickensian state institutions because they have a mental disability. With this historic move, Serbia adopted a practice that took hold in the rich, Western countries after World War II but was never applied in the Communist bloc. (*excerpt*)

People with Developmental Disabilities: Living as Everyone Else Does

By Chuck Sudetic

Milica Čičić recalls it raining on the day she and her elder sister stepped from a big blue bus, slogged up a long driveway beside an imposing wire fence, and entered the main gate of the Center for Rehabilitation. On their right, beyond the rim of their dripping umbrella, were a guardhouse of dirty white stucco, a watchman's eyes, and a statue of a woman cradling a child. Čičić was afraid. Her sister was crying and tried to be reassuring: "It's a school, Milica. They'll teach you to read and write." (*excerpt*)

Visit www.osmhi.org to read these and other articles.

Join ECCL!

ECCL is a cross-disability initiative and our membership is open to all organisations, institutions and individuals committed to the promotion, development or provision of community-based services as an alternative to the institutions. The annual contribution fee for membership in ECCL is between 50 and 200 EUR.

The Management Partners of ECCL are Autism Europe, the Centre for Policy Studies of the Central European University, the European Disability Forum, the European Network of Independent Living, Inclusion Europe, Mental Health Europe and the Open Society Mental Health Initiative.

If you would like to join ECCL, please visit www.community-living.info for further information. Please pass the invitation to join to any organisation, institution or individual who shares ECCL's vision of community living. Thank you!

New members

Tizard Centre, University of Kent, United Kingdom • Rehabilitation Foundation "Speranta", Romania • "Woman and children - Protection and Support", Republic of Moldova • Center for Innovations in Education, Azerbaijan • Association for Social Inclusion of Persons with Mental Retardation Canton of Tuzla, Bosnia and Herzegovina • Brothers of Charity Services, Ireland • MDAC (Mental Disability Advocacy Center), Hungary • "Pentru Voi" Foundation, Romania • Association for Self Advocacy, Croatia • Association for Promoting Inclusion, Croatia • Steven M. Eidelman, United States • Klubi "Deshira" Clubhouse, Kosova • Open Society-Georgia Foundation Public Health Programs, Georgia • Public organisation "Somato", Republic of Moldova • Hand in Hand Foundation, Hungary • European Network of (ex-) Users and Survivors of Psychiatry • Renate Weber, Romania • Regional Society for Support of People with Intellectual Disabilities, Bulgaria • Down's Syndrome Aid Society, Serbia and Montenegro • Association for the Psychosocial Health of Children and Adolescents (A.P.H.C.A.), Greece • Pierre Belpaire, Belgium • Erivajadustega Inimeste Toetusühing Tugiliisu (MTÜ Tugiliisu), Estonia • HADER, Kosovo • Association "Inclusion" of the Brcko District, Bosnia and Herzegovina • The Association for Help to People with Mental Handicap in the SR (ZPMR v SR), Slovak Republic • FDUV, Finland • CHANCE, Bulgaria • Interessenvertretung Selbstbestimmt Leben in Deutschland e.V. (ISL) - German Council of Centers for Self-Determined Living, Germany • Real Life Options, United Kingdom • Ado Icarus vzw, Belgium • Hungarian Society of People with Golden Heart, Hungary • St Anne's Service, Ireland • The Association for Helping Persons with Developmental Disabilities Gradačac - "Kutak radosti", Bosnia and Herzegovina • Stichting Pepijn en Paulus, the Netherlands • Mental Health Foundation, Armenia • The Latvian Centre for Human Rights, Latvia • Lebenshilfe Wien, Austria • NGO Riga city "Child of Care", Latvia • TIBP mbH, Germany • The European Association of Service Providers for Persons with Disabilities (EASPD) • Lebenshilfe Deutschland, Germany • Society of Social Psychiatry and Mental Health, Greece • Learning Disability Wales, United Kingdom • PUŽ - Association of Parents of Children with Special Needs, Croatia

Please note that, in accordance with our privacy policy, we have not included those organisations/individuals who wished not to be named publicly.

CALL FOR CONTRIBUTIONS

If you would like to inform the network about your events, projects or campaigns connected to community living, please send us a short description of such activities and we will include it in the next issue of our newsletter or post it on the website. Please send all contributions to Ines Bulić, coordinator@community-living.info.

For more news and information about ECCL's activities, visit www.community-living.info and download the next issue of ECCL's newsletter.

Disclaimer: The European Coalition for Community Living cannot accept responsibility of liability for contents of the authored articles in the Newsletter.