

## European Comparative Report – Draft Report of a European Study

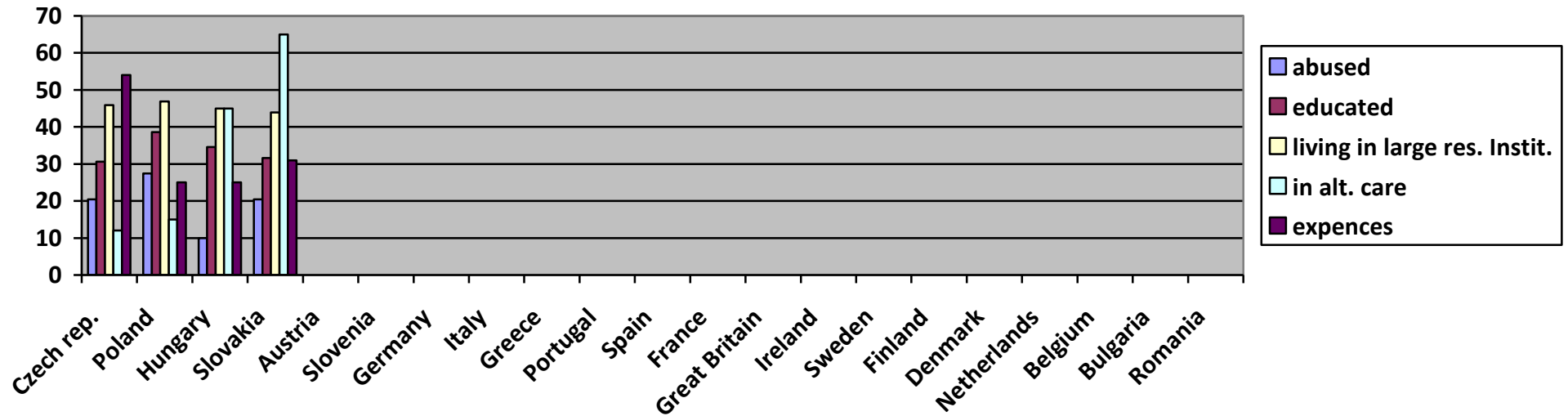
### I. Executive Summary

Inclusion Europe has received funding from the European Commission for a project to promote the rights of children with intellectual disabilities across the EU. The project, led by Inclusion Europe, Eurochild and Charles University in Prague, began in December 2009. The project was awarded funding under the European Commission DAPHNE programme, a European Commission initiative aiming to support organizations which develop measures and actions to prevent or combat all violence against children, young people and women and to protect the victims and groups at risk. Over a period of two years, the project will analyze the implementation of the United Nations Convention on the Rights of the Child from the perspective of children with intellectual disabilities, by conducting research throughout the 27 Member States of the European Union. The aim of our research was to assess the implementation of the United Nations Convention on the right of the child (hereinafter CRC) from the perspective of children with intellectual disabilities in the area of health. Concerning the goal of IE research, which was to focus on the development of a research tool on the implementation of the CRC – Convention on the right of the child from the perspective of children with intellectual disabilities, we used mixed research method (quantitative and qualitative). We were to collect national statistical data divided into five specific areas (health, abuse, family, education, participation and promotion) at the first part of our research tool (Part I of the template) due to General Guidelines regarding the form and content of periodic reports submitted by States Parties under article 44, of the Convention (thus the basic resource to work within the first part of the present research tool is The National CRC Report). States Parties shall provide further information relevant to the implementation of the Convention after this General Guidelines. The present guidelines group the articles of the Convention in clusters with a view to assisting States Parties in the preparation of their reports. The Committee requests that for each cluster the State Party provides information with regard to: follow-up, monitoring, resource allocation, statistical data {providing e.g. statistical data disaggregated by age, gender, urban/rural area, disability etc.} and challenges to implementation. Therefore many of these statistical data should be available from the national report on CRC and this is the main resource where from we can consider the national system to be mature {regarding the level of implementation of CRC also in the area of intellectual disability}. The second part of the research tool assessed the maturity of the implementation of CRC to each State Party. This methodology is driven from assessment methods used in quality management systems to analyze the qualitative maturity of the system. This qualitative approach uses also EFQM (European Foundation for Quality Management) and is used for assessing the quality level of Excellence in various even the profit or non-profit organisations. Part III of research tool used qualitative approach for collating data. It assessed the state of implementation of CRC – Convention on the right of the child from the perspective of children with intellectual disabilities and was derived from practice. National researchers collated data from group discussions that illustrate description of situation in each State Party. From those interviews with children with intellectual disability and their families national researchers described weaknesses of the country system that should be improved with given diagnostics of constraints that are risks of discrimination of children with intellectual disability. National researchers also collated data from group discussions with children with intellectual disability living with their family, alternative care and/or institutions. For the purpose of group semi/structured discussion with children and parents there were recommended questions (and for

children with intellectual disability also pictures) but those questions and pictures were meant just for illustrating situations national researchers were going to firstly identify in accordance with the recommended structure.

## II. Statistical Data

- **Key indicators** from all EU counties are put in one table



Abused – total number of children with intellectual disability {if there is a lack of data then total number of children included those with intellectual disability} having been abused – recounted on percentage from relevant population {with intellectual disability or all included those with intellectual disability} for each country

Educated – total number of children with intellectual disability educated at primary and secondary level within those in institutional care

Living in large residential institutions – number of children living in large institution {can be divided by budget expenses in comparison with national gross product} - recounted on percentage from relevant population {with intellectual disability or all included those with intellectual disability} for each country

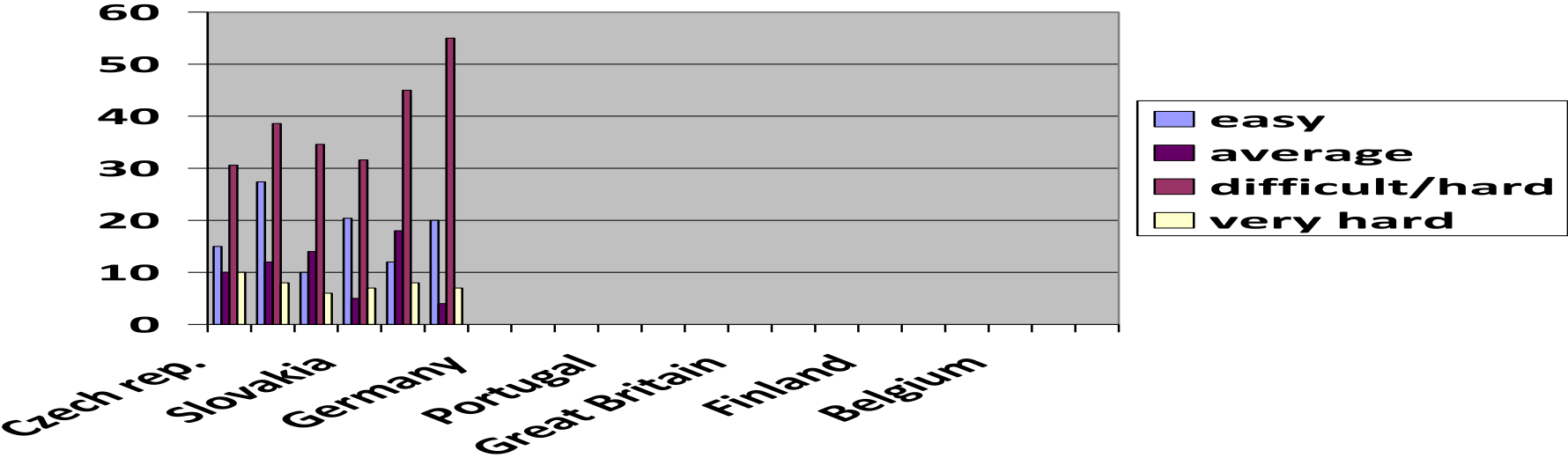
Children living in alternative care – total number of children that are fostered, adopted and in kinship care {can be divided by budget expenses in comparison with national gross product} - recounted on percentage from relevant population {with intellectual disability or all included those with intellectual disability} for each country

Expenses – total budget financial allocation / total number of children with intellectual disability in comparison with total external financial allocation/ total number of children with intellectual disability; or all included those with intellectual disability

Other indicators to be possible for European Comparative Study: number of fostered/ adopted children and those in kinship care without comparison; number of homicides/ suicides of children with intellectual disability;

If there is a lack of data next table can be used:

**Data availability**



Easy – more than 85% of requested data were available from CRC or Alternative report

Average - more than 50% of requested data were available from CRC or Alternative report

Hard/ Difficult - more than 25% of requested data were available from CRC or Alternative report

Very hard - less than 25% of requested data were available from CRC or Alternative report and other resources must have been found for key and other core indicators;

Those key indicators are: total number of children with intellectual disability in each country, percentage of children with intellectual disability in each country from all population of children at the same age/ age group; total national budget devoted to children with intellectual disability covering health, educational, social and other needs in each country; national expenses on children with intellectual disability in comparison to GDP

Other core indicators: total amount of budget devoted to health of children with intellectual disability, total amount of budget devoted to education {on primary, secondary level of education including education at institutional care}; total amount of external financing devoted to children with intellectual disability {in comparison with GDP}; expenses on large residential institutions in each country in comparison with GDP or just expenses {in Euro} per one child in large residential institution

*Those indicators must be found by national researchers themselves till the end of October/ November and be part of National Narrative Report {Special part of Appendix}.*

{If there is a lack of data for that category, it is also possible to use data on children included children with intellectual disability}.

III. – Maturity of implementation of the CRC:

**Abuse**



Average rating in all seven assessed categories {aspects} per each country will be coloured in the map of Europe:

-countries will be divided into 5 groups:

1<sup>st</sup> group – red colour - unsatisfactory state of implementation {0-19 points}

2<sup>nd</sup> group – light red colour - satisfactory state of implementation {20-39 points}

3<sup>rd</sup> group - pink colour – good state of implementation of CRC {40/59 points}

4<sup>th</sup> group – violet colour – very good state of implementation of CRC {60/79}

5<sup>th</sup> group – dark violet colour – excellent state of implementation of CRC {80-100 points}

Description of 1<sup>st</sup> group of states in key categories: coordination and legislation, policy and its goals and administrative measures, monitoring system and system of effective complaint procedures, key indicators and their trends, financial compensation, rehabilitative measures, review of recovery and reintegration of victims, educational measures to protect children with intellectual disabilities from all forms of abuse:

Description of 2<sup>nd</sup> group of states {in key categories mentioned above}:

Description of 3<sup>rd</sup> group of states:

Description of 4<sup>th</sup> group of states:

Description of 5<sup>th</sup> group of states:

## Education



Average rating in all 8 assessed categories {aspects} per each country will be coloured in the map of Europe:

-countries will be divided into 5 groups:

1<sup>st</sup> group – red colour - unsatisfactory state of implementation {0-19 points}

2<sup>nd</sup> group – light red colour - satisfactory state of implementation {20-39 points}

3<sup>rd</sup> group - pink colour – good state of implementation of CRC {40/59 points}

4<sup>th</sup> group – violet colour – very good state of implementation of CRC {60/79}

5<sup>th</sup> group – dark violet colour – excellent state of implementation of CRC {80-100 points}

Description of 1<sup>st</sup> group of states in key categories: coordination and legislation, goals and indicators of progress, monitoring system of school climate, system of effective complaint procedures, accessible guidance, measures for support and attendance:

Description of 2<sup>nd</sup> group of states {in key categories mentioned above}:

Description of 3<sup>rd</sup> group of states:

Description of 4<sup>th</sup> group of states:

Description of 5<sup>th</sup> group of states:

## Family and Deinstitutionalization



Average rating in all 8 assessed categories {aspects} per each country will be coloured in the map of Europe:

-countries will be divided into 5 groups:

1<sup>st</sup> group – red colour - unsatisfactory state of implementation {0-19 points}

2<sup>nd</sup> group – light red colour - satisfactory state of implementation {20-39 points}

3<sup>rd</sup> group - pink colour – good state of implementation of CRC {40/59 points}

4<sup>th</sup> group – violet colour – very good state of implementation of CRC {60/79}

5<sup>th</sup> group – dark violet colour – excellent state of implementation of CRC {80-100 points}

Description of 1<sup>st</sup> group of states in key categories: coordination and legislation, measures for best interest of the child in the area of parental responsibilities, separation from parents, recovery of maintenance, deprivation of a family EVVO, adoption, foster/ kinship care, reviews of placements:

Description of 2<sup>nd</sup> group of states {in key categories mentioned above}:

Description of 3<sup>rd</sup> group of states:

Description of 4<sup>th</sup> group of states:

Description of 5<sup>th</sup> group of states:

## Health



Average rating in all 6 assessed categories {aspects} per each country will be coloured in the map of Europe:

-countries will be divided into 5 groups:

1<sup>st</sup> group – red colour - unsatisfactory state of implementation {0-19 points}

2<sup>nd</sup> group – light red colour - satisfactory state of implementation {20-39 points}

3<sup>rd</sup> group - pink colour – good state of implementation of CRC {40/59 points}

4<sup>th</sup> group – violet colour – very good state of implementation of CRC {60/79}

5<sup>th</sup> group – dark violet colour – excellent state of implementation of CRC {80-100 points}

Description of 1<sup>st</sup> group of states in key categories: coordination of highest attainable standard, exclusion from health care, progress indicators of health care accessibility, system of effective complaint procedures, health care insurance:

Description of 2<sup>nd</sup> group of states {in key categories mentioned above}:

Description of 3<sup>rd</sup> group of states:

Description of 4<sup>th</sup> group of states:

Description of 5<sup>th</sup> group of states:

## Promotion, Participation and Anti-discrimination



Average rating in all 6 assessed categories {aspects} per each country will be coloured in the map of Europe:

-countries will be divided into 5 groups:

1<sup>st</sup> group – red colour - unsatisfactory state of implementation {0-19 points}

2<sup>nd</sup> group – light red colour - satisfactory state of implementation {20-39 points}

3<sup>rd</sup> group - pink colour – good state of implementation of CRC {40/59 points}

4<sup>th</sup> group – violet colour – very good state of implementation of CRC {60/79}

5<sup>th</sup> group – dark violet colour – excellent state of implementation of CRC {80-100 points}

Description of 1<sup>st</sup> group of states in key categories: legislation on antidiscrimination, programs to reduce discrimination, monitoring system, right to express, opportunity to be heard:

Description of 2<sup>nd</sup> group of states {in key categories mentioned above}:

Description of 3<sup>rd</sup> group of states:

Description of 4<sup>th</sup> group of states:

Description of 5<sup>th</sup> group of states:

#### IV. Maturity of Implementation of the CRC from the Perspective of Children with Intellectual Disabilities and Their Parents

##### **Abuse**

**Countries will be divided into 5 groups {derived from Part II of research tool}:**

1<sup>st</sup> group – unsatisfactory state of implementation {0-19 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

2<sup>nd</sup> group – satisfactory state of implementation {20-39 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

3<sup>rd</sup> group - good state of implementation of CRC {40/59 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

4<sup>th</sup> group – very good state of implementation of CRC {60/79}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

5<sup>th</sup> group – excellent state of implementation of CRC {80-100 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

## **Education**

**Countries will be divided into 5 groups:**

1<sup>st</sup> group – unsatisfactory state of implementation {0-19 points}: Description – weaknesses/ what should be improved {on pre/school education, primary and secondary/ vocational education}:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

2<sup>nd</sup> group – satisfactory state of implementation {20-39 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

3<sup>rd</sup> group - good state of implementation of CRC {40/59 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

4<sup>th</sup> group – very good state of implementation of CRC {60/79}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

5<sup>th</sup> group – excellent state of implementation of CRC {80-100 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

## **Family and Deinstitutionalization**

**Countries will be divided into 5 groups:**

1<sup>st</sup> group – unsatisfactory state of implementation {0-19 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

2<sup>nd</sup> group – satisfactory state of implementation {20-39 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

3<sup>rd</sup> group - good state of implementation of CRC {40/59 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

4<sup>th</sup> group – very good state of implementation of CRC {60/79}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

5<sup>th</sup> group – excellent state of implementation of CRC {80-100 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

## Health

**Countries will be divided into 5 groups:**

1<sup>st</sup> group – unsatisfactory state of implementation {0-19 points}: Description – weaknesses/ what should be improved (in prenatal/postnatal diagnostics, counselling, level of health care):

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

2<sup>nd</sup> group – satisfactory state of implementation {20-39 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

3<sup>rd</sup> group - good state of implementation of CRC {40/59 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

4<sup>th</sup> group – very good state of implementation of CRC {60/79}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

5<sup>th</sup> group – excellent state of implementation of CRC {80-100 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

## **Promotion, Participation and Anti-discrimination**

**Countries will be divided into 5 groups:**

1<sup>st</sup> group – unsatisfactory state of implementation {0-19 points}: Description – weaknesses/ what should be improved {summary of anti/discrimination approaches}:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

2<sup>nd</sup> group – satisfactory state of implementation {20-39 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

3<sup>rd</sup> group - good state of implementation of CRC {40/59 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

4<sup>th</sup> group – very good state of implementation of CRC {60/79}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

5<sup>th</sup> group – excellent state of implementation of CRC {80-100 points}: Description – weaknesses/ what should be improved:

Case studies {applicable examples} of families:

Case studies of children:

Case studies of children in alternative care:

**References**

**Appendix**