

**ANED 2018-19**

**Task 1.2**

**Living independently and being included in the community**

Country: Liechtenstein

Expert(s): Patricia Hornich

## Contents

PART A – Factual information and statistical data.....	2
1 Current situation and direction of travel.....	2
1.1 Numbers and proportions of disabled children and adults residing in institutional care or community-based settings .....	2
1.2 Overall spending on institutional care versus services for support for living independently and being included in the community, including information about proportion/amount of funding provided from EU funds .....	6
2 Government commitments on living independently and being included in the community including the transition from institutional care to community-based living.....	9
2.1 In which document(s) are government commitments and plans concerning support for independent living in the community set out? .....	9
2.2 What are the aims and objectives of relevant strategies, including relevant targets and milestones? Are they linked to ESIF? .....	9
2.3 Please summarise the planned approach and the actions to be taken in relevant strategies .....	9
2.4 What budgetary commitments are made to support these strategies, both for domestic and EU funds? .....	9
2.5 What is the (official) involvement of persons with disabilities and/or their representative organisations in the development of the strategies and plans .....	10
3 Implementation and monitoring.....	10
3.1 Summary of relevant calls for proposals.....	10
3.2 Summary of relevant projects funded .....	10
3.3 Overview of other relevant measures since 2013.....	10
3.4 Monitoring mechanisms and approaches .....	11
4 Impact and outcomes.....	11
4.1 Progress against explicit targets and milestones.....	11
4.2 What is replacing institutional care? .....	11
4.3 Satisfaction levels among persons with disabilities.....	13
PART B – Critique and evaluation .....	14
5 Observations and recommendations of official bodies .....	14
5.1 Observations by the UN Committee on the Rights of Persons with Disabilities on Article 19.....	14
5.2 Recent observations by other official European and international bodies.....	14
5.3 Observations and recommendations by national human rights bodies.....	14
5.4 Observations and recommendations by national or regional/devolved Parliaments and assemblies .....	15
6 Views and perspectives of civil society including DPOs.....	15
6.1 UNCRPD civil society shadow and alternative reports .....	15
6.2 ‘Grey literature’ at the national level.....	15
6.3 Pan-European and international civil society organisations.....	15
7 Academic research .....	15
PART C – Key points.....	16
8 Positive developments, including promising practice examples.....	16
9 Negative developments including examples of poor practice.....	18
10 Recommendations .....	18

## PART A – Factual information and statistical data

### 1 Current situation and direction of travel

#### 1.1 Numbers and proportions of disabled children and adults residing in institutional care or community-based settings

##### 1.1.1 Current figures

In 2015, an analysis about child disability measurements in more than 185 United Nations Member States was published by the UNICEF. In relation to Liechtenstein, the authors identified the following: *“Practically all countries in the world have collected some information on disability. Specifically, data sources on disability were identified for 185 United Nations Member States. Therefore, the review was unable to trace data for only eight UN Member States. Of these, two are located in Sub-Saharan Africa (Equatorial Guinea and Somalia) and six are countries with a child population below 125,000 (Andorra, Brunei Darussalam, Liechtenstein, Monaco, San Marino and Tuvalu).”*<sup>1</sup>

Unfortunately, the situation has not changed since then, and Liechtenstein still has no specific data source regarding information on persons with disabilities. In 2017, the Liechtenstein Disability Association (*Liechtensteiner Behinderten-Verband, LBV*) commissioned a study regarding the situation of disabled persons in Liechtenstein. The study concluded that there are only few analyses and statistical data regarding disabled persons in Liechtenstein to make any validated statement on the situation.<sup>2</sup>

Research for this report came to the same conclusion: there is no relevant data regarding the transition from institutional to community-based living of people with disabilities in the meaning of the UNCRPD in Liechtenstein available. This conclusion is based on research on the official data source by the Central Statistical Office,<sup>3</sup> the Office for Social Services<sup>4</sup> and the Ministry of Foreign Affairs.<sup>5</sup> Furthermore, research included publicly available data from the Association for Human Rights<sup>6</sup> and the Liechtenstein Disability Association.<sup>7</sup>

<sup>1</sup> Navigating the landscape of child disability measurement: A review of available data collection instruments, by Claudia Cappa, Nicole Petrowski, Janet Njelesani, Data and Analytics Section, Division of Data, Research and Policy, United Nations Children’s Fund (UNICEF), 3 UN Plaza, 10017 New York, USA, 2015. Link: [https://ac.els-cdn.com/S1875067215000784/1-s2.0-S1875067215000784-main.pdf?\\_tid=d36a1ade-0e90-47c9-95eb-b445bf614ce9&acdnat=1547628712\\_16a09a03e05c9850d735f6e217ac2d4f](https://ac.els-cdn.com/S1875067215000784/1-s2.0-S1875067215000784-main.pdf?_tid=d36a1ade-0e90-47c9-95eb-b445bf614ce9&acdnat=1547628712_16a09a03e05c9850d735f6e217ac2d4f).

<sup>2</sup> „Rechte von Menschen mit Behinderungen in Liechtenstein, 2017, Liechtenstein Institut: W. Marxer on behalf of Liechtensteiner Behindertenverband, link: [http://www.lbv.li/00-Downloads/Studie\\_UNCRPD-Behinderung\\_Marxer\\_final.pdf](http://www.lbv.li/00-Downloads/Studie_UNCRPD-Behinderung_Marxer_final.pdf).

<sup>3</sup> Amt für Statistik, link: <https://www.liv.li/inhalt/1504/amtstellen/publikationen-az>.

<sup>4</sup> Amt für Soziale Dienste, link: <https://www.liv.li/inhalt/1375/amtstellen/behinderungen>.

<sup>5</sup> Amt für Auswärtige Angelegenheiten, link: <https://www.liv.li/inhalt/1164/amtstellen/menschenrechte-und-humanitares-volkerrecht>.

<sup>6</sup> Verein für Menschenrechte, link: <https://www.menschenrechte.li/>.

<sup>7</sup> Liechtensteiner Behinderten-Verband, link: <http://www.lbv.li/>.

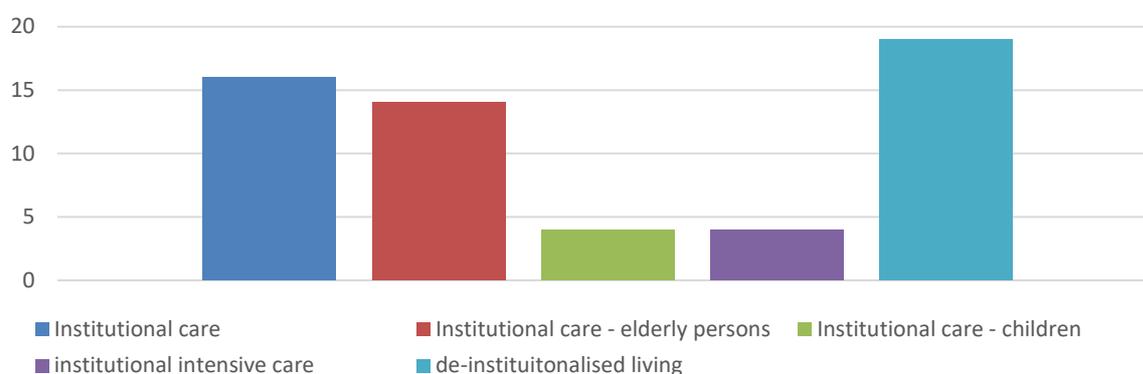
The most well-known institution in Liechtenstein with a service agreement with the government is the **Special Education Centre** (*Heilpädagogisches Zentrum, HPZ*).<sup>8</sup> The HPZ's wide range of five different types of housing makes it possible to respond to the respective needs and individual phases of life of the residents and to offer them the ideal living.

1. Institutional care: for adults with slight disabilities, the centre maintains a partially supervised residential complex.
2. Institutional intensive care: for adults with a higher degree of disability, there is an intensive care centre with full assisted living services.
3. Institutional care – elderly people: for elderly people with disabilities, appropriate nursing and socio-educational support is available in a residential home.
4. Institutional care – children: for children and young people with disabilities, the HPZ offers a residential group with clear daily structures. The aim of this facility is to offer support until an integration into the family is possible.
5. De-institutionalised living: another form of assisted living is the residential groups which are not located in a structural unit of the HPZ. These facilities offer partially assisted living, so that their residents live in greater independence and are nevertheless supported in coping with life as needed.

A residential home, as mentioned in this report, is a home where people with disabilities or serious illnesses live, who have a degree of need for 24/7 care or comprehensive care services or who are unable to live independently.

As of July 2018, all 58 living spaces in the fully serviced arrangements were occupied and there was a waiting list for the planned new construction of a partially serviced residential centre, which will be built in 2019.

In 2018, on average 58 persons (children, adolescents, adults, seniors) with cognitive, psychological, physical and/or multiple disabilities were accompanied and cared for in one of the HPZ institutional living arrangements, categories 1 to 4 as listed above). 55 % of the residents had been over 46 years old. Details can be seen in the following chart:



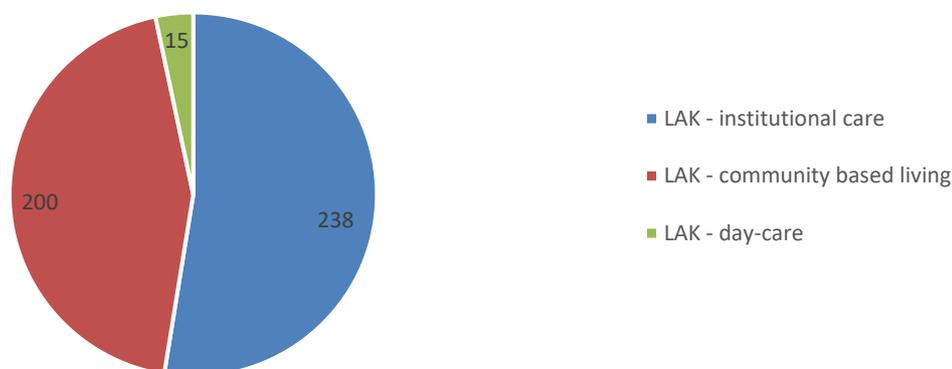
*Figure 1-1: Number of persons with disabilities living in housing arrangements of the HPZ in 2018*

<sup>8</sup> Special education center, HPZ, link: <https://www.hpz.li/wohnen/>.

The **Liechtenstein old-age and health assistance** (*Liechtensteinische Alters- und Krankenhilfe, LAK*)<sup>9</sup> offers living space in 6 facilities with care and assistance for people who are no longer able to live independently due to their age or disabilities. Basically, the LAK has 3 different service-arrangements:

- institutional care;
- community based living;
- day-care arrangements (e. g. for families, mainly women, who are part-time working and need some care arrangement for their relatives during this time).

The LAK also offers "short-period-care" to bridge the gap when the care situation of the person concerned changes temporarily (e. g. caring family members are on vacation, ill etc.). In total, the LAK took care of 453 persons during 2018, as the following chart shows.



*Figure 1-2: Number of persons with disabilities living in housing arrangements of the LAK in 2018*

By November 2018, the LAK had opened its 6<sup>th</sup> care facility centre in Liechtenstein. With this new housing facility, the LAK is now in the position to look after 298 persons on a day-care basis.

The **Social Networking Establishment, SNK**<sup>10</sup> is a private established organization that provides currently 9 rooms (8 more are under construction) for assisted living to young adults with disabilities (up to 30 years of age). The clients are supported in implementing jointly developed target plans, are guided and supervised. If necessary, supporting specialists are called in. The degree of institutional care depends on the individual ability to independently accomplish tasks of everyday life.

The **Association for Sheltered Housing (VBW)**<sup>11</sup> is a non-profit organization that provides social-psychiatric, therapeutic, and socio-educational services that make a contribution to basic psychosocial care in Liechtenstein. In 2017, the VBW had 17

<sup>9</sup> Annual report of the LAK 2017, link:

[https://www.lak.li/fileadmin/user\\_upload/Dokumente/Downloads/LAK\\_Jahresbericht\\_2017.pdf](https://www.lak.li/fileadmin/user_upload/Dokumente/Downloads/LAK_Jahresbericht_2017.pdf).

<sup>10</sup> SNK, link: <http://www.snk.li/Angebote/BetreuteWohnpl%c3%a4tze.aspx>.

<sup>11</sup> Annual report of the VBW 2017, link:

<https://www.vbw.li/CFDOCS/cms/admin/download.cfm?FileID=1330&GroupID=211>.

persons living in their institutional care residential facilities. These institutional care residential facilities are designed for a temporary stay of affected persons. The goal is to bring persons with disabilities out of institutional care and into partially supervised forms of housing.

The **Life-Aid Balzers**<sup>12</sup> offers 44 institutional care arrangements, which are adjusted to the individual situation of the person, in one care home facility. The care home facility is run by one organisation, the Life-Aid-Balzers and offers nursing and care services for people who cannot live independently on their own due to their age or disabilities.

### 1.1.2 Trend since 2013

In Liechtenstein, the policy on living circumstances of people with disabilities focuses on the needs and preferences of the concerned persons and their assistants. There are various institutional care facilities (see above) providing a variety of specialised services for sheltered residential homes. Based on the available data it can be said that the preference of the population in Liechtenstein is not for institutional care facilities. It is more for self-determined, community-based living arrangements, which means staying in the private living arrangement (home) and receiving individualised care service at home. Public and private actors offer services to enable people in need of care or assistance to live at home, particularly in the event of illness, disability or convalescence. In addition, special working and day-care institutions provide day-care services to these people.

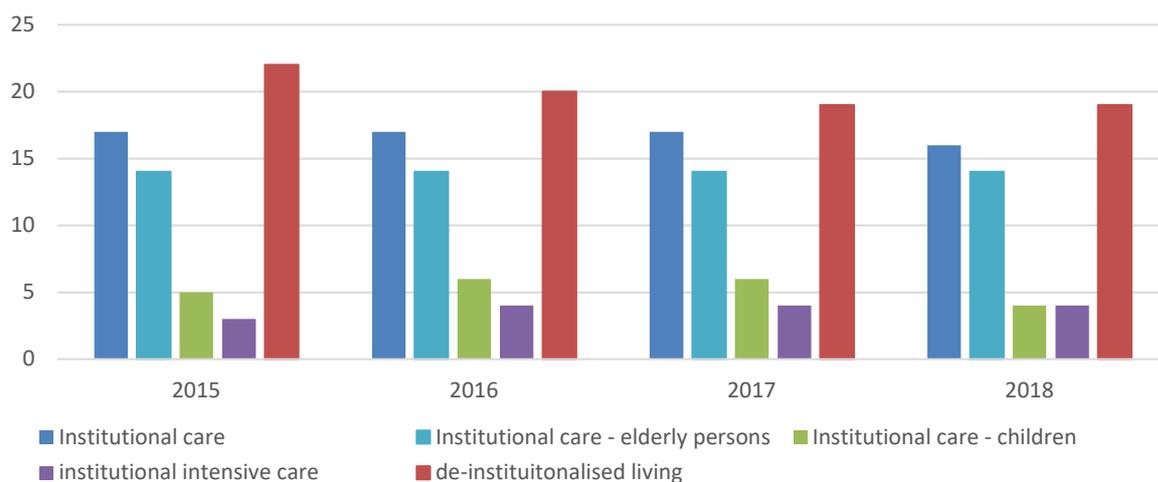
For the government and the competent authorities in Liechtenstein, the provision of services at an individual case level is the central focus. This means that, in the sense of case management, the governmental focus is on the coordination of the cross-organizational support services.

However, in terms of a trend analysis, it has to be said that de-institutionalisation in the spirit of the European Expert Group on the Transition from Institutional to Community-based Care would need a strategy at governmental level. This would have to include not only all support services across the different administrative and private sectors, but also further develop individualised support services for persons with disabilities. As such a de-institutionalization strategy has not been on the political agenda since 2013, no specific activities or programs have been launched by the government. Thus, no specific data to analyse the development of institutional care and community-based living of people with disabilities is available.

The biggest service institution in terms of housing arrangements is the LAK. When putting the focus on housing arrangements for people with disabilities in Liechtenstein, the HPZ has the most specialised offer. The following separate analyses shows the development in terms of persons with disabilities using the various housing arrangements of the HPZ in the years 2015 to 2018.

---

<sup>12</sup> Life-Aid-Balzers: Link: <https://lebenshilfe-balzers.li/Pflegeheim-Schlossgarten>.



*Figure 1-3: Number of persons with disabilities living in housing arrangements of the HPZ from 2008 to 2018*

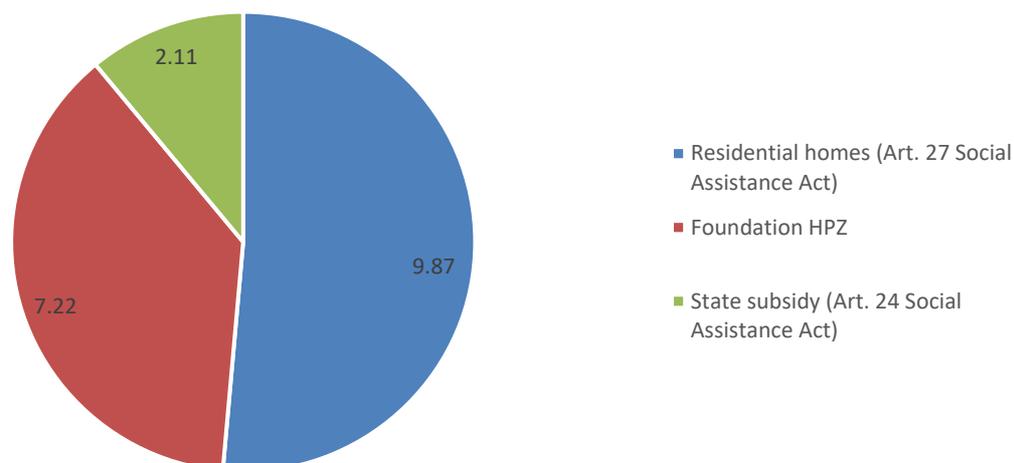
From 2009 onward, the HPZ offered a specific children and youth residential group (KiJu). In the KiJu, on average six children and adolescents were accompanied, cared for and supported. The care-concept had the clear focus on enabling the children to return to their families as soon as possible. Due to the high costs of this living arrangement and the low number of cases, the facility was closed by the end of 2018.

## **1.2 Overall spending on institutional care versus services for support for living independently and being included in the community, including information about proportion/amount of funding provided from EU funds**

### **1.2.1 Current figures**

In 2017, the Liechtenstein government had an overall spending on care facilities, without differentiation between institutional care services and community-based living arrangements provided by these facilities, as follows:<sup>13</sup>

<sup>13</sup> Accountability Report of the Government of Liechtenstein 2017 – 2013, link: <https://www.llv.li/inhalt/12281/amtstellen/rechenschaftsbericht>.



*Figure 1-4: Overall spending on care facilities in million Swiss francs in 2017*

The state subsidy to care-service providers was not assigned to specific service levels or arrangements. Hence, there had been no link to independent living arrangements.

In 2017, the government was able to conclude a further performance agreement in addition to that with the HPZ. The Association for Sheltered Housing is thus financially supported by the government and provides services for people with disabilities in accordance to the agreement.

With regard to the creation of additional housing facilities for people with disabilities, the Liechtenstein Government financially supported two projects of existing institutions in 2017. The Liechtenstein old-age and health assistance and the Association for Sheltered Housing received the following subsidies:

	State subsidy In Swiss francs (€)	Community subsidy <sup>14</sup> In Swiss francs (€)
Liechtenstein old-age and health assistance (LAK) <sup>15</sup>	4,712,000 (4,158,300)	4,712,000 (4,158,300)
Association for Sheltered Housing	115,973 (102,300)	–

Based on the information available, it is not possible to say whether these facilities already represent a clear shift from the traditional housing situation in care facilities to a more self-determined housing situation.

### 1.2.2 Trend since 2013

<sup>14</sup> Community subsidy: financial subsidy paid by the regional administration of the community and not by the government in terms of a state subsidy.

<sup>15</sup> The financial subsidies which were granted in 2017 to the LAK had been assigned to the new housing facility, starting to be built in 2018, as mentioned on p.4.

Over the last years, the Liechtenstein government had an overall spending on care facilities, without differentiation between institutional care services and community-based living arrangements provided by these facilities, as follows:<sup>16</sup>

Recipient/type of subsidy	Legal basis	2017 in Swiss francs (€)	2015 in Swiss francs (€)	2013 in Swiss francs (€)
Residential homes	Art. 27 of the Social Assistance Act <sup>17</sup>	9.87 million (8.7 million)	10.57 million (9.3 million)	10.07 million (9.3 million)
Foundation HPZ	Performance agreement	7.22 million (6.4 million)	– <sup>18</sup>	– <sup>16</sup>
State subsidy <sup>19</sup>	Art. 24 of the Social Assistance Act <sup>12</sup>	2.11 million (1.9 million)	3.05 million (2.7 million)	2.46 million (2.2 million)

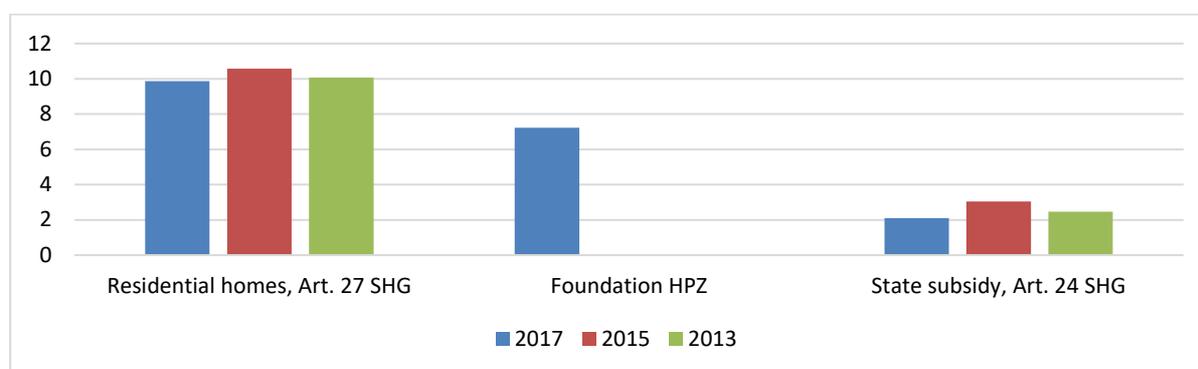


Figure 1-5: Overall spending on care facilities from the government in million Swiss francs (2017 - 2013)

More detailed figures are not available.

<sup>16</sup> Accountability Report of the Government of Liechtenstein 2017 – 2013, link: <https://www.liv.li/inhalt/12281/amtstellen/rechenschaftsbericht>.

<sup>17</sup> Social Assistance Act (*Sozialhilfegesetz, SHG*), link: [https://www.gesetze.li/konso/1985017000?search\\_text=SHG&search\\_loc=abk\\_list&lnr=&lgblid\\_vo\\_n=&observe\\_date=23.01.2019](https://www.gesetze.li/konso/1985017000?search_text=SHG&search_loc=abk_list&lnr=&lgblid_vo_n=&observe_date=23.01.2019).

<sup>18</sup> Until 2017 there has not been made a differentiation between subsidiary to the HPZ foundation and the HPZ residential home, which received financial support based on Art. 27 of the Social Assistance Act.

<sup>19</sup> State subsidy is granted to the following institutions (including organisations, which do not mainly provide living arrangements for people with disabilities): Therapeutische Wohngemeinschaft Mauren (VBW), Mobiles Sozialpsychiatrisches Team (VBW), Sozialpsychiatrisches Tageszentrum (VBW), Heilpädagogisches Zentrum (hpz), infra, Frauenhaus, Stiftung für Krisenintervention, Netzwerk – Verein für Gesundheitsförderung, Hospizbewegung, Seniorenbund, Behinderten-Verband, Bewährungshilfe, Familienhilfe Liechtenstein, Familienhilfe Balzers, Fachstelle für häusliche Betreuung & Pflege, Verein Liechtensteiner Seniorenmagazin, Gehörlosen Kulturverein Liechtenstein, Verein für Männerfragen.

## **2 Government commitments on living independently and being included in the community including the transition from institutional care to community-based living**

### **2.1 In which document(s) are government commitments and plans concerning support for independent living in the community set out?**

In 2013, Liechtenstein committed itself to signing the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including the Optional Protocol to the Convention on the Rights of Persons with Disabilities. By the end of 2018, Liechtenstein is well aware that its commitment to implement the ratification of the CRPD has not been fulfilled yet.

Based on this circumstance, within the Agenda 2020 strategy<sup>20</sup> which was launched in 2011<sup>21</sup>, there was basically only one goal of improvement set in the area of disability. This was to sign an agreement with the Association for Sheltered Housing (HPZ) for specific services in the area of institutional care and housing arrangements. The state contribution to the HPZ should therefore be based on this service agreement, which enables the HPZ to provide high quality service, professional supervision, and education for people with disabilities for the coming years. The agreement was signed in 2017.

Since then, no specific political commitment or strategy in the area of independent living in the community has been set by the government.

### **2.2 What are the aims and objectives of relevant strategies, including relevant targets and milestones? Are they linked to ESIF?**

Liechtenstein is well aware that its commitment to implement the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) has not been fulfilled yet.

Based on this circumstance, Liechtenstein, unlike most EU member states, has not developed any national strategy that covers de-institutionalisation of living of people with disabilities.

### **2.3 Please summarise the planned approach and the actions to be taken in relevant strategies**

The response in 2.2. above is equally applicable here. Liechtenstein, unlike most EU member states, has not developed any national strategy that covers de-institutionalisation of living of people with disabilities.

### **2.4 What budgetary commitments are made to support these strategies, both for domestic and EU funds?**

---

<sup>20</sup> Liechtenstein Agenda 2020, launched in 2010, link: <http://www.psli.cz/wp-content/uploads/2013/12/Agenda-2020.pdf>.

<sup>21</sup> Agenda 2020 – der Liechtenstein-Weg, Dr. K. Tschüscher, 10.04.2011, link: [http://www1.regierung.li/uploads/media/7\\_10\\_04\\_2011\\_LPC\\_Agenda\\_2020.pdf](http://www1.regierung.li/uploads/media/7_10_04_2011_LPC_Agenda_2020.pdf).

Due to the lack of a national de-institutional strategy of living independently and being included in the community, the government's financial budget plan does not contain any budget for the implementation of such a strategy.

## **2.5 What is the (official) involvement of persons with disabilities and/or their representative organisations in the development of the strategies and plans**

Due to the lack of a national de-institutional strategy of living independently and being included in the community, there is no project or organisation set up with any kind of involvement of persons with disabilities and/or their representative organisations.

But on 26 September 2018, a national conference was held on the ratification of the UN Convention on the Rights of Persons with Disabilities, to which the government had invited affected institutions and associations. The purpose of the meeting was to discuss the consequences of a possible ratification of the UN CRPD. There is neither any outcome so far, nor are the individual statements of the independent organisations, who attended the meeting, publicly available.<sup>22</sup>

Within the scope of competences of the Social Services Office, the interdisciplinary working group "case management" was set up and works on a regular basis on current cases. However, it does not have any strategic tasks or responsibilities with regard to a governmental plan of a transition from institutional care to community-based living for people with disabilities. The working group deals exclusively with practical cases based on the involvement of state-supervised institutions (LAK) as well as private service providers (HPZ, VBW, etc.).

## **3 Implementation and monitoring**

### **3.1 Summary of relevant calls for proposals**

In Liechtenstein, there has not been an official call for proposals in the area of strategies or relevant projects regarding a Liechtenstein approach of transforming institutional care to community-based living arrangements.

### **3.2 Summary of relevant projects funded**

In Liechtenstein, there have not been any projects since 2013 which have been funded by the government or any other official EEA-organization concerning the transition from institutional care to community-based living.

### **3.3 Overview of other relevant measures since 2013**

In 2016 the private Association for Assisted Living in Liechtenstein (VBW) asked the government and the parliament of Liechtenstein for a subsidy for a new residential facility. The subsidy application of the Association for Assisted Living was approved and 25% of the total investment costs were covered. In the explanatory memorandum, the government and the parliament stated that the VBW provides a substantial part of

---

<sup>22</sup> Media release of the Government of Liechtenstein, 27.09.2018, link: <http://www.regierung.li/de/mitteilungen/216988/?typ=content&nid=11076>.

the socio-psychiatric, socio-therapeutic and socio-educational basic services for the population of Liechtenstein. The association offers inpatient, outpatient, and aftercare services. The goal is the long-term integration of persons with disabilities into a preferably independent family, professional, social and private life. As this goal is in line with the legislative regulations of a self-determined life of persons with disabilities, it corresponds with the Act on Equality of People with Disabilities (*Gesetz über die Gleichstellung von Menschen mit Behinderungen (Behindertengleichstellungsgesetz; BGIG)*, 25.10.2006, *LGBl. 2006, no. 243*), which states in Article 1 that the purpose of the act is, inter alia, a self-determined life of persons with disabilities.

### **3.4 Monitoring mechanisms and approaches**

#### **3.4.1 Monitoring mechanism(s)**

Based on the non-existence of a national strategy of the transition from institutional care to community-based living for people with disabilities, no dedicated mechanisms have been established to monitor the transition.

#### **3.4.2 Measurement and data collection**

Based on the non-existence of a national strategy of the transition from institutional care to community-based living for people with disabilities, no progress can be evaluated.

## **4 Impact and outcomes**

### **4.1 Progress against explicit targets and milestones**

Since the defined strategic orientation and the corporate governance principles of the institutional care facilities and organisations have not changed in terms of institutional living and/or community-based living and care service provision over the last five years, no explicit targets or milestones have been set for any of the above-mentioned organisations. The main principle for all of the organisations can be still summarised by the following guidelines:<sup>23</sup>

- Residents/patients and their relatives have a right to dignity and respect.
- Respect for the dignity of residents/patients includes respect for their autonomy.

### **4.2 What is replacing institutional care?**

4.2.1 At the point that persons with disabilities are being moved out of institutional care facilities, what types of accommodation and support are they being moved into?

---

<sup>23</sup> See for example the principles for ethical and responsible action in LAK, link: [https://www.lak.li/fileadmin/user\\_upload/Dokumente/Ethisches\\_und\\_Verantwortliches\\_Handeln\\_in\\_der\\_LAK.pdf](https://www.lak.li/fileadmin/user_upload/Dokumente/Ethisches_und_Verantwortliches_Handeln_in_der_LAK.pdf);  
Mission statement of the HPZ, link: [https://www.deepl.com/Translator#de/en/Leitbild\\_des\\_HPZ%0A%0A](https://www.deepl.com/Translator#de/en/Leitbild_des_HPZ%0A%0A).

In Liechtenstein, there is no national strategy regarding the transition from institutional care to community-based living. Thus, no standard process is in place of how people with disabilities are moved out of institutional care facilities into other types of accommodation.

In general, it can be said, that social pedagogical support usually begins with a three-month in-depth examination of the living conditions, skills and risk factors within the family system. This is followed by a six-month intervention phase in which the person concerned, and their family are supported in the implementation of jointly defined action goals. People with disabilities living in an external living group are trained in practical life skills and accompanied into a step-by-step independence.

In the case of clients assigned by a physician to a mobile social psychiatric care, the support and care is done via a case management approach. Independence is promoted in the environment of the affected persons by jointly working out a meaningful daily structure with the necessary, targeted support.

Nevertheless, the increase in numbers of more self-determining housing situations shows that there is a demand. There are three relevant examples in Liechtenstein.

**The day-care facility - LAK:**

By the end of 2018, the LAK offered at a maximum 15 places of day-care for people who have an individual living arrangement at home, mostly within their family. The demand from people with disabilities who would like to stay in their home-living arrangement, but where the person who has taken care of at home returns back into working environment or increases his/her workload cannot provide support to the same extent anymore, increased from 100% to 180%. Thus, as mentioned on p.4, the LAK is currently expanding its range of services and will significantly increase the number of day-care places.

**Association for Assisted Living (VBW):**

An increase in care for young and adult people with a mental illness was noted by the Association for Assisted Living during the last 4 years. In each individual case, the focus is on leading a self-determined life and being able to participate in social life.

In 2017, due to the permanent occupancy of all rooms by a total of 14 young people and a young mother with her baby, the number of occupants has not increased. Compared to 2016, it represented an increase of 20.8%. This led to corresponding waiting lists. The lack of space in the youth housing group is now being alleviated by the construction of a new suitable housing facility. In addition, the financial situation was improved by concluding a performance contract with the government as mentioned on p.7.

**The Social psychiatric Day Centre:**

The Social psychiatric Day Centre, run by the Association for Assisted Living, offers opportunities for contact with other affected persons, the promotion of relationship skills and the meaningful structuring of everyday life. A wide range of everyday and practical assistance is made available as well as learning for social skills.

#### 4.2.2 What services, supports and measures are being developed and instituted to build long term support for the right to live independently and to be included in the community?

Due to the lack of a national de-institutional strategy of living independently and being included in the community, there are no developments of any measures to build long term support arrangements for the right to live independently and to be included in the community. Thus, there is neither legal basis nor any guidelines officially available.

#### **4.3 Satisfaction levels among persons with disabilities**

Unfortunately, in Liechtenstein there is no official or study-based data available which would reflect on the satisfaction levels among persons with disabilities.

## **PART B – Critique and evaluation**

### **5 Observations and recommendations of official bodies**

There have been no observations or recommendations specifically about independent living of persons with disabilities in Liechtenstein, but other observations are of indirect relevance to this matter and therefore listed below.

#### **5.1 Observations by the UN Committee on the Rights of Persons with Disabilities on Article 19**

Liechtenstein is well aware that its commitment to implement the ratification of the Convention on the Rights of Persons with Disabilities (UNCRPD) has not been fulfilled yet.

#### **5.2 Recent observations by other official European and international bodies**

In the last report of the Human Rights Council working group on the Universal Periodic Review (2018), the Working Group clearly recommended Liechtenstein to fulfil its commitment to ratify the CRPD. This was based on the large number of states (24 in all) calling on Liechtenstein to ratify the UN Convention on the rights of people with disabilities.

Several States also recommend that Liechtenstein should ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities. This would allow individuals to avoid any possible violation of the Convention before the Committee.

#### **5.3 Observations and recommendations by national human rights bodies**

The **Association for Human Rights in Liechtenstein** (*Verein für Menschenrechte, VMR*)<sup>24</sup> was founded at the end of 2016 and started its work at the beginning of 2017. For the VMR, the ratification of the UN Convention for the Protection of the Rights of Persons with Disabilities and the ratification of the accompanying Optional Protocol with the possibility of an individual complaint appear to be the most urgent measure to improve the national human rights situation.<sup>25</sup> Since the recognition of the individual right of appeal is an important component of the international human rights regime, and Liechtenstein also guarantees this under other human rights conventions, the VMR advocates the ratification of the Optional Protocol to the Disability Convention.

Based on information by the VMR, this issue is currently under examination of the Foreign Affairs Office. The VMR as well as the Association of Disabled Persons support the efforts of the competent Ministry to the ratification of the agreement as soon as possible.

---

<sup>24</sup> Association for Human Rights in Liechtenstein, link: <https://www.menschenrechte.li/>.

<sup>25</sup> Association for Human Rights in Liechtenstein, recommendations 2018, link: <https://www.menschenrechte.li/wp-content/uploads/2018/03/2018-UPR-Empfehlungen-VMR-Stellungnahme.pdf>.

## **5.4 Observations and recommendations by national or regional/devolved Parliaments and assemblies**

There are no recommendations known to the authors.

## **6 Views and perspectives of civil society including DPOs**

### **6.1 UNCRPD civil society shadow and alternative reports**

There have not been any shadow or alternative reports submitted to the UN Committee on the Rights of Persons with Disabilities for Liechtenstein.

### **6.2 'Grey literature' at the national level**

There are no findings and recommendations of any significant report concerning the transition from institutional care to community-based living in Liechtenstein known to the authors.

Beside this, during the time period 2017 to 2018, the government has launched two partly related initiatives which may have an impact on supporting independent living in the community. First, during October 2017 to June 2018, a study was carried out by external experts in the name of the government, involving various organizations and service providers to evaluate the current living situation and needs of the Liechtenstein population in the upcoming years. In respect of people with disabilities the study came up with the need of a detailed needs analysis for services within institution care facilities and day-to-day structures and, building on this, an overarching strategy which has to be developed in close cooperation with the existing service providers:<sup>26</sup>

### **6.3 Pan-European and international civil society organisations**

There are no findings and recommendations of any significant report concerning the transition from institutional care to community-based living in Liechtenstein known to the authors.

## **7 Academic research**

There are no findings and recommendations of any relevant academic research concerning the transition from institutional care to community-based living in Liechtenstein known to the authors.

---

<sup>26</sup> Study „Further development of the Liechtenstein health care system“, Prof. Dr. oec. B. Güntert, Private Universität im Fürstentum Liechtenstein, 2018, link: <http://www.regierung.li/media/attachments/181010-Weiterentwicklung-des-liechtensteinischen-Gesundheitswesens.pdf?t=636838287253569748>.

## PART C – Key points

### 8 Positive developments, including promising practice examples

It is clear to all involved parties on the government side as well as private arrangement providers, that living independently and being included in the community as a national policy and political agenda would need a broad range of new support arrangements, mechanisms and processes to ensure effective coordination of flexible service arrangements etc., all aligned with new developed and implemented policies, action plans and guidelines for de-institutionalisation.

Based on the very small size of the country and the low population, Liechtenstein would not be able to cope with all the challenges. Very severe cases of disability, for example, requiring special care and assistance cannot be covered due to the lack of facilities and sufficient expertise in the country. From an economical point of view, it makes no sense to build up such facilities in Liechtenstein. For this reason, Liechtenstein has concluded corresponding agreements with its neighbouring states, Austria and Switzerland. Against charging for services, persons concerned can be cared for in adequate facilities over the border.

Based on this situation, in Liechtenstein every single case is treated in its own way, mainly by the disabled person him/herself or by the legal guardian or the custodian. Preferably, people with disabilities act freely and make individual choices.

For more than 5 years, there has been a specific working group called “**Case Management**” under the direction of the Office for Social Services of the Government, which comprises the most important institutions entrusted with the care of people with disabilities (HPZ, LBV, LAK and the Association for Legal Guardianship).<sup>27</sup> The task of this working group is to exchange information on current individual cases once a week and, based on the individual situation of the person with disabilities, to find an adequate solution across the various service providers and care options for this person. This model has been very successful in the past. It offers the options of being able to respond specifically to the individual needs and wishes of those affected, since all possibilities can be examined and discussed through the involvement of the various organisations and the competent authority. This also makes it possible to implement cross-organisational options. For example, after a hospital stay when the person with disabilities has not recovered sufficiently but has to leave the hospital, a time period of up to 8 weeks additional inpatient care in the LAK can be taken advantage of. The aim of this is to ensure that the person concerned is able to return to his or her own living situation later. This is intended to avoid an entry into a permanent care facility. Another example is the situation of a person with disability who wishes to stay in his/her private home, but day care support cannot be provided by family members anymore, as they are all working and not able to quit their jobs for providing the necessary care. In this case, either a day-education or job-arrangement in the HPZ or the day-care arrangement of the LAK can support the person and his/her family in this situation.

---

<sup>27</sup> Association for Legal Guardianship (Sachwalterverein), link: <http://www.sachwalterverein.li/>.

Case management is thus seen in Liechtenstein as a suitable concept for finding care and living arrangements for people with disabilities, based on their needs and wishes and to different options which are available.

### **LAK – transitional care:**<sup>28</sup>

LAK has successfully implemented an additional offer to people who no longer need acute care in hospital but cannot yet return home to their familiar living arrangements. It had been seen in the last 3 to 4 years, that – probably also due to capacity requirements of the hospitals – such patients were discharged from the hospital after the necessary medical treatment. Nevertheless, these people were not yet able to resume an independent life, as there were still restrictions due to the illness or disability and they therefore depended on daily support and care.

In order to regain their independence, they have to receive targeted nursing and therapeutic support. This is provided by the transitional care of the LAK in the form of inpatient and outpatient care services. The focus of these services is the rehabilitative care to regain self-sufficiency and autonomy of the patients. The development of the patient's state of health is assessed with all relevant group of involved persons (patient, relatives, physician, representatives of other care providing organisations, etc.) at regular status assessments. Goals are defined and appropriate measures are implemented in order to plan the departure home or to organise a transfer to an internal housing arrangement.

### **LAK – day care:**<sup>29</sup>

Liechtenstein has a high employment rate. Many women return to work after their children have been grown up. The care of a sick or disabled family member at home is an enormous burden for many persons. In order to provide all these persons an alternative to an inpatient care facility in their respective individual life situations, the LAK added day-care service arrangements. The day-care service is designed for persons with disabilities or people who have a need for care assistance in their daily life, living in their family arrangements. It is not a 24-hours-seven-day institutionalised care arrangement, more a partially or temporary option providing relief for family caregivers. This offer closes the gap between care at home and institutional care. The goal of the LAK is to provide a relief for caring relatives and therefore support the home-care situation and to enable the person with disability to stay at home and be cared by his/her relatives. Thus, a definitive entry into an institutional care arrangement can be delayed or even prevented.

The day care arrangement was mainly built up based on an increasing demand by relatives, mainly woman, who turned back into (part-time) working arrangements after having taken care for relatives with disabilities for many years.

### **Association for Assisted Living - supervised, external housing**<sup>30</sup>

The supervised, external housing arrangements are offered by the social therapeutic services and are aimed at people with a mental impairment who are temporarily

<sup>28</sup> LAK, transitional care arrangements, link: <https://www.lak.li/pflegen-und-betreuen/uebergangspflege/>.

<sup>29</sup> LAK, day care arrangements, link: <https://www.lak.li/pflegen-und-betreuen/tagespflege/>.

<sup>30</sup> Association for Assisted Living, supervised external housing arrangements, link: <https://www.vbw.li/sozialtherapeutische-dienste/?&elementPos=2&>.

dependent on support in their life. This form of living with selective care, is very much appreciated by the population of Liechtenstein. The service includes basically a targeted individual therapeutic-pedagogical support to build up personal (as far as possible) independent living. The service structure is built around the concept of help for future self-help.

Ambulant assisted living apartments with two, three or four rooms are available for temporary living. This serves as an intermediate step from an inpatient setting with 24-hour care to an independent lifestyle. As of today, the entire capacity of the ambulant assisted living apartments is exhausted.

## **9 Negative developments including examples of poor practice**

There are no such developments known to the authors.

## **10 Recommendations**

In the field of disability, the ratification of the UNCRPD as a comprehensive and ground-breaking instrument for shaping disability policy is a central concern for the Association. Occasionally, a more comprehensive "case management" was desired, i.e. better coordination of the various helping institutions under one leadership. Increased attention is also demanded for the specific needs of people with mental illnesses.

In the view of the VMR, there is nothing to prevent the signing and ratification of the UNCRPD and the Additional Protocol on the Right of Individual Complaints.

Liechtenstein lacks a national disability strategy or action plan. Thus, in terms of independent living, the current procedure focuses mainly on case-by-case management where various relevant institutions jointly discuss the person's individual situation and the best approach to solve related issues (e.g. which kind of care-service is best, how to adjust this, which kind of financial support can be given based on insurance or social help etc.). Without having the required statistical data available, the authors cannot evaluate if living independently and being included in the community is in place in Liechtenstein. Currently, from the author's perspective there could be more support of living arrangements for people with disabilities that could cover the gap between institutional living and living independently with required care arrangements. The positive effects of individual forms of housing for independent living are well known. The same applies to the fact that such forms of housing can delay the necessity of entering a nursing home. Thus, a strategic national plan for people with disabilities in terms of independent living is needed and should be based on a clear evaluation of the current situation. This would have to include the improvement of social inclusion of people with disabilities, especially in terms of integration into education and the labour market.