



## Summary report on challenges faced by service providers

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### Introduction

The objective of the questionnaire on challenges has been to identify and better understand the challenges met by service providers facing a diversification of users, in particular in terms of staff skills and training.

“Current users” are persons with an intellectual disability (= learning disability, incl. persons with multiple disabilities).

“New users” are:

- Persons with a mental disability (= mental health problems, mental illness)
- Persons with a dual diagnosis (= persons with an intellectual disability and a mental disability)
- Persons in a situation of social exclusion (= persons who do not fall neatly into a diagnosis of intellectual disability, or mental disability, or dual diagnosis, but who are vulnerable, distant from the labour market, and who need to be supported by services in order to be socially included)

# **1. Statistical Report**

## **1.1. Participating countries**

A total of organizations from eight countries completed the questionnaire.

1. Austria
2. Belgium
3. France
4. Hungary
5. Netherlands
6. Poland
7. Portugal
8. Wales

## **1.2. Participating organizations**

In total, ten organizations filled in the questionnaire.

1. ASBL Le Huitième jour (Belgium)
2. Cartrefi Cymru (Wales)
3. C.E.C.D. MIRA SINTRA (Centro de Educação Para o Cidadão Deficiente, Portugal)
4. Hand in Hand Foundation (Hungary)
5. Jugend am Werk Begleitung von Menschen mit Behinderung GmbH (Austria)
6. Polish Association for Persons with Intellectual Disability Branch in Jarosław (Poland)
7. Stichting IZAH (Netherlands)
8. Unapei (France)
9. Verein zur Schaffung alternativer Beschäftigungsmöglichkeiten für psychisch Kranke (Austria)
10. Wiener Sozialdienste Förderung und Begleitung GmbH (Austria)

Note to the reader: while some respondents are umbrella organisations for their sector at regional or national level, other respondents are individual service providers whose response is based primarily on the situation in their services. The analysis below should therefore be considered as primarily informative rather than fully representative of the situation in the participating countries.

## 2. General part

1. Do service providers that run services for persons with intellectual disabilities also run specialized or mixed facilities that are tailored to the specific needs of new users? Please describe these facilities shortly.

Country	Specialized facilities	Mixed facilities
Austria	◆	◆
Belgium		◆
France	◆	◆
Hungary	◆	◆
Netherlands		◆
Poland		◆
Portugal		◆
Wales		◆

In all eight countries, there exist mainly mixed facilities. Often these facilities are not really designed for users and “new users” but both groups use the services. Organizations from Austria, France and Hungary also reported that there exist specialized services for persons with a mental disability

2. If there are specialized facilities for new users how is funding provided?

Country	Public funding	Person centred budget
Austria	◆	
Belgium		
France	◆	
Hungary	◆	
Netherlands		◆
Poland	◆	
Portugal		
Wales	◆	

The most common provision of funding is public funding (five countries). In the Netherlands, there is the concept of a person-centred budget, where the person directly pays for the service. In Belgium and Portugal there do not exist specialized facilities.

**3. If there are mixed facilities for new users how is funding provided?**

Country	Public funding	Person centred budget
Austria	◆	
Belgium		
France	◆	
Hungary	◆	
Netherlands		◆
Poland	◆	
Portugal	◆	
Wales	◆	

When it comes to mixed facilities, the most common provision of funding is public funding. In the Netherlands there is the concept of a person-centred budget. The organization from Belgium did not give any information on funding.

**4. If there are mixed facilities for new users, how is everyday life organized to ensure a harmonious relationship with the other users?**

Country	Multi-professional team	Individual support
Austria	◆	◆
Belgium		
France	◆	◆
Hungary	◆	
Netherlands		◆
Poland	◆	◆
Portugal	◆	◆
Wales	◆	◆

Individual support is one key factor to ensure a harmonious relationship of the users. Another strong factor mentioned by the organisations is a multi-professional team. The organisation from Belgium answered that there is no special treatment. In Hungary, professionals divide the groups and focus on persons with intellectual disability or on persons with mental disability. The French organisation also mentioned the importance of the balancing of new users and other users. The organisation from the Netherlands also stated that the information about the challenges of new users is very important.

**5. How long does it take on average for new users to get permission to obtain a service?**

<b>Country</b>	<b>Duration</b>
Austria	3 months
Belgium	Couple of weeks
France	Waiting lists, depends on each case
Hungary	From 2 weeks up to 6 months
Netherlands	No waiting list
Poland	Depends on each case
Portugal	Depends on each case
Wales	Depends on each case

The duration of the waiting time for users to get permission to obtain a service differs in each organisation. There is no waiting list in the Netherlands whereas it can take up to 6 months in Hungary. Organisations from four countries replied that the waiting time depends on each case.

**6. Is there an appropriate allocation of support staff that takes into account the special needs of new users and how is it organized?**

<b>Country</b>	<b>Appropriate allocation of staff?</b>
Austria	<b>Yes, special trained staff</b>
Belgium	insufficient
France	insufficient
Hungary	insufficient
Netherlands	insufficient
Poland	insufficient
Portugal	insufficient
Wales	<b>Yes, special trained staff</b>

Only in two countries, Austria and Wales, the organisations reported that there is an appropriate allocation of staff in services for new users. All other organisations stated that the allocation of staff is insufficient.

**7. Is there an appropriate allocation of space and equipment that take into account the special needs of new users? If yes, please describe**

<b>Country</b>	<b>Appropriate allocation of space and equipment?</b>
Austria	<b>Yes</b>
Belgium	No
France	No
Hungary	Only for specialized services
Netherlands	<b>Yes</b>
Poland	<b>Yes</b>
Portugal	<b>Yes</b>
Wales	<b>Yes</b>

Most of the organisations stated that there is an appropriate allocation of space and equipment that takes into account the special needs of new users, for example special relaxation rooms or audio-visual equipment. Organisations from Belgium and France claimed that they would need an appropriate allocation of space and equipment.

**8. Is there a specific methodology focusing on the support of new users? If yes, please describe it shortly.**

<b>Country</b>	<b>Specific methodology focusing on new users?</b>
Austria	No
Belgium	No
France	No
Hungary	No
Netherlands	<b>Stras method</b>
Poland	No
Portugal	No
Wales	No

The majority of organisations do not have a specific methodology for new users. The organisation from Netherlands mentioned the Stras method (SE training). It is a very practical and "tailor sized" one on one approach and, as such, applied with new service users but, if necessary, it is certainly possible to use it with service users who are in care for longer periods as well.

**9. Is the support flexible enough to cover different needs of new users? Please describe it.**

<b>Country</b>	<b>Flexible support for new users?</b>
Austria	<b>Yes</b>
Belgium	<b>Yes</b>
France	<b>Yes</b>
Hungary	<b>Yes</b>
Netherlands	<b>Yes</b>
Poland	<b>Yes</b>
Portugal	Need for specialists
Wales	<b>Yes</b>

Nearly all organisations claim that through the person-centred approach the different needs of the users can be covered. The organisation from Portugal pointed to the strong need for specialists on mental health.

**10. What new legal framework, power-structures, networks or funding streams do you need to understand and become familiar with for new users?**

<b>Country</b>	<b>Need for</b>
Austria	More knowledge, more flexible regulations
Belgium	Better staff training, <b>networking</b>
France	<b>Networking</b>
Hungary	Adapted tools
Netherlands	<b>Better funding</b>
Poland	<b>Better funding</b> , better diagnosis
Portugal	<b>Networking</b>
Wales	<b>More and joint funding</b>

The cut down of costs is one major challenge for many organisations. Many organisations also want to improve the networking with other organisations or the health sector. There is also the need for better diagnosis, more knowledge, better staff training and adapted tools.

**11. Please name those challenges that seem to be the most important in relation to services for new users.**

<b>Country</b>	<b>Most important challenges</b>
Austria	Need for specific services, fluctuation in the condition of service users
Belgium	Appropriate diagnosis, specific support methodology
France	Staff training, networking, development of community-based services, fluctuation in the condition of service users, lack of flexible funding
Hungary	Appropriate diagnosis, networking
Netherlands	Majority of new users are ethnic minorities
Poland	Implementation of multi-disciplinary diagnosis
Portugal	Appropriate diagnosis, networking
Wales	Staff training, additional funding, increase in the number of persons with learning disabilities who develop dementia

Challenges that were named more than one time include a better staff training, networking, the fluctuation in the condition of service users and appropriate diagnosis.

Other challenges cover the need for specific services, specific support methodology, development of community-based services, lack of flexible funding, ethnic minorities, implementation of multi-disciplinary diagnosis, additional funding and the increasing number of persons with learning disabilities who develop dementia.

### **3. Staff**

#### **1. Are new users and their needs part of education and training in the social care sector?**

<b>Country</b>	<b>New users are part of education and training?</b>
Austria	<b>Yes</b>
Belgium	No
France	No data
Hungary	<b>Yes</b>
Netherlands	No
Poland	Partially
Portugal	Partially
Wales	No

Organisations from Austria and Hungary report that new users are part of education and training in the social care sector. In Poland and Portugal the topic of new users is covered partially. There is the need for further investigation on that topic in France.

2. How is the team of staff members for specialized and/or mixed services composed? Is the team multi-professional?

Staff team	Doctor	Medical support staff	Psychologist	Psychiatrist	Psychology support staff	Head of service/director	Pedagogical staff	Administrative personnel	Social worker	Educative personnel	Occupational therapist	Trainer/Instructor	Others (Please specify)
Austria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Trainees, music therapist, psychotherapist
Belgium								✓	✓	✓			
France (6)		✓ (1)	✓ (1)		✓	✓		✓		✓	✓	✓	
Hungary			✓		✓	✓		✓	✓	✓	✓	✓	economist, lawyer, sociologist, social politics

Netherlands						√	√	√	√	√	√	√	
Poland	√ (1)	√ (1)	√	√ (1)		√	√		√ (1)	√ (1)	√ (1)		Job coaches, lawyers, guardians
Portugal			√	√ (2)		√	√ (3)	√	√	√ (4)	√	√ (5)	Technicians of special education and rehabilitation
Wales						√		√				√	Peer Support Partners

(1) – Member of the team but only in some facilities (not in all types of services)

(2) – Partial time

(3) – Psychopedagogue

(4) – Social Educator

(5) – Monitors and assistants of occupational activities

(6) – There is no difference in the composition of the team between mixed services and specialized services. More medical support staff, and psychologist, would be need in mixed services

Concerning the team of staff members, it can be stated that there is a need for specialised medical staff as well as for psychologists and psychiatrists and pedagogical staff.

**3. Are there any obligatory or mandatory qualifications for staff members working with new users? If yes, please describe.**

<b>Country</b>	<b>Mandatory qualifications?</b>
Austria	<b>Yes</b>
Belgium	No
France	No
Hungary	Only in specialized services
Netherlands	No
Poland	No
Portugal	No
Wales	No

In general, most organisations answered that there are general mandatory qualifications for staff members. Only organisations from Austria reported that there are mandatory qualifications for staff members working with new users, including a completed training in the social care sector as well as a completed psychosocial training.

**4. Are staff members obliged to attend specific seminars for advanced and further training? If yes, please describe.**

<b>Country</b>	<b>Obligatory further training?</b>
Austria	No
Belgium	No
France	No
Hungary	No
Netherlands	No
Poland	No
Portugal	No
Wales	<b>Yes</b>

Further training is recommended in every organisation, but only the organisation from Wales reported that they do have mandatory trainings (e.g. handling of bipolar disorders, manual handling, challenging behaviour, mental health awareness).

**5. Are staff members provided with relevant training programmes for new users? If yes, please describe.**

<b>Country</b>	<b>Training programmes for new users?</b>
Austria	<b>Yes</b>
Belgium	No
France	<b>Yes</b>
Hungary	No
Netherlands	No
Poland	No
Portugal	No
Wales	<b>Yes</b>

Organisations from Austria and Wales reported that staff members are provided with relevant training programmes for new users including specialist literature, training documents and manuals. The organisation from France stated that staff members have the opportunity to ask for relevant training on a voluntary basis.

**6. Do staff members have the possibility to use specialist supervision?**

<b>Country</b>	<b>Supervision for staff members?</b>
Austria	<b>Yes</b>
Belgium	In progress
France	<b>Yes</b>
Hungary	No
Netherlands	<b>Yes</b>
Poland	No
Portugal	No
Wales	No

Only organisations from Austria, France and the Netherlands reported that there is the possibility to use specialist supervision for staff members.

## 7. How do teams handle critical situations?

Country	Handling of critical situations?
Austria	<b>Contact experts</b> , prevention, guidelines
Belgium	<b>Contact experts</b>
France	<b>Contact experts</b> , prevention
Hungary	<b>Contact experts</b>
Netherlands	Prevention
Poland	<b>Contact experts</b>
Portugal	<b>Contact experts</b>
Wales	<b>Contact experts</b> , support plans, guidelines

Nearly all organisations reported that the teams contact specialist and experts in crisis situations. Furthermore, organisations in Austria and Wales do have certain guidelines. Organisations from Austria, France and the Netherlands put a great emphasis on prevention.

## 8. How do service providers support teams for specialized and/or mixed services in critical situations?

Country	Support of service providers in critical situations?
Austria	<b>Contact experts</b> , supervision
Belgium	Supervision
France	<b>Contact experts</b> , supervision, manager on-call
Hungary	<b>Contact experts</b>
Netherlands	<b>Contact experts</b>
Poland	<b>Contact experts</b>
Portugal	<b>Contact experts</b>
Wales	<b>Contact experts</b> , two managers on-call for each area

Nearly all organisations reported that in case of critical situations the service providers contact experts or specialists. In addition to that, organisations in Austria, Belgium and

France offer supervision and organisations from France and Wales stated that there is the concept of a manager on-call for each area in case of emergency.

**9. New users often cannot express their feelings and have difficulties to talk about their problems. What is the role of staff members?**

<b>Country</b>	<b>Support of new users?</b>
Austria	Exact documentation, <b>individual talks</b> , monitoring
Belgium	<b>Individual talks</b>
France	<b>Elaboration of individualised plan</b>
Hungary	In not specialized institutions there are no methods available
Netherlands	Role of staff is just to give support in the work situation
Poland	<b>Individual talks</b> , pictograms, participant observation and interviews
Portugal	Report to psychology service and <b>individual timetable support</b>
Wales	<b>Concept of "link worker"</b>

Individual support plays an important role in organisations from Austria, Belgium, France, Poland, Portugal and Wales when it comes to the support of new users to express their feelings. The organisation from Portugal reported that staff members also report to a special psychology service whereas in Wales there is the concept of a "link worker" who will work with the person and creates together with the person the person-centred plan.

**10. Is there any networking or cooperation between service providers and other experts (e.g. administration, health system, social workers, guardians, etc)? Are there any experiences so far? Please describe.**

<b>Country</b>	<b>Networking?</b>
Austria	<b>Yes</b>
Belgium	<b>Yes</b>
France	<b>Yes</b>
Hungary	Only among NGOs
Netherlands	<b>Yes</b>
Poland	<b>Yes</b>
Portugal	<b>Yes</b>
Wales	<b>Yes</b>

Nearly all organisations reported that there are good examples of networking among organisations as well as the Social Care and the Health Sector. Nevertheless the networking still should be improved. The organisation from the Netherlands mentioned a very good networking example in Rotterdam, the Munchhausen Society (<http://www.munchhausenrotterdam.nl/>)

**11. Is there any cooperation, continuous communication and sharing of information between service providers and hospitals or psychiatric or other experts (e.g. substance misuse experts)?**

Country	Close cooperation and sharing of information with experts?
Austria	Yes
Belgium	No
France	No
Hungary	No
Netherlands	No
Poland	Yes
Portugal	Yes
Wales	Yes

Close cooperation with experts is only reported from organisations from Austria, Poland, Portugal and Wales. Even there, there is the strong need for improvement.

**12. Please name those challenges that seem to be the most important in relation to staff members for new users.**

Country	Most important challenges
Austria	High psychological stress
Belgium	<b>Specific training</b> , more time
France	<b>Training, networking</b> , lack of adequacy of multi-disciplinary teams
Hungary	<b>networking</b>
Netherlands	Cut down of local budgets, different ethnic groups
Poland	Multidisciplinary teams, <b>staff training</b> , prevention

Portugal	Challenging behaviour
Wales	Receive all information, getting to know the users and their needs

Challenges that were named more than one time include the need for specific staff training and more networking.

Other challenges are lack of time, high psychological stress for the staff (e.g. suicidal mood), lack of adequacy of multi-disciplinary teams, the cut down of local budgets, different ethnic groups, the need for multidisciplinary teams, prevention, challenging behaviour, information on users and their needs

#### **4. Service Users**

##### **1. What are the admission criteria for new users?**

<b>Country</b>	<b>Admission criteria?</b>
Austria	No self-harming or harming of others, no abuse of substances
Belgium	<b>Same criteria as for other users</b>
France	No harming of others, users are clinically balanced, the quality of care and support is maintained
Hungary	<b>Same criteria as for other users</b>
Netherlands	<b>Same criteria as for other users</b>
Poland	<b>Same criteria as for other users</b>
Portugal	Dual diagnosis is accepted if users are clinically balanced to avoid problems with other users
Wales	If referring authority believes that provider has the skills and resources

Organisations from Belgium, Hungary, the Netherlands and Poland reported that there are no special criteria for new users to get admission to the services. Organisations from France, Austria and Portugal stated that one criterion is that the users should not harm others. The French and Portuguese organisations reported that there is the need of clinical balancing to avoid problems with other users whereas in Wales there are no admission criteria.

2. In which way do new users and current users have the possibility to express their needs and wishes concerning the services?

Country	Possibility to express needs and wishes?
Austria	<b>One-on-one interviews</b> , user representatives, surveys, <b>self-advocacy groups</b>
Belgium	<b>One-on-one interviews</b> , user representatives, <b>self-advocacy groups</b>
France	<b>One-on-one interviews</b> , user representatives, surveys, <b>self-advocacy groups</b>
Hungary	Surveys, user representatives, <b>self-advocacy groups</b>
Netherlands	<b>One-on-one interviews</b> , <b>self-advocacy groups</b>
Poland	<b>One-on-one interviews</b> , user representatives, <b>self-advocacy groups</b>
Portugal	<b>One-on-one interviews</b> , user representatives, surveys, <b>self-advocacy groups</b>
Wales	<b>One-on-one interviews</b> , user representatives, surveys, <b>self-advocacy groups</b>

Nearly all organisations practice one-on-one interviews as well as surveys on the quality of their services to find out about the needs and wishes of new users. In addition to that, all organisations know the concept of “self-advocacy groups” in which users speak up for themselves independently and can express their needs and wishes and even criticize service providers. Many self-advocacy groups have chosen to be called ‘People First’ groups. The concept of “user representatives” enables users in each facility of a service provider to express their wishes and needs and they have regular appointments with the management of the services.

**3. How can the users take part in the design of their future and what are the methods that are used?**

<b>Country</b>	<b>Part-taking of users?</b>
Austria	<b>Person-centred approach</b>
Belgium	Not possible
France	<b>Person-centred approach</b>
Hungary	<b>Person-centred approach</b>
Netherlands	<b>Person-centred approach</b>
Poland	<b>Person-centred approach</b>
Portugal	<b>Person-centred approach</b>
Wales	<b>Person-centred approach</b>

Nearly all organisations use the person-centred approach to let users take part in the design of their future.

**4. If applicable, how are families and external support persons involved in planning and decision-making?**

<b>Country</b>	<b>Family involvement?</b>
Austria	<b>Yes, if necessary and the user requests it</b>
Belgium	Yes
France	<b>Yes, if necessary and the user requests it</b>
Hungary	Yes, if necessary
Netherlands	<b>Yes, if necessary and the user requests it</b>
Poland	<b>Yes, if necessary and the user requests it</b>
Portugal	<b>Yes, if necessary and the user requests it</b>
Wales	<b>Yes, if necessary and the user requests it</b>

Nearly all organisations reported that parents or external support persons can be involved in planning and decision-making if it is necessary and the user wants it.

5. Are there any alternative and/or innovative services and/or therapies offered to new users? What are the differences compared to regular services and therapies for persons with disabilities?

Country	Innovative services?
Austria	Only individually designed trainings and therapies
Belgium	No
France	Some experiments
Hungary	No
Netherlands	No
Poland	Only individually designed trainings and therapies
Portugal	No
Wales	Only individually designed trainings and therapies

Some organisations offer individually designed services but only the French organisation reported that there is an innovative service concerning housing in the South of France where support staff will visit the house at the times of the day when the person is likely to feel most mentally distressed (sunrise, coming home, etc.)

6. Please name those challenges that seem to be the most important in relation to the users of the services.

Country	Most important challenges
Austria	Not enough knowledge, mix of users with different needs
Belgium	Enable users to decide on their future
France	<b>Implement innovative services, full inclusion of users</b>
Hungary	<b>Financial support</b> and appropriate methods
Netherlands	Lack of motivated staff, lack of evaluation, <b>implement innovative services</b>
Poland	Increase of user-participation, securing support outside of services
Portugal	Appropriate diagnosis, staff training, <b>full inclusion of users</b>
Wales	<b>Funding</b> , choice of activities and housing

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Challenges that were named more than one time include funding, the implementation of innovative services and the full inclusion of users.

Other challenges named are not enough knowledge among service users about their mental illness, the mix of users with different needs, to enable new users to decide on their future, appropriate methods, lack of motivated staff, lack of evaluation, need to increase user-participation, secure support outside of services, appropriate diagnosis, staff training and securing choice of activities and housing

## **4. Draft conclusion**

### **General part**

Organisations from all countries reported that there are mixed facilities that are tailored to the specific needs of new users, but only organisations from Austria, France and Hungary stated that there also exist specialized facilities for new users. Regarding the funding scheme, the most common provision of funding either in mixed or in specialized facilities is provided through public funding.

Individual support is one key factor to ensure a harmonious relationship of the users. Organisations from Austria, France, Hungary, Poland, Portugal and Wales also mentioned that a multi-professional team is very important.

Looking at the waiting time for new users to get a permission to obtain a service there exist great differences among the partner countries. For example there is no waiting list in the Netherlands up to the maximum of a possible 6 months waiting time in Hungary. In some countries there is no general waiting list because the time for admission depends on each case.

Organisations from Austria and Wales only reported that there is special trained staff working in services for new users whereas all other organisations claimed that the allocation of staff is insufficient. On the contrary, the allocation of space and equipment is appropriate for more than the half of organisations.

The majority of organisations has not mentioned a specific methodology for new users. Only the organisation from the Netherlands (Stras method) named such specific methodology. On the other hand, flexible support structures that cover the needs of new users can be found in nearly all organisations except Portugal.

Challenges for the organisations include the cut down of costs in the social sector, the need for better staff training, appropriate diagnosis and networking with the Health sector.

### **Staff**

Organisations from Austria and Hungary only reported that the topic “new users” is part of education and training in the social care sector. In Poland and Portugal, the topic is partially covered. Concerning the team of staff members, it can be stated that there is a need for specialised medical staff as well as for psychologists and psychiatrists and pedagogical staff.

Mandatory qualifications for staff members working with new users can only be found in Austria and in specialized services in Hungary. Interestingly, obligatory further training for staff members is only reported from organisations in Wales and organisations from Austria, France and Wales state that staff members are provided with relevant training programmes for new users.

Critical situations are handled in different ways. Organisations from Austria, France and the Netherlands reported that there is the possibility to use specialist supervision whereas organisations from seven partner countries state that teams contact experts and even service providers prefer to support teams in critical situations by calling experts.

The concept of individual support is the most common way to support new users that have difficulties to express their feelings. An interesting concept (“Link Worker”) has been mentioned by the Welsh organisation.

When it comes to cooperation and networking, nearly all organisations reported that there are experiences with other service providers and experts. The organisation from the Netherlands mentioned a good networking example in Rotterdam, the “Munchhausen Society”. On the contrary, sharing information and close cooperation with experts needs improvement because only half of the organisations reported that there is close cooperation.

Challenges concerning staff members include the need for specific training and the improvement of networking structures.

### **Service Users**

Interestingly, the admission criteria for new users are the same as for other users in Belgium, Hungary, the Netherlands and Poland. In Austria and France there is the criterion of no harming of others and in Portugal users have to be clinically balanced to avoid problems with other users. In Wales there are no admission criteria.

The person-centred approach plays a very important role in the direct support of new users and through one-on-one interviews as well as surveys users can express their needs and wishes in nearly all organisations. Another important way of expressing needs and wishes are user representatives in facilities as well as self-advocacy groups. Involvement of families and external support persons in Austria, France, the Netherlands, Poland, Portugal and Wales takes only place if it is necessary and the users requests it.

Some organisations offer individually designed services for new users but only the French organisation reported that there is an innovative service in the South of France.

Challenges concerning service users include better funding, the implementation of innovative services and the full inclusion of users.

The findings of the survey on challenges show that there is a strong need for cooperation and networking all over Europe. Examples for innovative services are rare but highly appreciated. The desire for better staff training, appropriate services and the overall aim of a full inclusion of service users in society strengthens the need for the full implementation of the UNCRPD and its social model and requests combined efforts on European level.