“I’m here for life”

Study visit on the (mis)use of EU funding
to advance deinstitutionalisation in Bulgaria

EUROPEAN NETWORK ON INDEPENDENT LIVING

WITH THE SUPPORT OF **THE NETWORK OF INDEPENDENT EXPERTS**

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Photos: Michael Goossens
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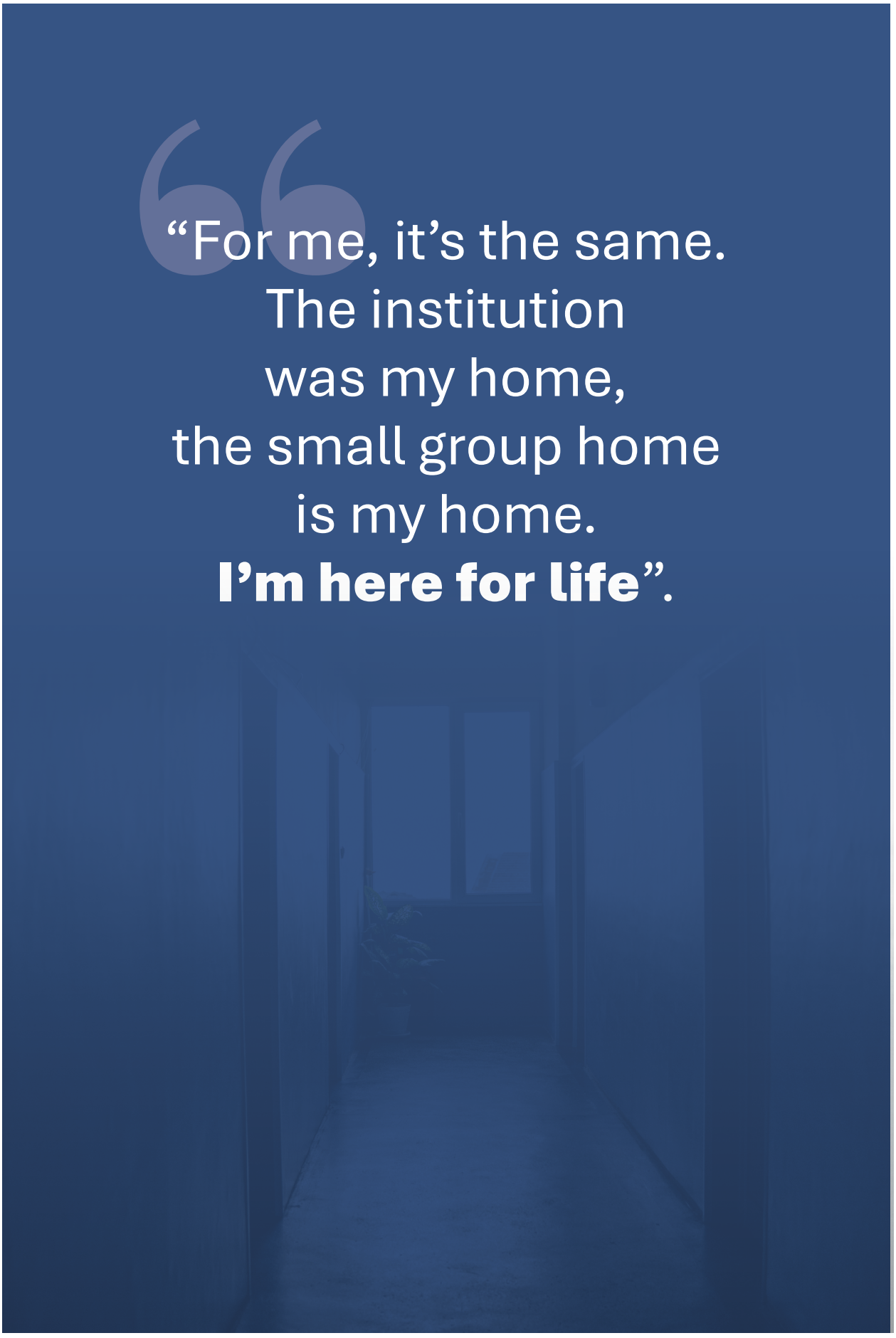
“For me, it’s the same.
The institution
was my home,
the small group home
is my home.
I’m here for life”.



1. Introduction

The historical deinstitutionalisation reform in Bulgaria led to the closure of all large institutions for disabled children and most large institutions for disabled adults.[1] The transfer of residents to small group homes has bettered the infrastructure and the living conditions, but has not advanced the right to independent living. There have been improvements: most disabled people no longer live in large institutions, with poor infrastructure, sharing rooms with 20 or more people, in remote locations, with no connections to the rest of the society. **However, thousands of disabled people that, on paper, live in the community, are trapped in smaller versions of the same institutions of the past.**

The EU has ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2009, and by Bulgaria in 2012Article 19 of the CRPD recognizes the right of disabled people to live independently in the community, which requires that "state parties [should] ensure that public or private funds are not spent on maintaining, renovating, establishing, building or creating any form of institution or institutionalization" (General Comment 5). The Guidelines on deinstitutionalisation, including in emergencies, adopted by the Committee on the Rights of Persons with Disabilities in 2022, reiterate this obligation, and call for investments in institutions to end and for any state or private funds to be used instead towards supporting the right to independent living.

Article 26 of the European Union (EU) Charter of Fundamental Rights states that "[t]he Union recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community." Article 21 of the Charter prohibits discrimination on any ground, including disability.

The EU's cohesion funding, which aims to strengthen economic, territorial and social cohesion, is bound by these international and European standards. Cohesion funding can contribute to independent living by supporting access to mainstream services, and by building support services in the community for disabled people. However, the European Network on Independent Living (ENIL) and the Network of Independent Experts (NIE) have long been aware of the misuse of EU funding to finance the building and refurbishing of segregated settings.

The aim of the report is to highlight how the EU funding has not supported the advancement of independent living in Bulgaria, and it is instead being used to reinforce segregation of disabled children and adults. We explored how EU funds have been used in Bulgaria to support the national deinstitutionalisation strategy, by visting a number of EU-funded projects which are labelled as supporting independent living for disabled people. We identified elements of concern and build recommendations to ensure that in the future, **no EU money is spent in Bulgaria or elsewhere to further exclude disabled people**. Instead, we suggest how it can be used to improve access to independent living, for social inclusion and full participation of disabled people in society.

1 UNICEF Bulgaria (n.d.), *History of children's rights and the rights of the persons with disabilities*, available at Data on the children with disabilities in Bulgaria and around the world | UNICEF Bulgaria; National Statistical Institute (2022), Thematic Report on People with Disabilities, available at Tematichen doklad_hora s uvrejdania_EN.indd

1.1. Context

1.1.1. Bulgaria's deinstitutionalisation process

In the international and European context, Bulgaria is often referred to as a success story and a model on deinstitutionalisation[2]. However, more and more voices, detailed below, are alerting of the shortcomings of this model.

The 2007 documentary film "Bulgaria's Abandoned Children", which exposed the inhumane conditions in Bulgaria's orphanages, sparked an international outcry.[3] This resulted in multiple strategies over the years, addressing children and adults, to replace the previous system of Soviet-style institutions. The deinstitutionalisation of children began first, in 2010, with the National Strategy "Vision for the Deinstitutionalization of Children in the Republic of Bulgaria" and by 2020, all large institutions for children in Bulgaria were closed.[4] The deinstitutionalisation of adults started after the adoption of the National Strategy for long-term care in 2018. The current strategy envisages that all institutions for disabled adults are to be closed by 2035.[5]

Disability Rights International stated in their report that "a system born out of crisis may not provide the most effective foundation for humane service delivery or rights protection".[6] Indeed, the urgent need to reform a system that was gravely endangering disabled children and adults, with the external pressure to finalise it as fast as possible, hasleft the door open to the creation of segregating "alternative" systems to the large institutions. And although these alternatives were viewed and presented as "transitional" or "last-resort", the reality is that when large investments are made, and the buildings are built, the temporary system becomes permanent. Data from 2018 showed that about 3,500 disabled adults lived in group homes[7], and 50% of the children in residential facilities are disabled.[8] Although new data is needed, it is unlikely this number has decreased.

1.1.2. The role of EU funding in Bulgaria's deinstitutionalisation process

Since Bulgaria's accession to the EU in 2007, the deinstitutionalisation process has not only been a national policy priority but also a EU-supported reform, rooted in the EU's Cohesion and Social Inclusion framework. From the adoption of the National Strategy "Vision for Deinstitutionalisation of Children in the Republic of Bulgaria" by the Council of Ministers, the reform was structurally supported by European Structural and Investment Funds (ESIF), notably through the Operational Programme "Regions in Growth" and the Operational Programme "Human Resources Development". During the 2014–2020 programming period, over €160 million of EU funding was allocated to support the closure of large institutions and the development of community-based and family-based services, with concrete projects implemented in partnership with national authorities.

The Action Plan for the implementation of the National Strategy "Vision for the Deinstitution-

2 European Commission (2014), *DRAFT THEMATIC GUIDANCE FICHE FOR DESK OFFICERS. TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE (DE-INSTITUTIONALISATION - DI) VERSION 2 – 27/01/2014*, available at 08. GUIDANCE FICHES 2014_2020_INCLUSIVE GROWTH_4_Deinstitutionalistion

3 Disability Rights International (2019), A Dead End for Children: Bulgaria's Group Homes, available at A Dead End for Children – Bulgaria's Group Homes | Disability Rights International

4 With the exception of 4 homes managed by the Ministry of Health, although they are also meant to be closed. Deinstitutionalisation of child care

5 Deinstitutionalisation of care for the elderly and people with disabilities

6 Disability Rights International (2019), *A Dead End for Children: Bulgaria's Group Homes*, available at A Dead End for Children – Bulgaria's Group Homes | Disability Rights International

7 National Statistical Institute (2022), Thematic Report on People with Disabilities, available at Tematichen doklad_hora s uvrejdania_EN.indd

8 UNICEF Bulgaria (n.d.), *History of children's rights and the rights of the persons with disabilities*, available at Data on the children with disabilities in Bulgaria and around the world | UNICEF Bulgaria

alisation of the Children in Bulgaria"[9] outlines management structures, project components, regional planning, and measures supporting the transformation from institutional care to **family- and community-based services**. It specifies activities such as the provision of early intervention and prevention services, community support for children leaving institutional care, integrated health and social services for children with disabilities, and investments in infrastructure for new service models — many of which are financed through ESIF under the Operational Programmes **"Human Resources Development" and "Regions in Growth".**

However, research confirms that the establishment and operation of residential services for persons with disabilities in Bulgaria after 2007 are structurally embedded in the national deinstitutionalisation policy framework, **which has been predominantly financed through ESIF**. National strategies and action plans[10] explicitly foresee the use of EU funding for the construction of residential facilities, staffing, training, and service provision. In practice, this means that residential services established after Bulgaria's EU accession operate either as direct beneficiaries of EU-funded projects or as part of a system created, expanded, or sustained through EU financial instruments, including funding for infrastructure, human resources, and operational continuity.

In addition, national mechanisms such as the Social Protection Fund under the Ministry of Labour and Social Policy have provided complementary financing for residential and day-care services. However, these mechanisms function primarily as supplementary instruments and do not alter the overall conclusion that EU funding has played a decisive role in shaping the residential care system.

Indeed, the aforementioned 2014-2020 Operational Programmes "Regions in Growth" (co-funded by the European Regional Development Fund) and "Human Resources Development" (co-funded by the European Social Fund) have been consistently criticized by disability activists. The National Research Report on Bulgaria produced under the FURI project, details how these sources of EU funding have contributed to the exclusion of disabled children and adults, by financing segregated settings. It notes a transinstitutionalisation trend, transferring people from large to smaller institution, and the misuse of EU funding to contribute to these violations of fundamental rights.[11]

ENIL, NIE and other partners have repeatedly raised this issue with the European Commission and the managing authorities, without success. This includes filing complaints to the European Commission and to the PETI Committee in the European Parliament, publicly addressing the Bulgarian government, and even filing an application for annulment at the General Court in Luxembourg – which was declared inadmissible.[12]

One of the institution managers pointed at the EU funding as one of the key issues. In her view, the EU had provided a large amount of funding, which meant that the state encouraged the building of small group homes. In the current system, entrance in small group homes is not sufficiently restricted, as, in her opinion, it should be limited to crisis situations, but they are instead staying long-term.

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9 The Action Plan is available in English at: https://www.mlsp.government.bg/uploads/35/sv/di-action-plan-eng.doc?utm_source

10 See **Vision for Deinstitutionalisation of Children in the Republic of Bulgaria** (2010) Ministry of Labour and Social Policy, avalable at: https://www.mlsp.government.bg/uploads/35/sv/vizia-deinstitucionalizacia-engl.doc?utm_source; Action Plan for the Implementation of the Vision for Deinstitutionalisation, avalable at: https://www.mlsp.government.bg/uploads/35/sv/di-action-plan-eng.doc?utm_source and **National Strategy for Long-Term Care** avalable at: https://www.mlsp.government.bg/deinstitutsionalizatsiya-na-grizhata-za-vzrastni-khora-i-khora-s-uvrezhdaniya

11 Network of Independent Experts (2025). *Fundamental Rights Violations in EU Funds in Bulgaria: National Research Report – Bulgaria*, available at: https://nie.expert/wp-content/uploads/2025/05/FURI-Bulgaria-Report-Final-for-Publication.pdf

12 To learn more, read Funding – ENIL

> **"I don't think the European Commission intended to give money to institutions, but the managing authority says it is for services in the community"**

Mitko Nikolov,
Center for Independent Living Sofia.

Cohesion funding is often structured in support of existing national policies. Therefore, investments into segregated settings in Bulgaria are a result of managing authorities allocating this funding to support their "deinstitutionalisation" strategy. However, breaches of fundamental rights by cohesion funding in Bulgaria have been well documented and reported to the Commission, and there have not been any actions to redress the funding.

While it is complex to provide an overview of all spending, we know that approximately 140 million from the European Social Fund have been invested in home care,[13] with additional funding from ReactEU for the programme "Patronage care for older people and people with disabilities", followed by "Patronage Care+" in 2021. Residential care is considered a last resort, although we believe that small group homes are not considered residential care in this context.

From exchanges with the European Commission, it become clear that they are aware of investments in breach of the UNCRPD and the Charter of Fundamental Rights, but that it is perceived that the managing authorities (in this case, Bulgaria) are entitled to decide how the money should be spent within the regulations of the current framework, under the shared management principle. ENIL has already put this in question before, as we believe the obligation to prevent, respect and fulfill human rights should not limit the Commission's powers to act and suspend funding or launch infringement proceedings only after the funding has been spent.

Although there is an enabling condition to respect the UNCRPD, Bulgaria has been cleared and it is considered in line with this condition. The Monitoring Committee could raise discrepancies in this regard, but they have not received any complaints. NIE raised the question that although there are organisations working on disability in the Monitoring Committee, these cannot be considered Disabled People's Organisations.

Regarding the implementation of the current financial framework (2021-2027) of the European Regional Development Fund and the European Social Fund, there is limited information as there are delays, although there is an expectation that there will be investments in day-care centers. At the current stage, the concrete projects are still being finalized, although the draft selection criteria have been approved. We cannot be sure about what the investments under this framework will look like exactly, but it is known that there will be different measures targeting vulnerable groups. However, we can expect that there will be fewer investments from this funding on building small group homes from the European Regional Development Fund, as there were wide investments in the previous period, and this particular funding only targets infrastructure. In turn, there might be investments from the European Social Fund into maintaining small group homes, notably in financing the staff.

1.2. Methodology

The European Network on Independent Living (ENIL) and the Network of Independent Experts (NIE) conducted 5 announced visits to 3 small group homes and 2 day-care centers in the Kyustendil province, in Bulgaria. The aim of the visit was to look into the implementation of cohesion funding for deinstitutionalisation in Bulgaria. Before the study visit, NIE aimed to iden-

13 Read more at Home Care in Bulgaria helps people live independently | European Social Fund Plus

tify projects that had received EU funding in the previous funding periods, or were still receiving it. The team sent letters to 11 municipalities in different regions in Bulgaria, requesting to access to several residential services for disabled people. The monitoring team was also interested in visiting examples of community-based services or disability-specific support that promote the right to independent living, but no suitable projects were were identified.

ENIL and NIE proceeded to establish the monitoring team, which was composed of:

1. Aneta Genova, lawyer and advocate, NIE
2. Tanya Tsaneva, social worker and advocate, NIE
3. Rita Crespo Fernandez, cohesion funding and human rights expert, ENIL
4. Michael Goossens, communications expert and photographer, ENIL

The list of the sites visited, their location, and the references used for them in the report is the following:

- Family-type Residential Center for children and young people with disabilities – Dupnitsa - Small group home A
- Day-care Center for Adults with Disabilities – Dupnitsa - Day-care center A
- Family-type Residential Center for Adults with Psycho-social Disorders 1 and Family-type Residential Center for Adults with Psycho-social Disorders 2 – Rila - Small group home B
- Family-type Residential Center for Adults with Intellectual Disabilities - village of Vratsa, Kyustendil – Small group home C
- Day-care center for adults with disabilities with different forms of Dementia – Kyustendil - Day-care center B

Map of Bulgaria

The main findings of the report are based on the observations from the monitoring team in the sites visited, and the interviews with the management, staff and beneficiaries. The monitoring team also received access to documents, such as the project references or individual plans for residents. Interpretation from English into Bulgarian was provided by NIE during the visits.

In addition, the monitoring team had meetings with lawyers from the NIE team, to gain further information about the legal context, and with the Centre for Independent Living (CIL) Sofia, to understand the overall situation of independent living in Bulgaria. Additional interviews were conducted with Elena and Iva, residents of a small group home in Bulgaria, which were interviewed together as they share similar experiences; and with Stephan Viet, survivor of institutionalisation currently living independently in Bulgaria.

The monitoring team also met with the equality body in Bulgaria, the Commission for Protection against Discrimination, to gain perspective on the overall situation of disabled people in Bulgaria and on past and present claimsreports related to deinstitutionalisation. An invitation was also sent to the Ombudsperson's office, but there was no response.

After the study visit, the monitoring team held two meetings with the European Commission in Brussels, requesting further information about investments in deinstitutionalisation in Bulgaria. One of the meetings was held with a desk officer for Bulgaria in the Directorate-General for Regional and Urban Policy (DG REGIO), and another one with the unit in charge on Bulgaria in the Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL). The meetings focused both on the previous financial period, 2014-2020, and the current one, 2021-2027.

The visits and interviews have been further complemented by desk research, particularly supported by reports from partner organisations and information available from the Bulgarian Managing Authority's website (in this case, the two competent authorities are the Ministry of Labour and Social Policy and the Ministry of Regional Development and Public Works).

1.3. Sites covered by the visit and EU financial support

1.3.1. Small group homes

The monitoring team visited three small group homes located in the Kyustendil Province.

1. Small group home A

The first small group home visited intended to accommodate disabled children and young adults, although the ages of the residents ranged from 8 to 38. There were a total of 14 residents, 12 male and 2 female. Most residents appeared to be adults.

The home was established with the intention of transferring children from the bigger institution as a transitional measure, although this had been 10 years ago.

The home has 2 people per bedroom, with 4 bathrooms, and the team was multidisciplinary. The residents had diverse disabilities.

The home was located in Dupnitsa, the second largest town in the province, with almost 30,000 inhabitants, slightly the center of the town.

2. Small group home B

The second small group home was located in the village of Rila, of 3,000 inhabitants, not far from the town hall. There were 27 residents in a complex of two small group homes located in the same building, although there was virtually no separation – and will therefore be counted as one for the purpose of this report. Residents were divided in bedrooms of 2 people per room, and 2 bedrooms of 3. Residents were all male, from 30 to 80 years old. All residents had psychosocial disabilities.

3. Small group home C

The third small group home was located outside Kyustendil, in the village of Vratsa, with a population around 200 people. This was a complex of three small group homes. The monitoring team only visited one, although the management explained that "they were all the same". There were 14 residents in each home, all women with intellectual disabilities, with 2 residents per room.

The small-group home was located in a village, about 14 minutes away by car from Kyustendil.

1.3.2. Day-care centers

The monitoring team visited two day-care centers.

1. Day-care center A

The first day-care center was for disabled adults (18 and above), with "mixed diagnoses". In this case, the participants did not come from institutions; only one was placed in a small group home. The capacity was for 20 people, although there were 32 beneficiaries – as some beneficiaries come for the whole day and others for half a day. The monitoring team found that the site was overcrowded, as the space was quite limited.

The day-care center is located in Dupnitsa, in a central location.

2. Day-care center B

The second day-care center was originally created for older people with dementia, who still make up the majority of the users, although there were some on sitewith other psychosocial or physical disabilities. Their ages ranged from 63 to 99 years old, aside from two younger people referred to by social services due to alcohol abuse.

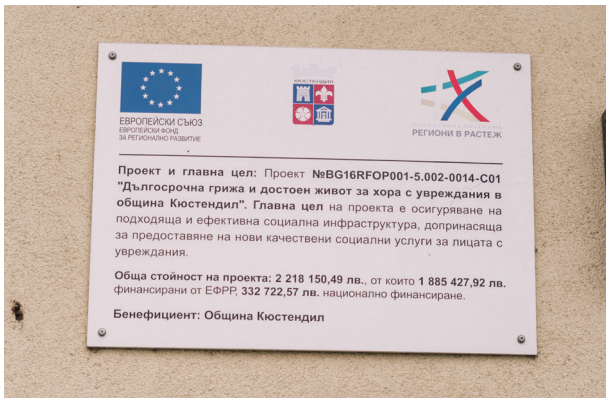
Most of the beneficiaries in this center came from the family environment, but some came from nursing homes or small group homes. At the moment of the visit, there were 34 users, although the capacity was up to 40. The reduced number was due to one person passing away, and others having their referrals ending.

The day-care center is located in Kyustendil, near the center of the town.

1.3.3. EU's financial support

The management at all the sites visited confirmed verbally that they had received EU funding from the 2014-2020 financial period or before, either for the building or for the costs of the staff. The monitoring team did not receive or find the references for all the sites visited, notably for small group homes A and B, despite the conversations with the institution management. This is the list of the projects visited that have been verified as having received EU funding:

- Day-care center A: BG05M9OP001-2.005 "Active inclusion" – Human Resources Development. Total EU financing: 356,578.41 BGN (approximately 182,283 EUR)[14]
- Small group home C and day-care center B: BG16RFOP001-5.002 "Support for deinstitutionalization of social services for older people and people with disabilities" – Regions in Growth. Total EU financing: 1,885,427.92 BGN (approximately 963,642 EUR)



Evidence of the use of European Union funding from small group home C and day-care center B

14 Reference available at UMIS 2020

2. Elements of concern

Despite the efforts made on deinstitutionalisation in Bulgaria, the information collected during visits and interviews shows that efforts towards independent living are being haltered by a lack of understanding of the obligations under the CRPD. These visits exemplify several systemic issues, notably the transfer from large to small institutions, the lack of choice and control over people's lives, the persistence of violence and abuse, and the lack of alternatives in the community.

2.1. Transfer from large to small institutions: Focus on buildings, not rights

> **"Small group homes are prisons. They don't respect you as a person, they treat you as a sick individual. It is the disease and not the person that is in the center"**

Elena Valkanova,
resident of a small group home in Bulgaria

Removing disabled people out of institutions and closing down the buildings is a key element of deinstitutionalisation. However, ending institutional culture demands additional efforts. There has been a trend in Europe to move away from large institutions into another form of institutionalisation: small group homes. Small group homes follow the same structure and culture of institutions, but with fewer residents. This section explores how small group homes have perpetuated institutionalisation in Bulgaria, and how transitional solutions may become permanent.

2.1.1. The logic of trans-institutionalisation

The transfer of disabled people from large institutions into small group homes is often referred to as "trans-institutionalisation". The Committee on the Rights of Persons with Disabilities has indicated that this practice is not in line with the UNCRPD, as "practices that violate article 19 of the Convention should be avoided, such as (...) replacing large institutions with smaller ones"[15]. It is not the number of people that defines an institution, but the institutional culture:

- obligatory sharing of assistants with others and no or limited influence as to who provides the assistance;
- isolation and segregation from independent life in the community; lack of control over day-to-day decisions;
- lack of choice for the individuals concerned over with whom they live; rigidity of routine irrespective of personal will and preferences;
- identical activities in the same place for a group of individuals under a certain authority; a paternalistic approach in service provision;
- supervision of living arrangements;
- and a disproportionate number of persons with disabilities in the same environment.[16]

Small group homes may be just as dangerous as large institutions, as they replicate institutional culture in a reduced environment. In the case of Bulgaria, the lack of understanding of inde-

15 Committee on the Rights of Persons with Disabilities (2022). *Guidelines on deinstitutionalisation, including in emergencies*, available at tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/5
16 Committee on the Rights of Persons with Disabilities (2022). *Guidelines on deinstitutionalisation, including in emergencies*, available at tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/5

pendent living and the lack of alternatives in the community has led to the construction of a vast amount of small group homes. Despite the improvements in infrastructure, and the buildings being physically closer to local communities, this is not a form of deinstitutionalisation.

Elena Valkanova and Iva Velikova are residents of a small group home in Bulgaria. They both grew up in large institutions for disabled people, and met at the institution in Lukovit. Their transfer to a small group home was a direct result of the closure of this institution. The large institution of more than 100 disabled people, with a mix of children and adults, was closed in 2014, Elena and Iva were transferred to a protected home, which is a reduced small group home of 8 people. Elena and Iva were not consulted in this decision, and they perceived that they had been lied to, as they expected more freedom in the protected home. Instead, they experience daily regimes and limitations to go outside.

Frustrated by this situation, they decided to leave the protected home and live independently, despite the staff's resistance. However, a lack of accessible housing led them to be placed at another small group home, where they currently live.

In the three small group homes visited, many residents had been transferred from big institutions, where conditions were known to be poor. The monitoring team observed that in all the sites visited, the focus of the transfer had been on improving infrastructure and living conditions, but not fostering independent living.

- In small group home A, residents had been transferred from a children's home of 49 children. Some of the current residents had entered as children and were now adults.
- In small group home B, its construction had been triggered by the closing of the Pastra institution, with over 100 residents distributed in only 3 rooms. Human rights violations were well recorded in the large institution by the Helsinki Committee, with a case brought in front of the European Court of Human Rights – although declared inadmissible[17].
- In small group home C, residents had been transferred from an institution of 60 people in a remote location. Some of the residents of the large institution had already been transferred to a "protected home" in the yard of the same large institution. Although the large institution has been closed, the protected home still exists, hosting the same residents – who have been left behind.

In some cases, placement in the small group homes was not related to transfer from a larger institution. Disabled people were either placed by social services or by their relatives. However, it is important to note that the construction of the small group homes is linked to the closure of larger institutions.

Institution managers complained about the increase in quality control as a result of recent updates in the social services regulations, which created a heavy bureaucratic burden for them. Increasing quality control in small group homes does not result in improved contions for independent living, as the focus is still on improving segregated services.

Although these facilities are considered small group homes even when there is a complex of multiple small group homes in one location, as was the case in small group homes B and C, there is virtually no separation of the residents and therefore there are more than 14 persons living together – which is the legal maximum to be con-

17 Bulgarian Helsinki Committee (2011), European Court of Human Rights hears first social care institution case, available at European Court of Human Rights hears first social care institution case - Български хелзинкски комитет

sidered a small group home. The monitors also noted concern about putting children in a home together with adults in small group home A.

> "I was placed in an institution at the age of eight – the largest residential home for children with physical disabilities in Bulgaria, located in the town of Lukovit. Around 120 children and young people lived there, all with different physical and intellectual disabilities. It was my first encounter with people who were like me – facing similar challenges.
>
> I stayed in Lukovit for seven years. After finishing my basic education, I wanted to study art. At that time, the deinstitutionalisation process had already started. I fought for my right to continue my education and, although I wasn't born in the region, I was moved to a smaller institution in the village of Dulbok Dol.
>
> There, I lived in a Centre for Family-Type Accommodation (CNST), which was not a typical one. The director supported us, believed in us and encouraged us to develop skills for independent living. She constantly reminded us how important education and creativity were for our future.
>
> Later, I spent about three years in a protected home while completing my secondary education. This was my first big personal victory – against the system and against the limitations placed on me."
>
> **Stephan Viet** – co-founder of The Variant and survivor of institutionalisation

2.1.2. Institution management and staff remained the same

The institution management often remained after the transfers from large to small institutions, continuing to run the newly built small group homes. Furthermore, the institution management appears to have had a leadership role in the transfer, being considered the professional experts on disability. This goes against one of the key principles enshrined in the Guidelines on deinstitutionalisation, including in emergencies, which is that survivors of institutionalisation and disabled people should take a lead in the deinstitutionalisation process, not the institution management.

From the testimony of one of the institution managers, it was clear that at the time of closure of the big institutions, the staff was offered the opportunity to work in small group homes, provided they received some training. We did not receive further information about the training.

> **"Most of the staff were transferred, as residents already knew them. This is their family".**
>
> ***Manager of small group home B***

It was clear that disability persisted among the institution management and staff, with varying degrees between the sites visited. For instance, in small group home C we were told that the residents do not do their own laundry, as their disabilities don't allow them – although most of them had intellectual disabilities and could potentially do these tasks if receiving adequate support. The monitoring team also perceived some tension caused by their presence in the sites, particularly in small group C and when discussing sensitive topics such as consent to psychiatric treatment.

Elena and Iva confirmed this attitudinal issue. In their experience, staff can be too strict, and they have felt mistreated in many cases. When they left the first small group home they were placed

at, the staff warned them against it, and told them that outside "it's a cruel world", and they would not be able to make it in the cold winter.

According to NIE, the staff from the large institutions was very poorly paid and working conditions were inadequate, which led to resentment towards the residents. Combined with societal stigma around disabled people, this may have led to staff transferred from institutions to small group homes perpetuating this negative view of disabled people.

2.1.3. Temporary stays becoming permanent

In small group home A, the institution manager was very critical of how long temporary stays had become. In her view, the criteria of admission to small group homes is too broad, and there is a lack of adequate foster care for children while the adoption system is not functioning correctly. This is aggravated in the case of disabled children, particularly as they become adults, as they are simply placed in another institution if no family members are willing to support them. In her view, "healthy children" had better chances, as they can "learn to take care of themselves", and those with "milder intellectual disabilities" may also be able to go back to their families.

After interviewing residents, it became clear that **residents also did not believe there was an alternative**. Many of them had been institutionalized for most of their lives, and they had not experienced anything different.

> **"For me, it's the same. The institution was my home, the small group home is my home. I'm here for life".**

Resident from small group home B

The monitoring team was often told by institution managers that the communities were initially very hesitant to have small group homes, as they viewed the residents as dangerous. There are two co-existing beliefs: one, that disabled people are dangerous to non-disabled people; second, that living outside the institution is unsafe for disabled people. According to the CIL Sofia, this second view is sometimes perpetuated by the small group homes staff, who tell the residents they lack the abilities to live independently outside the small group home. This was also the experience of Elena and Iva, who were told by the staff that they could not "make it by themselves" when they wanted to live independently.

2.2. Lack of choice and control over people's own lives

"When we were moved to the small group home, we were told we would have more freedom than in the large institution. This was not the case." – Elena and Iva

Choice and control are essential elements of the right to independent living. Indeed, independent living is not only living outside of an institution, but being able to choose with whom and where to live, and to make decisions over one's life. This includes deciding when and what to eat, what activities to do, whether or not to be in education or employment, when and were to go out... This section discusses how placements in segregated settings can prevent disabled people to have control over their lives, by making all beneficiaries do the same activities under the same schedule, and by restricting outings.

2.2.1. Mandatory regimes

All the small group homes visited had mandatory regimes. This is a typical daily routine observed during our visit:

Breakfast

Activities according to the different needs, such as attending school or a day-care centre, or doing activities in the residence – such as psychopedagogical activities or playing games.

Lunch

Mandatory rest for some (because of their medication), others stay in common room or go for a walk

Afternoon snack (prepared together by the residents)

Free time in the home or outside (for those residents allowed to go out freely)

Dinner

Bedtime by 9:30 or 10, although the oldest are allowed to stay up until later.

In another small group home, we were informed that some residents attended the centre for social rehabilitation and integration, which was in the same building complex and where different therapeutic services, such as physical therapy, are provided.

The regimes of small group homes emulate those of large institutions. As Stephan Viet explains, a survivor of institutionalisation explains, "my childhood in Lukovit followed strict routines. Everything was scheduled – when to wake up, when to eat, when to shower and when to sleep. Even the school was inside the institution, so we had almost no interaction with children from outside. This leaves a lasting impact on everyone."

Indeed, regimes are harmful and violent, as they restrict the person's freedom,[18] and go against the very notion of independent living. As Elena Krasteva, lawyer and advocate at NIE, explains: "the regimes in the institutions would be considered domestic violence if they happened in a home". The level of control and surveillance over a person's life inflicted by these regimes is considered a form of psychological abuse, although not recognised when happening in small group homes.

2.2.2. Access to social and recreational activities and services

In most of the places visited, access to activities was limited, although it varied. In the small group home A, we were told that they had music therapy activities and that in summer they would spend time in the yard. The staff told the monitors that only two of the residents attended school, as the rest were too old. Otherwise, daily activities were mostly therapeutic play, such as solving puzzles. The institution manager explained that due to the different disabilities of the residents, they found it difficult to adequately support the diversity of needs. They also carried out group activities occasionally, such as participating in international camps, road trips, or concerts. The manager of small group home B said they take a monthly group trip. In small group home C, all residents attended the day-care center, although at different times. In day-care center B, we were also told they would go out to the river, to the nearby villages, or to do some sightseeing in their town.

Mostly,activities were limited to craft making, which seemed the main activities in the sites visited. While in both day-care centers we were told that activities were adapted according to the person's desire, we found that most of the activities

18 Fundamental Rights Agency (2025), Places of Care = Places of Safety? Violence against persons with disabilities in institutions, available at Places of Care = Places of Safety? : Violence against persons with disabilities in institutions

Example of crafting activities

involved drawing or knitting. We were also told about multiple therapeutic activities, such as art therapy or bibliotherapy, although the monitoring team questioned that some of these activities seemed more of a hobby. In day-care center A, there was a sensory room, with intended therapeutic objectives. However, when the monitoring team entered, there was a user watching TV, and the staff turned on the devices of the sensory room only for the monitoring team.

We were particularly concerned about one of the small group homes, as when asking residents about their hobbies or leisure, they all responded, "drinking coffee and smoking cigarettes". In the monitoring team's view, this might be due to a lack of meaningful activities.

In the case of activities addressed to adults, we also found that they were often more suitable for children. In day-care center A, we were told they use the Montessori method, an educational approach emphasizing child-led learning. There were toys in all of the sites, although only one of them was intended for children. The rooms in small group homes sometimes had drawings that were seemingly for children (such as cartoons). In day-care center B, their services were described by the staff as "kindergarten for adults". Elena and Iva confirmed this, explaining that often activities are targeted to those with higher support needs[19], who are perceived by the staff as "big children", and therefore not adapted to each individual user.

Examples from small group homes for adults

19 In the view of management and staff.

The monitoring team was told, in small group homes and day-care centers, that they had individual plans for each resident, deciding what activities they should do. We were able to examine an individual plan in small group home C, where we found that the plan was more focused on determining which activities the person could do by themselves, without support. The plans were signed by the person or their guardian and the institution's staff. When discussing with Elena and Iva, they told us they also had individual plans, but they saw it as merely bureaucratic; they did not perceive that the plans were reflecting their needs or being followed up.

2.2.3. Isolation from the community

Leaving the small group homes unsupervised was extremely restricted for most residents. In small group home B, the institution manager explained that only two of the residents were allowed to exit unsupervised, as the other residents would "smoke a lot and gather trash from the bin". We did not receive much explanation as to why residents behaved this way. As mentioned above, when asking residents about their favorite activities, they mostly said "drinking coffee and smoking cigarettes".

In small group home C, the complex of houses was located further away from the city without access to public transport. The institution management mentioned that some had friends in the village and in the city, but we were not told in which context they met or saw each other. The monitoring team only learned that residents left the group home to attend day-care and rehabilitation services attendance, and for organised trips.

The only small group home where residents could leave unaccompanied was small group home A, where all residents above 12 years of age could exit freely. One of the residents had a small job in the village, as a delivery person. We did not receive information about those with higher support needs who require upport to go outside.

In the experience of Elena and Iva, outings have been limited at the two small group homes they have lived in. Currently, every time they want to go out, they have to sign a declaration that includes where they wanted to go, for how long, and at which time they will be back

Residents' contact with families outside of the facilities was also limited. In the small group home A, we were told family contacts were very rare, as in some cases the families had left Bulgaria. They said some of the children were waiting to be adopted, but they hadn't had any successful adoptions. The institution manager regretted that there were very few foster parents in the area. In the small group home B, we were told similarly that visits were very rare. According to the manager, when a resident passes away, they are buried in the municipal cemetery, and that in one case the family was still alive and refused to claim his body.

2.3. A culture of violence without an escape

> **"The attitude of the staff is bad. They don't discriminate in that sense: they treat everyone poorly."**
>
> ***Elena and Iva***

Institutionalisation is, in and of itself, a form of violence. Even in the best of conditions, being segregated from society in a place where people cannot decide over their lives is harmful. Beyond this, violence, mistreatment, abuse and neglect are still visible in these settings in Bulgaria. The lack of a trauma-informed approach, combined with the existence of guardianship systems, exacerbates the situation.

2.3.1. Referrals to psychiatric institutions and overmedication

In all the small group homes visited, we received information about the **residents being transferred to psychiatric hospitals in crisis situations.** Although we were told this was exceptional, this raises some concerns.

In small group home C, we were told that referrals to psychiatric wards were rare, but related to the "change of seasons". In another case, we were informed that in crisis situations, residents would be kept in a psychiatric ward for around 7 days. We were told that none of the residents had been diagnosed with any psychosocial impairment, although the facility consulted a psychiatrist regularly.

When discussing with the institution manager of the small group home B, the monitoring team asked whether consent from the person is required to be transferred to a psychiatric ward. The institution manager did not understand the question, even when the monitoring team tried to clarify, and answered that the institution will call the person's relatives and tell them when this happens.

It appeared clear during the visits that psychotropic medication or sedatives was widely used, raising concern among the monitoring team of its abuse. This was particularly concerning in the two small group homes for adults (B and C), where residents seemed very distracted and quiet. During the visit in small group home B, the monitoring team entered a bedroom to speak with one of the residents. His roommate was lying in bed, awake, during the whole time the monitoring team was in the bedroom, which was about 10 minutes. Despite the noise and being in broad daylight, the resident did not seem to look at the monitors or notice their presence at any point.

Although it is positive that forced medication and restraint are not allowed in the small group homes, we are concerned that it is common practice to hospitalize residents in psychiatric wards during crisis, and that no alternatives exist. There are extended reports of violence and abuse in psychiatric wards in Bulgaria[20], while no small group homes presented any other methods to address crises.

> Recently, NIE has addressed cases of people placed in psychiatric wards who have died as a result of fires. The victims had been restrained or isolated, which led to their deaths in the fires. An investigation has started, with an indictment against a nurse that was not following ordinance by not letting the victim out. However, there is no investigation of the use of the coercive measures in the first place.

The use of coercive measures, such as restraining, isolation and forced medication, in psychiatric hospitals is still widespread and lacks safeguards. It is sufficient for the staff to declare that the person was an immediate danger to themselves or others. Psychiatric wards carry records of the use of coercive measures, but NIE explained that it is enough to name that the person was aggressive. Despite legal requirements, the staff does not always use alternative de-escalation techniques or evaluate if the coercive measures used are proportional to the aggression, so that the use of coercive measures is not excessive, without safeguards for the person – although the use of coercive measures should not be limited, but abandoned altogether. It is concerning that residents of small group homes are consistently referred to psychiatric wards in crisis situations without their consent, instead of providing alternatives and prevention.

20 Validity Foundation (2024), "Poor her, for having dreams": *Monitoring Report on Torture and Ill-treatment of Persons with Disabilities in Bulgarian Institutions, Including Small Group Homes*, available at 20240411-BG-Monitoring-Report-EN-1.pdf

2.3.2. Lack of a trauma-informed approach

While the monitoring team was made aware of severely traumatic experiences faced by some residents prior to their placement in institutional care, very limited information was provided regarding the use of trauma-informed approaches in the services visited. When explicitly asked about trauma-sensitive support, responses remained vague or focused primarily on the logistical aspects of transition rather than on the psychological impact of institutionalisation itself.

Notably, the trauma experienced by residents transferred from large institutions was **neither systematically addressed nor recognised as such**. On the contrary, management representatives repeatedly downplayed the impact of institutionalisation, framing previous placements as acceptable or even positive. In several instances, it was asserted that "the care in large institutions was good, only the infrastructure was inadequate". In one of the facilities visited, the manager emphasised that there had been no cases of physical violence in the large institution and that the main justification for the transfer to small group homes was merely the high number of residents living together. According to this narrative, the primary source of stress for residents was described as the relocation process itself, rather than the prolonged experience of institutional life.

This reasoning reflects a **systemic failure to recognise institutionalisation as a potentially traumatic experience per se.** The assumption that individuals were not traumatised as long as basic care was provided reveals a narrow and outdated understanding of trauma, limited to overt physical abuse or extreme neglect. Such an approach ignores the well-documented psychological harm associated with long-term institutional living, including loss of autonomy, lack of meaningful choice, constant surveillance, rigid routines, and the absence of personal and private space.

A particularly illustrative example was provided by the management of small group home C, where it was stated that the former institution was "inhumane because of the material conditions", yet the care itself was described as "good" and therefore not traumatic for residents. This position exemplifies how **institutional violence is normalised and rendered invisible**, as long as it does not take the form of direct physical harm.

In the case of small group home B, it was reported that residents received psychological support during the transition. However, no evidence was provided to indicate that such support was grounded in a trauma-informed framework acknowledging the cumulative effects of long-term institutionalisation.

This lack of recognition stands in sharp contrast to extensive evidence documenting systemic mistreatment, neglect, and various forms of violence in institutional settings in Bulgaria.[21] More broadly, it contradicts international human rights standards, which increasingly recognise institutionalisation itself as a source of trauma and a violation of human dignity.

2.3.3. Guardianship

Guardianship remains a central structural barrier to the enjoyment of fundamental rights by persons with intellectual and/or psychosocial disabilities in Bulgaria. Despite Bulgaria's ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD), full and partial guardianship regimes continue to be widely applied, in direct contradiction with Article 12 of the Convention and the Committee's repeated recommendations.

21 Bulgarian Helsinki Committee (2004), Архипелагът на забравените: Домове за лица с умствени затруднения в България, available at Архипелагът на забравените: Домове за лица с умствени затруднения в България - Български хелзинкски комитет

Guardianship is allowed and commonly used in Bulgaria to restrict or eliminate the legal capacity of people with intellectual and/or psychosocial disabilities. Guardianship systems reinforce institutionalisation, as the guardian can decide to place the person in an institution without their consent, upon review by a court's decision. Guardianship also affects the right of access to justice in cases of violence and abuse.

In the small group homes visited, guardianship was still widespread. In the two small group homes for adults, the monitoring team discussed at length the situation regarding guardianship.

- In small group home B, we were informed that there were 16 people under full guardianship, and 1 under partial guardianship. In most cases, relatives were the guardians, which the institution management found "difficult". For instance, they needed to seek permission from the guardians to go on their monthly trip. The institution management explained that institution staff can also be appointed as guardians when there are no family members that can fulfill this role.
- In small group home C, all of the residents were under guardianship. 3 were under their family's guardianship, while the rest had a "guardianship council", composed of different members of the staff, such as the occupational therapist, the nurse, or the social worker. In these cases, the social worker acts as the guardian, and the rest of the team is consulted and supports different tasks.

Additional information on the context in Bulgaria was provided by NIE. According to NIE, guardianship processes are often initiated by family members, and can lead to full or partial guardianship. However, institution managers and staff can also be guardians; the requirement under the law is that there is an individual (in opposition to a legal entity such as a company or foundation). There can be guardianship councils, made up of the guardian and counsellors. But the Guardianship body- the only Body which can control the guardians and guardianship councils, according to the law- is the Mayor from the Local Municipality (or a person appointed by them). The residential services are often managed by the same Municipality. This creates a **clear conflict of interest**, as the same individuals responsible for daily care and discipline also exercise legal authority over the residents' fundamental rights and these who control the institutional care settings should control the guardians as well.

Under full guardianship, many rights are restricted, as "technically, you could not buy coffee for yourself", as the person is not able to dispose freely of their property and resources. This goes beyond property, marriage, or other civil law matters: it can also limit the individual's liability for crimes or the capacity to testify in court.

In the experience of NIE, their attempts to challenge placement in institutions or small group homes of people under guardianships have not been successful. Under the law, decisions of placements in institutions must be approved by a court, but this procedure is strictly followed only by state-funded institutions. Placements in private institutions are often done solely by the guardian, without respecting the legal procedure.

Guardianship also leads to the use of forced medication and placement in psychiatric wards. This is of particular relevance to those whose guardian is the institution manager or staff. NIE is aware of cases in which the conditions in an institution or a small group home, or mistreatment by the staff, led to aggression, and therefore to forced medication and hospitalization.

In cases of violence or abuse in institutions, guardianship can limit the possibility to report to the authorities. Anyone can be a whistleblower to the prosecutor, but in NIE's experience, the prosecutor conducts a superficial investigation that does not lead to any proceedings. They find that the prosecutor does not always take the testimonies of the residents, but even if they do, they may be overmedicated or need support for communicating. If the perpetrator of violence

is another resident who is also under guardianship, they also could not be liable. Communicating with clients when the perpetrator is a member of the staff can also be extremely difficult, particularly when they are private institution – in which NIE has observed less respect of the legal requirements. There is a lack of mechanisms to prevent retaliation of the staff against the residents in these cases.

There is an imbalance between the proceedings for domestic violence and the proceedings for violence in institutions. Violence committed by the staff (except for those acting as guardians) against residents is not considered domestic violence, which means that the same acts of control, such as cutting hair without consent, using forced medication or withdrawing medication and assistive devices, and financial control are not considered as acts of domestic violence and crimes in these contexts. The monitoring team had indeed observed that in two of the small group homes visited, every resident had extremely short hair, regardless of their gender. This distinction limits the possibility to put in place protective measures for the victim, particularly against the staff members.

Guardianship and retaliation also limit the possibilities to introduce complaints to independent human rights mechanisms and to allow third-party cases in Court. In our meeting with the Commission for Protection Against Discrimination, they raised concern about the fact that there had not been any cases declared admissible at the national human rights institution on the topic of violence and abuse in institutions. NIE had initiated multiple cases in front of the Ombudsman, the Commission for Protection Against Discrimination, and administrative courts, but they had been declared inadmissible as disabled people were being represented by non-governmental organisations as third parties. The only known case was the Chrisantemum case, which was an own initiative of the Equality body, and where the victims were not part of the procedures.

In conclusion, guardianship in Bulgaria cannot be understood merely as a formal legal status, but rather as part of a broader system of control that **profoundly affects the autonomy, dignity, and legal agency of persons with disabilities living in residential care**. Despite Bulgaria's ratification of the UN Convention on the Rights of Persons with Disabilities in 2012, and repeated efforts since then to introduce legislation aligned with Article 12 of the Convention, no comprehensive reform has been adopted to date. The Constitutional Court of Bulgaria has examined the constitutionality of the provisions allowing full guardianship and acknowledged their incompatibility with contemporary human rights standards; however, it concluded that their immediate repeal, in the absence of an alternative legal framework ensuring adequate support, would create a legal vacuum. As a result, the Court explicitly underlined the urgent need for priority legislative action to establish a system of supported decision-making. More than a decade later, such a framework remains absent.

Importantly, the restriction of decision-making for persons with disabilities in residential care extends far beyond the formal institution of guardianship. The monitoring findings reveal a pervasive approach in which residents are treated "as children", their capacity to make decisions is routinely denied, and even everyday choices — such as daily routines, movement, personal appearance, or leisure — are replaced by externally imposed schedules and institutional rules. This occurs irrespective of whether legal capacity has been formally removed. Such practices reflect a deeply embedded culture of paternalism and substitution of will, which effectively negates autonomy in practice.

This systemic denial of agency is particularly concerning in the context of EU-funded residential services. EU funds continue to support care models in which restrictive practices, substituted decision-making, and institutional routines persist, thereby reinforcing a framework that contradicts the principles of the CRPD.

Addressing guardianship solely through legislative reform is therefore insufficient. A genuine shift is required at the level of **services, policies, and funding priorities**, recognising persons with disabilities as rights-holders capable of making decisions with appropriate support, and ensuring that EU-funded interventions do not perpetuate models of control, dependency, and exclusion.

2.4. Lack of alternatives in the community

> **"For me, independent living means having the same choices as everyone else: where to live, what to study, where to work and how to participate in society. In Bulgaria this is possible, but often happens despite the system, not because of it."**

Stephan Viet

In order for disabled people to live independently, they must have access to specialized and mainstream services in the community. When disabled people can only choose between small group homes or being homeless, there is no real choice. This requires developing a range of options, from accessible housing in the community, support for daily activities, and access to healthcare, education, employment and other mainstream services. From discussions with Mitko Nikolov, from the CIL Sofia, it was clear that large investments have been made into small group homes and day-care centers, but much less into community-based services and support. In the opinion of the CIL, the Bulgarian model consists of "moving people from one institution to another one, and keeping the same policy in place". As explained above, people are forced to stay permanently in the group homes, as they are considered "safe" for them.

One of the barriers to independent living is the limitations on personal assistance services, and the underfunding of the disability social assistance scheme. The financial support received by disabled people amounts to about 200 lv per month (100 EUR). Stephan Viet explained that for him, this amount could not cover all of his expenses, and it is merely symbolic. It creates a complex situation, as "without a job, people fall into survival mode. With a job, many fear losing the small support they have."

For many users, personal assistance is linked to employment, and therefore cannot be used for other activities. Also, not enough people have access to personal assistance. The maximum hours that a user can receive per month is 168, which is insufficient for many. There are other limits, such as a ceiling of 8 hours per day and only on working days.[22] As Stephan explained to the monitoring team, "the funding under the Personal Assistance Act is minimal and does not meet the real needs of a person with a physical disability. If the assistant is not a family member or someone close, it is almost impossible to find someone willing to work for such low pay."

On the contrary, the government contributes 1,600 lv per month (800 EUR) for every person living in a large institution or small group home. For people living in institutions or small group homes, they also need to contribute at least 200lv (100 EUR) per month. As this amount is means-tested, it does not encourage employment of people

22 Mitko Nikolov (2023). "The history of the adoption of the Personal Assistance Law in Bulgaria and its subsequent controversial effect - 2009-2023", Independent Living Institute, available at The history of the adoption of the Personal Assistance Law in Bulgaria and its subsequent controversial effect - 2009-2023 | Independent Living Institute

in institutions; if they start earning money and not only receiving their disability pension, their financial contribution increases. It can also lead to institution residents needing donations, as in one example portrayed by the CIL Sofia, where one resident required clothing donations.

Regarding housing, the housing policy does not address the needs of disabled people, particularly in regard to accessibility. When renting in the private market, the costs are too high if the person cannot work and relies on the disability assistance scheme, but if disabled people rent social homes from the municipality, there are often not enough homes available, and they are not always accessible. While there has been a programme to improve accessibility of existing homes, the programme only covered certain elements, such as installing an elevator or a ramp, but not expanding doors or making toilets accessible, which must be paid out of pocket.

The lack of accessible housing was the main reason Elena and Iva did not succeed to live independently. When they were evicted from their rented apartment due to a legal dispute concerning the property, they could not find another affordable and accessible apartment. Once they reached out to the social services, with the fear of facing homelessness, the only option they were offered was being placed in another small group home.

CIL Sofia also noted that many social and health services are limited to those provided in the framework of institutions and small group homes. In Stephan's experience, services such as physical therapy are not covered by the government, and need to be paid out of pocket – leading to people who need these services not accessing them, as they cannot afford them. This also creates obstacles to building alternatives: in the example of the CIL Sofia, the amount received by users from the government would be too low to turn the CIL into a personal assistance cooperative. Accessing cohesion funding is also difficult for them, due to financial capacity.

3. Recommendations

3.1. For the European Union

- **Stop promoting Bulgaria as a positive example of deinstitutionalisation, especially deinstitutionalisation of disabled children and adults; instead, accept and learn from the mistakes made.** There is sufficient evidence to conclude that the model implemented in Bulgaria has led to transinstitutionalisation, not independent living.
- **Carefully monitor the allocation of EU funding.** The European Commission should evaluate the use of EU funding towards independent living, analysing Operational Programming and investments to identify potential violations of fundamental rights. When the Commission receives complaints, they must be carefully addressed, and swift action must be taken if needed.
- **Ensure accountability for investments into segregated settings.** When money is misspent towards projects that are in breach of human rights standards (notably the CRPD and the EU Charter of Fundamental Rights), the EU should take responsibility. This includes suspending funding, launching infringement proceedings, and requiring that Bulgaria provides remedies to victims.
- **Ensure that the next Multiannual Financial Framework includes strong safeguards.** In the upcoming regulations, the horizontal condition on the UNCRPD should remain and be strengthened. The regulations should specifically forbid the use of EU funding to invest in segregation, with unambiguous definitions of community-based services, and a stronger monitoring and complaints system.

3.2. For managing authorities

- **Ensure that the UNCRPD is thoroughly applied through all programming and all other phases of EU funds use.** All projects financed by cohesion funding must comply with the Guidelines on deinstitutionalisation, including in emergencies. Enhance oversight by independent monitoring bodies to assess complaints, and take action to stop the funding when they are identified.
- **Promote capacity building of all stakeholders based on the UNCRPD.** Everyone involved in each phase of the funding cycle must be aware of the content of the right to independent living. Managing Authorities must promote training based on the Guidelines on deinstitutionalisation, including in emergencies, and the EC Guidance on Independent Living.
- **Meaningfully involve disabled people and representative organisations.** Ensure that disabled people and representative organisations are involved at all phases of the funding cycle, including in the Monitoring Committees. For this, properly finance Disabled People's Organisations, including Centers for Independent Living, to ensure they have the capacity to carry out this work.

3.3. For local authorities and service providers

- **End all investments into segregation, and stop new placements in institutions, including small group homes.** This is necessary to ensure that disabled people are not further institutionalized. In particular, do not use EU funding to invest in institutions, whether large or small, day-care centers, special schools, or sheltered workshops, either to build them or refurbish them.

- **Use cohesion funding to develop community-based services and support, and to improve access to mainstream services.** All funding available for this purpose should be redirected from segregated settings into services in the community, including adequately funded personal assistance, in line with the CRPD.
- **Meaningfully involve disabled people and representative organisations in all decisions.** Follow General Comment n°7 and include disabled people to design projects and implement them, and assign r them leadership roles in the deinstitutionalisation process.

3.4. For the Equality Body

- **Initiate an own inquiry on the misuse on EU funding, in violation of the CRPD.** Based on the findings of this report and the National Research Report on Bulgaria under the FURI project[23] initiate an own inquiry on the misuse of EU funding towards segregation for disabled people, and the lack of access to justice for victims.

23 Network of Independent Experts (2025). *Fundamental Rights Violations in EU Funds in Bulgaria: National Research Report – Bulgaria*, available at: https://nie.expert/wp-content/uploads/2025/05/FURI-Bulgaria-Report-Final-for-Publication.pdf

Annex:
Pictures of the monitoring visits


ЕВРОПЕЙСКИ СЪЮЗ
РЕГИОНИ В РАСТЕЖ
Проект и главна цел: Проект №BG16RFOP001-5.002-0014-C01 "Дългосрочна грижа и достоен живот за хора с увреждания в община Кюстендил". Главна цел на проекта е осигуряване на подходяща и ефективна социална инфраструктура, допринасяща за предоставяне на нови качествени социални услуги за лицата с увреждания.
Обща стойност на проекта: 2 218 150,49 лв., от които 1 885 427,92 лв. финансирани от ЕФРР, 332 722,57 лв. национално финансиране.
Бенефициент: Община Кюстендил

About the European Network on Independent Living

The European Network on Independent Living (ENIL) is a disabled-led, cross-disability network of disabled people and their representative organisations. ENIL promotes the right to independent living, as set out in Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD), its General Comments and the *Guidelines on deinstitutionalisation, including in emergencies*. ENIL's work is guided by the CRPD and the Independent Living principles, enshrined in the Independent Living Pillars. ENIL is active at the European level, and internationally, through cooperation with Centres for Independent Living from around the globe. ENIL's actions and activities are based on the social and the human rights models of disability, and on the principles of inclusive equality, self-determination, solidarity and intersectionality.

ENIL has participatory status with the Council of Europe (i.e. is a member of the Conference of INGOs) and consultative status with ECOSOC.

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