

**MONITORING REPORT ON SPECIALIZED FACILITIES
FOR CHILDREN/PERSONS WITH DISABILITIES**



**PUBLIC DEFENDER
(OMBUDSMAN) OF GEORGIA**

PUBLIC DEFENDER OF GEORGIA

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The report was drawn up within the framework of an independent mechanism of the monitoring of the implementation of the UN Convention on the Rights of Persons with Disabilities

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INTRODUCTION

The present report reviews the results of visits¹ made by the Public Defender's Office to boarding houses for persons with disabilities and children's houses, as part of the monitoring of the implementation of the UN Convention on the Rights of Persons with Disabilities.²

The purpose of the monitoring was to assess the quality of the implementation of the Community Service for Older People and Persons with Disabilities under the State Programme for Social Rehabilitation and Child Care 2020 approved by Ordinance No 670 of December 31, 2019,³ Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities under Order 01-54/N of the Minister of Labour, Health and Social Affairs,⁴ Technical Regulation – Child Care Standards⁵ approved by the Government of Georgia on January 15, 2014 and Standards for the Control and Prevention of the Infection (COVID-19) Caused by the Spread of Novel Coronavirus (SARS-CoV-2) in Specialized Facilities for Older People and Persons with Disabilities. Accordingly, the report summarizes the shortcomings identified in the service delivery

¹ The monitoring was conducted by the Department of the Rights of Persons with Disabilities of the Public Defender's Office (Nino Valikov, Lika Batsikadze, Natia Beradze), with the participation of members of the Special Preventive Group (Nino Totadze, Teimuraz Rekhviashvili, Ketevan Gelashvili, Lali Tsuleiskiri, Rusudan Mangoshvili) in children's houses and boarding houses for persons with disabilities, in a total of 5 institutions.

² Article 33 of the Convention stipulates the obligation of the State to name one or more independent mechanisms for the promotion, protection and monitoring of the implementation of the Convention. On October 27, 2014, the Public Defender of Georgia was named as such a mechanism by the decision made at the 6th meeting of the Coordination Council on Disability Issues of the Prime Minister of Georgia. Information about the activities of the mechanism is available on the website: <<https://bit.ly/3cEm0d9>> [Last accessed: 01.06.2021].

³ Decree No. 670 of the Government of Georgia of December 31, 2019 on the Approval of the 2020 State Programme for Social Rehabilitation and Child Care. The document is available on the website: <<https://cutt.ly/Lx2tl96>> [Last accessed: 01.06.2021].

⁴ Order No. 01-54/N of the Minister of Labour, Health and Social Affairs of Georgia of July 23, 2014 on the Approval of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities. The document is available on the website: <<https://cutt.ly/ex2r3bY>> [Last accessed: 01.06.2021].

⁵ Technical Regulation – Child Care Standards approved by the Government of Georgia on January 15, 2014. The document is available on the website: <<https://cutt.ly/Zx2yNRx>> [Last accessed: 01.06.2021].

MONITORING METHODOLOGY

For the purpose of monitoring children's houses⁶ and boarding houses for persons with disabilities,⁷ the Department of the Rights of Persons with Disabilities of the Public Defender's Office developed a methodology based on the following documents: State Programme for Social Rehabilitation and Child Care 2020 approved by Government's Decree No. 670 of December 31, 2019, Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities under Order 01-54/N of the Minister of Labour, Health and Social Affairs and Technical Regulation – Child Care Standards approved by the Government of Georgia on January 15, 2014. Based on these documents, the following standards have been analyzed:

1. Information about service (Standard No. 1)
2. Beneficiary-oriented environment (Standard No. 2)
3. Safety and sanitation (Standard No. 3)
4. Confidentiality (Standard No. 4)
5. Individual approach in service delivery (Standard No. 5)
6. Food (Standard No. 6)
7. Promotion of social activity (Standard No.7)
8. Health care (Standard No.8)
9. Feedback and protest procedures (Standard No. 9)
10. Protection against violence and discrimination (Standard No. 10)
11. Requirements for the staff (Standard No.11).

In addition, we requested information⁸ from the LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs.⁹

Further steps were planned after processing the data received from this agency.¹⁰

Monitoring was conducted by using a list of pre-designed issues, as well as questionnaires intended for the staff and beneficiaries, through face-to-face interviews. The physical environment of the facilities, the documentation produced by the service providers and their compliance with standards were checked on site.

⁶ Tbilisi Infant House and Kojori Children's House.

⁷ Martkopi, Dusheti and Dzevri Boarding Houses for Persons with Disabilities.

⁸ Letters Nos. 09-2/9061-15.09.2020 and 09-2/9869-06.10.2020 of the Public Defender's Office of Georgia.

⁹ Addresses of children's houses and boarding houses for persons with disabilities, number of beneficiaries, types of disabilities and gender distribution, as well as staffing of service provider facilities. In addition, documentation related to the functioning of the above-mentioned facilities (internal regulations/statute).

¹⁰ Correspondence of the LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking: No. 07/8689, No. 07-13-31944, No. 07/10002.

KEY FINDINGS

The monitoring made it clear that specialized facilities for children/persons with disabilities, due to their size and regime, fail to meet the requirement of the creation of an environment close to the family conditions. Beneficiaries, who have to live in the named facilities for a long period of time, or often for the rest of their lives, are segregated and excluded from the society. Institutional upbringing, lack of inclusive care and necessary educational-rehabilitation services lead to the development of the syndrome of dependence on the institution, cause inadequate involvement in public life and reduce independent living skills.

Due to the spread of coronavirus, a variety of activities were restricted in 2020, which had a negative impact on the beneficiaries' social activity, their emotional condition and motivation.

The monitoring revealed that service providers did not adequately meet the Standards for the Control and Prevention of the Infection (COVID-19) Caused by the Spread of Novel Coronavirus (SARS-CoV-2) in Specialized Facilities for Older People and Persons with Disabilities.

It is important to note that the environment of the inspected facilities, in some cases, did not meet the universal design or safety requirements, due to their poor infrastructure. Proper compliance with the sanitary norms was also problematic due to lack of staff.

Observation of the care process revealed that service providers fail to fulfill their obligation to protect beneficiaries from violence. The violence detection, assessment or response measures are not properly implemented. The service staff do not have specific information about violence. In addition, boarding houses do not care about establishing a healthy lifestyle, are not engaged in anti-alcoholic or anti-drug work. Management of beneficiaries' complex behavior and conflict situations is also a problem.

Production of log books and beneficiaries' individual service plans is formal. Service providers are largely unable to deliver effective, result-oriented services with available resources. The use of a multidisciplinary approach is also problematic. In most cases, staff qualifications and resources are insufficient to satisfy the individual needs of all beneficiaries.

Problems with somatic and mental health were also identified. The need to provide timely dental services to beneficiaries and to strengthen psychosocial interventions is acute. Despite the high number of beneficiaries with mental health problems, the established practice of staffing boarding houses with professionals fails to provide adequate psychiatric care to beneficiaries.

The monitoring revealed the urgent need to diversify food menus and to provide safe drinking water to the boarding houses.

It is important to note that the service providers do not understand the essence of the obligation of protecting confidentiality of information and have little information about the above.

It should also be noted that feedback and protest procedures are not seen by the service providers as a way of improving the service quality or meeting the individual needs of the beneficiaries. Consequently, they have a formal character in practice.

As the analysis of the above issues shows, it is necessary to take timely and effective steps to improve the service quality.

STANDARD NO. 1 – INFORMATION ABOUT SERVICE

Under the UN Convention on the Rights of Persons with Disabilities, States Parties undertake to provide information on a variety of services to persons with disabilities.¹¹ The obligation to provide information to the beneficiary of the housing component and his/her legal representative about the purpose of the service, measures to be taken and rights and responsibilities of the parties is defined by the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities as well. The service provider shall ensure access to an information sheet, service programme and internal regulations for any stakeholder in order to meet the needs of the beneficiaries and make relevant decisions.

The monitoring revealed that an information sheet containing basic information about the purpose and provider of the service was available in all the facilities, however, it was not always in a place accessible to all,¹² which was explained by the facility staff by the fact that the information material might be damaged by the beneficiaries. In addition, some facilities did not have a service programme¹³ reflecting the content or agenda of the service.¹⁴

Internal regulations developed in accordance with the standards were available in all the facilities, however, the monitoring made it clear that the staff did not have an in-depth understanding of some of the provisions of the regulations, especially relating to confidentiality. In addition, in some cases, the staff did not know specifically what areas of their activities were regulated by the internal regulations.

All the inspected facilities had personal files of the beneficiaries and the staff available for the representatives of the Public Defender's Office and for an agency responsible for supervision. According to the monitoring results, documentation is largely produced properly, although in most of the facilities,¹⁵ individual development plans are usually kept not in the beneficiary's personal files but in the room of a psychologist and/or a social worker, which creates a risk of the breach of confidentiality. Relatively more shortcomings were revealed in the production of personal files of the staff. In particular, the documents certifying their qualifications, especially those relating to trainings, were fragmentary.¹⁶ In some cases, job descriptions could not be found in the employees' personal files.¹⁷

It should be positively evaluated that all the inspected facilities have log books where they record when a person was placed in the specialized facility, when he/she left the facility, whether he/she temporarily left the facility, what measures were taken in response to expression of opinion, and

¹¹ UN Convention on the Rights of Persons with Disabilities of 13 December 2006, Article 4 (1) (h). The document is available on the website: <<https://cutt.ly/xx7WUur>> Last accessed: [01.06.2021].

¹² For example, it was not posted in the Dzevri Boarding House for Persons with Disabilities. It was posted in the Martkopi Boarding House for Persons with Disabilities and Kojori Children's House, although not in a place visible to everyone.

¹³ For example, Martkopi Boarding House for Persons with Disabilities.

¹⁴ It should be noted that the programme at the Dzevri Boarding House for Persons with Disabilities mainly included information on the assessment of adaptive behavior.

¹⁵ Except for the Martkopi Boarding House for Persons with Disabilities.

¹⁶ Except for the Dzevri Boarding House for Persons with Disabilities.

¹⁷ For example, in the Kojori Children's House for Children with Disabilities, where the above was kept in the internal regulations and statute.

what measures were taken in response to violence. In addition, each facility also has a visitor log. However, it should be noted that they are largely formal and contain incomplete information or do not contain any information at all.¹⁸

The practice of recording the measures taken in response to violence is particularly noteworthy. These log books are empty, or contain very little information.¹⁹

It is a negative trend that even when incidents of violence are recorded, no information is available about the response measures taken by the administration and/or about consequences.²⁰ In some cases, the log books contain non-essential information.²¹ An additional hospitalization log is produced in the Kojori children's house for children with disabilities, which reflects information about the transfer of beneficiaries to medical facilities as a result of accidents. The cases of absence of written consent of the beneficiary, his/her legal representative, or his/her supporter about disclosure of confidential information were identified as a problem.²²

As for the agreements concluded between the service providers and beneficiaries or their legal representatives/supporters (if any), different practices were observed in different facilities.²³ It should be positively noted that the above agreements were properly included in the personal files of the beneficiaries in Dzevri Boarding House for Persons with Disabilities.

¹⁸ For example, in the Kojori children's house for children with disabilities, information in the log of measures taken as a result of expressing an opinion was indicated according to years as follows: in 2015 – one record; 2018 – one record; 2019 – one record; 2020 – none. As for the Martkopi Boarding House for Persons with Disabilities and the Tbilisi Infant House, the log books were empty. The log of dates when beneficiaries entered or left the Kojori Children's House for Children with Disabilities, as well as when they temporarily left the facility, also did not indicate full information, signatures or grounds for leaving the facility.

¹⁹ The Dzevri Boarding House for Persons with Disabilities and Kojori Children's House for Children with Disabilities. In addition, measure taken in response to violence were not detailed in Dusheti Boarding House for Persons with Disabilities.

²⁰ In private conversations, senior nurses and psychologists explained that in the event of a conflict between beneficiaries, separation techniques were used.

²¹ For example, representatives of the Dzevri boarding house for Persons with Disabilities informed us that they had incorrect instructions regarding the recording of information in the log of accidents, which is why they used to describe cases of violence in the log, or did not indicate at all, for example, that the beneficiary was injured. After saying the above, they were consulted by experts of the monitoring group.

²² For example, this document was not found in the personal files of the Kojori Children's House. According to the staff, they know in general that they "should not disclose any information about beneficiaries". Written consents could not be found in the Dzevri or Martkopi Boarding House for Persons with Disabilities.

²³ For example, in the Martkopi Facility, beneficiaries' applications for enrollment, together with protocol decisions, are considered to be such an agreement in a number of cases. The Kojori Children's House could present only protocol decisions regarding the enrollment of beneficiaries. According to the administration of the same facility, such a practice was due to the fact that the juveniles enrolled in the facility did not have biological parents. However, it must be said that agreements could not be presented even in cases where children had parents or were temporarily placed in the facility.

STANDARD NO. 2 – BENEFICIARY-ORIENTED ENVIRONMENT

The UN Convention on the Rights of Persons with Disabilities specifically emphasizes the importance of access to physical, social, economic and cultural environment, health, education, as well as information and communication for the full realization of human rights and fundamental freedoms by persons with disabilities.²⁴ The Convention also obliges States Parties to ensure the realization of the rights of persons with disabilities, including by ensuring that persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. In addition, States Parties should provide persons with disabilities with access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.²⁵ States Parties also recognize the right of persons with disabilities to an adequate standard of living and to the continuous improvement of living conditions.²⁶

The Convention sets out specific requirements in relation to children with disabilities and clarifies that States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.²⁷ The mentioned principle is reflected in the Law of Georgia on the Rights of Persons with Disabilities as well.²⁸ Creation of a living environment close to the family environment is also the aim of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities. It sets out the obligation to provide services in a clean and safe environment that is consistent with the content and purpose of the service and properly meets the needs of the beneficiaries. In addition, service should provide a physical environment similar to the family conditions. According to the standard, service should be provided in a geographical area where beneficiaries have access to health care and other community services (shop, pharmacy, etc.).

The monitoring results showed that despite the implementation of certain components of the standard, the volume of service, institutional arrangement, number of beneficiaries enrolled in each facility²⁹ and living conditions do not create a favourable, clean or, in some cases, safe environment for the beneficiaries. It is also problematic to provide conditions close to the family environment or to ensure the individual development of the beneficiaries or to prepare them for independent living. Consequently, the conditions do not comply with international standards or modern approaches relating to the protection of the rights of persons with disabilities. It should

²⁴ UN Convention on the Rights of Persons with Disabilities of 13 December 2006. Preamble. The document is available on the website: <<https://cutt.ly/xx7WUur>> Last accessed: [01.06.2021].

²⁵ Ibid., Article 19.

²⁶ Ibid., Article 28 (1).

²⁷ Ibid., Article 23 (5).

²⁸ Law on the Rights of Persons with Disabilities of 14 July 2020, Article 7 (5). The document is available on the website: <<https://cutt.ly/Gx71LUJ>> Last accessed: [01.06.2021].

²⁹ Kojori Children's House for Children with Disabilities Orphanage; Limit 24 beneficiaries (during monitoring – 22); Dzevri Boarding House for Persons with Disabilities – limit 69 beneficiaries (during monitoring – 64); Martkopi Boarding House for Persons with Disabilities – Limit 69 Beneficiaries (66 during monitoring); Dusheti Boarding House for Persons with Disabilities – Limit 47 Beneficiaries (46 during monitoring). Tbilisi Infant House – 46 (0-9 years) During Monitoring.

be noted that most of the establishments are located close to facilities such as a pharmacy, shop, etc. For example, there is an outpatient clinic, school and first aid center near the Kojori Children's House for Children with Disabilities, which is welcome. However, in some cases, territorial distance to strategic facilities is problematic.³⁰

As for the physical environment and conditions, all the facilities provide the temperature appropriate for the season.³¹ The places allocated for eating are adequate for simultaneously serving all the beneficiaries. However, in some cases, the need to improve hygienic conditions³² and to upgrade the dining area infrastructure was evident.³³ For example, due to the malfunction of the ventilation system, the operation of hoods was problematic. Beneficiaries are provided with individual chairs at the dining tables. The dining areas are equipped with an adequate number of dishes and appliances.³⁴

The bedrooms of the facilities are more or less adequate, although their arrangement does not always meet the requirements. In particular, even though bedrooms in the Kojori Children's House for Children with Disabilities are clean, it is problematic that more than three beneficiaries are placed in one room, and in some places there are six beds in one room, which was explained by the simplification of the service delivery. In relation to the boarding houses, it is noteworthy that the beneficiaries of the Martkopi Boarding House for Persons with Disabilities are not evenly distributed in the rooms. Mostly four beneficiaries live in one room, but there are also rooms intended for two beneficiaries, or individual rooms.³⁵ As for the equipment, the lack of some inventory was identified as a problem in some of the facilities.³⁶

All the inspected facilities had adequate leisure spaces with chairs/armchairs and sofas. Some of the children live on the second floor in the Tbilisi Infant House, where there are sensory, entertainment and sports rooms, as well as a room of a psychologist and an early development specialist, which also has a therapeutic function. The rooms were sufficiently equipped with educational and informational items appropriate for to the age and needs of the beneficiaries. Cleanliness in the rooms of the Tbilisi Infant House should be evaluated positively. However, it should also be noted that safety risks are created by the fact that caregivers take children to other floors by hand, due to the lack of elevators and ramps. A relatively negative situation was found in the Kojori Children's house for Children with Disabilities, where there was no cozy or comfortable environment, heavy odour could be smelt and the common leisure room was used more as a working space. In addition, the rooms where children spend most of their time need to be repaired and furnished.

³⁰ For example, the medical facility is located far from the Martkopi Boarding House for Persons with Disabilities and beneficiaries need to be transported to Rustavi.

³¹ The facility had already turned on the central heating system during monitoring.

³² In Dzevri Facility, due to the size of the facility, two dining rooms are arranged for persons with or without disability of self-care. The dining area for people in need of assistance in eating does not meet the hygiene requirements, unlike the other dining area.

³³ For example, it was true that cleanliness was maintained in the Kojori Children's House for Children with Disabilities, but the plaster falling down from the walls created an unsatisfactory sanitary environment. The infrastructure of the Tbilisi Infant House also needs to be repaired.

³⁴ It should also be noted that the kitchen of the Martkopi Boarding House for Persons with Disabilities very narrow and inconvenient.

³⁵ Beneficiaries usually choose who they want to live in a room with.

³⁶ For example, there was no closet in every room of the Dzevri Facility.

Even though the areas allocated for serving beneficiaries mostly meet the requirements of the standard, proper compliance with hygiene rules is problematic, partly due to the overcrowding and size of the facilities.³⁷ In addition, the need to help beneficiaries develop self-care skills was identified. All this makes it difficult to ensure proper hygiene, taking into account the individual needs of all beneficiaries, especially in the context of the pandemic.

We should also focus our attention on the arrangement of sanitary facilities. The ratio of showers and toilets in the boarding houses to the number of beneficiaries is in line with the requirements. There are also accessible toilets and showers. However, it must be said that the adapted toilet of the Martkopi Boarding House for Persons with Disabilities is in unsatisfactory conditions. There is an unpleasant odour on the first floor of the same facility and the showers and toilets need to be repaired. Hot water supply and malfunction of the water supply system are constant problems in the facility.

In general, it should be evaluated negatively that no privacy is protected in most of the showers, they are not differentiated by gender and the cabins are not separated by appropriate means. In some places, artificial ventilation is out of order. It should also be assessed negatively that the toilet paper, soap and towels were not available in the sanitary facilities during the monitoring visit. This was explained by the fact that most of the beneficiaries use these items inappropriately. According to the staff, beneficiaries are provided with hygiene items individually, as needed. As for the issue of hot water, despite the fact that all boarding houses are equipped with central heating system, there are still problems in this regard. Serious deficiencies were found in terms of supply of safe drinking water, which will be discussed in detail in the food chapter below.³⁸

As for the children's facilities, the number of toilets, showers and sinks in the Kojori Kojori Children's House for Children with Disabilities meets the requirements set by the standard. There is one adapted bathroom on each floor, however one of them was out of order during the monitoring visit and needed to be repaired. Although hot water supply is smooth, the hygienic conditions are unsatisfactory and there is no ventilation either. Problems were identified with regard to proper toilet seats and protection of hygiene in the toilets of the Tbilisi Infant House.

There is an alarming situation regarding the protection of hygiene and placement/storage of beneficiaries' personal items in the children's houses. During our visit, the personal items of the beneficiaries of the Tbilisi Infant House (toothbrushes, pacifiers, food bottles) were not covered, and there were no soap, towels or other hygiene items in the sanitary facilities of the Kojori Children's House. They were kept together with the personal belongings of the beneficiaries. The fact that the toothbrushes of all beneficiaries were placed together, without protectors, in a plastic sour cream jar, should be evaluated negatively.

In conclusion, it should be noted that despite some positive practices in some of the services, in general, the facilities inspected, due to their size and regime, fail to provide an environment similar to the family conditions, which is required by the standard. This once again proves the need for timely implementation of the deinstitutionalization process.

³⁷ This type of reasoning is especially relevant in relation to the specialized institutions for persons with disabilities.

³⁸ See Standard No. 6.

STANDARD NO. 3 – SAFETY AND SANITATION

In order to ensure adequate living conditions for persons with disabilities, specialized living facilities should provide a service in a safe environment, where sanitary rules should be observed.

The monitoring results showed that the environment of the inspected facilities is not always safe. In particular, in some cases, poor infrastructure, damaged exterior perimeters and stairwell cells pose a threat to the beneficiaries. At the same time, due to the size of the facilities and the lack of staff, it is not possible to fully observe sanitary conditions.

It is welcome that the contact details of LEPL 112 Service of the Ministry of Internal Affairs of Georgia, local services of sewerage, water, gas and electricity supply, guardianship and custody authority, hotline of the Ministry and contact information of the Public Defender's Office are in most cases posted in visible places. Facilities are equipped with fire extinguishers and fire safety rules are posted on the walls.³⁹ Evacuation plans are posted in the corridors and dining rooms.

The general cleanliness is more or less satisfactory in the children's houses and boarding houses for persons with disabilities,⁴⁰ indicating the efforts made by the staff. This factor is especially noteworthy in the Dzevri Boarding House for Persons with Disabilities, which serves beneficiaries with severe and profound mental retardation, who need assistance in self-care. There was less cleanliness in the Kojori Children's House for Children with Disabilities.⁴¹

Some problems were identified in boarding houses in terms of lack of safe infrastructure and inventory. In particular, in the Dzevri Boarding House, the emergency/auxiliary staircase connecting the yard to the second floor has railings without pillars (see photo 1), which creates a real risk of falling from the height. It is also problematic that the balconies of the living rooms on the second floor of the same facility have only horizontal railings, which is not safe for the beneficiaries. It should also be noted that there is a large pool/storage space in the yard of the Dzevri Boarding House for Persons with Disabilities (see photo 2), which is constantly full of water.⁴² Even though the pool has railings, it is still dangerous, especially considering that the railings do not have sufficiently safe pillars. There were electric coil stoves in the beneficiaries' rooms in the Dusheti Boarding House for Persons with Disabilities, which were used by the beneficiaries for cooking, which is not safe either.

³⁹ The production of fire safety journal at the Dzevri Boarding House and the training of all new employees in this direction should be noted in the positive context.

⁴⁰ It should be noted that visible means of combating flies are not used in the kitchens of the boarding houses. There were especially many flies in the kitchen of the Martkopi facility for Persons with Disabilities. Anti-fly nets were poorly installed and thus they failed to perform their function.

⁴¹ There was dust in the building during monitoring.

⁴² The administration informed us that the facility does not need a pool, however, at the request of the municipality, water is kept in the pool for the municipality fire service.

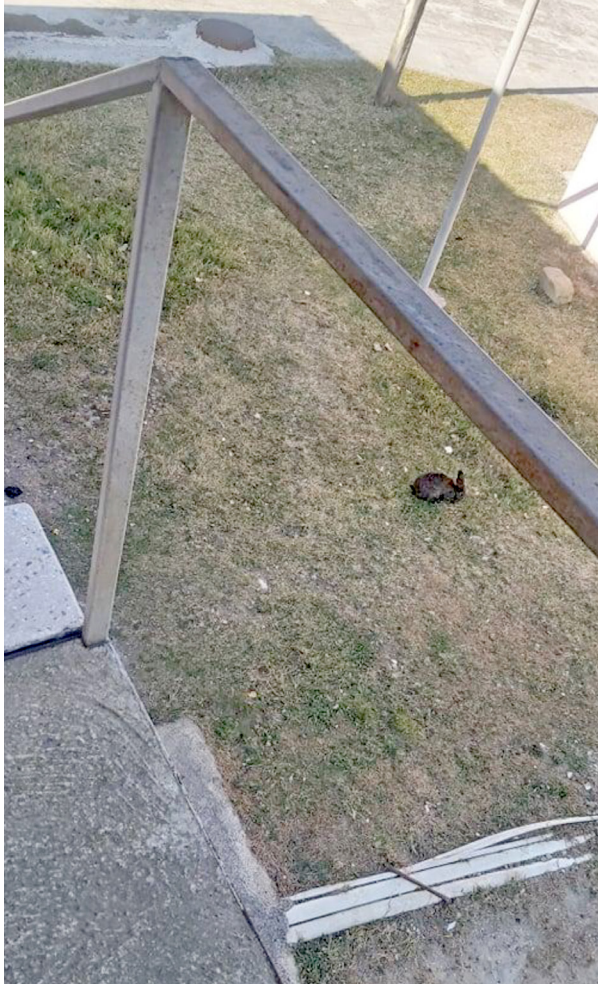


Photo 1.



Photo 2.

As for the safety of the children's houses, despite certain positive changes,⁴³ the service provided to the beneficiaries in the Tbilisi Infant House cannot be considered completely safe, as due to the inaccessible environment, the staff has to carry children from floor to floor. This is especially risky in case emergency evacuation is needed. The damp and cracked walls⁴⁴ are also problematic, which may cause various diseases. As for the Kojori Children's House for Children with Disabilities, the yard of the facility is dangerous, some of the ramps do not have railings. In addition to the ruined asphalt, which makes it difficult for persons with disabilities to move by wheelchairs (see photo 3), the basketball shield is also out of order in the yard (see photo 4) and the sharp plastic sheet may fall down any time. There is also a well in the yard, which is full of sharp rusty iron. The yard is enclosed by a wire fence, which is not reliable. According to the staff, in anticipation of deinstitutionalization, no one makes efforts to improve the existing physical environment.

Food waste management is also important for safety reasons. The food storage conditions were mainly observed in the facilities. However, the amount of prepared food or waste is not controlled

⁴³ As part of the monitoring conducted in 2018, the administration of the Tbilisi Infant House was recommended to purchase age-appropriate care products, children's clothing, detergents, as well as to take into account the medical condition of the beneficiaries in this process (to avoid allergic complications). It should be noted positively that as of October 12, 2020, these issues had been resolved.

⁴⁴ Including the 3rd group bedroom.

or recorded. In general, boarding houses for persons with disabilities have different practices in terms of food waste utilization.⁴⁵

As for the cleanliness of bedrooms, sheets are changed in the inspected facilities once a week, as well as according to the needs of the beneficiary. It should be noted that there was no stock of new sheets in the Dzevri Boarding House for Persons with Disabilities, although the cleanliness of the sheets used was satisfactory. Beneficiaries bathe twice a week or as needed. With exceptions,⁴⁶ they are able to bathe as often as they wish.



Photo 3.

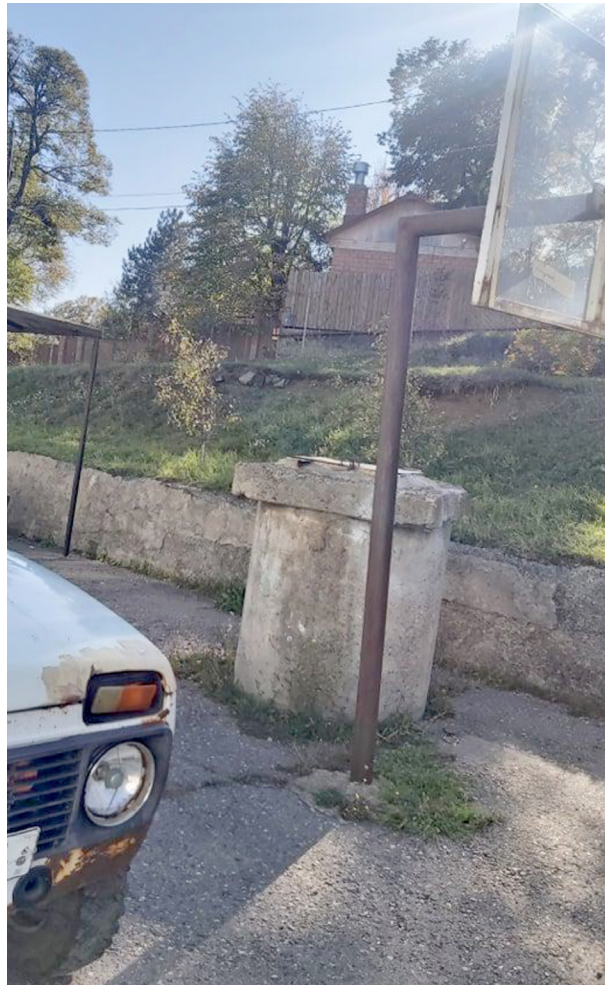


Photo 4.

In terms of safety, it is important to review the issue of access to medicines. In the boarding houses, the persons in charge of medicines are senior nurses, who keep account/control the use of medicines and dispense them to nurses according to the beneficiaries' prescriptions. However, it should be negatively assessed that the boarding houses have no separate storage spaces or rooms for

⁴⁵ Food waste is dumped in a bunker in the yard of the Dzevri Boarding House Facility. In Dusheti Boarding House for Persons with Disabilities, the waste is eaten by the dogs of the facility and in Martkopi Boarding House for Persons with Disabilities– by pigs.

⁴⁶ It should be noted that the beneficiaries of the Martkopi Boarding House for Persons with Disabilities can not bathe whenever they want due to the faulty water and heating system.

medicines. They are kept in the same rooms where the doctors and nurses' desks are placed and the beneficiaries' medical records are kept. The risk of uncontrolled access to medications is quite high, since a lot of people, including beneficiaries, move around these rooms. In addition, the incomparably small area⁴⁷ of the named rooms does not allow to stock medicines or disinfectants.

The security situation in the Dusheti Dusheti Boarding House for Persons with Disabilities should be mentioned separately. In particular, there are many dogs in the yard of this facility that are cared for by one of the beneficiaries. Therefore, for the safety of the staff and beneficiaries, it is essential that the animals be properly treated and vaccinated.⁴⁸

⁴⁷ For example, in the Martkopi Boarding House for Persons with Disabilities, a senior nurse, a therapist and a psychiatrist share one room.

⁴⁸ It should be noted that according to the facility regulations, it is forbidden to have pets in the building.

STANDARD NO. 4 – CONFIDENTIALITY

With regard to the confidentiality of personal information, it is necessary that the requirements set forth in Article 4 of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities⁴⁹ be protected in specialized facilities for adults with disabilities and the provisions of Article 3 of the Child Care Standards – in child care facilities. It is important for each facility to reflect the issues related to confidentiality in their internal regulations. According to the mentioned standards, the service provider must ensure that the guardianship and custody authority, the Public Defender's Office and an agency responsible for supervision can have access to informed written consents of the beneficiaries/legal representatives/supporters about the provision of confidential information.

According to the standard, the beneficiaries/their legal representatives should be informed about the protection of confidentiality of their personal information, as well as in what cases the confidentiality of personal information may be violated. In addition, special space should be allocated for individual consultations. Beneficiaries' personal files must be kept out of reach. Prior to the disclosure of personal information about the beneficiary (personal data, including special category data), written or signed consent shall be obtained from the beneficiary/his/her legal representative/supporter.⁵⁰ In case of termination of service, information about the beneficiary shall be kept with the service provider for three years. If an organization terminates its activities and beneficiaries are transferred to other services, all documents shall be transferred to the new service provider in agreement with the guardianship and custody authority, and if the beneficiary returns to his/her family or legal representative, documents shall be taken out/destroyed in agreement with him/her (with his/her consent). Specific obligations are provided for taking out/destroying juvenile-related documents.⁵¹

The monitoring revealed that the internal regulations of the service providers cover the issues relating to the protection of confidentiality. Access to such information is mainly available to the staff working with documentation and social workers. The social worker is, in some cases, also a person responsible for providing information.⁵² During interviews with the staff of the children's houses and boarding houses for persons with disabilities, we were informed that beneficiaries' photos/videos are posted only in closed Facebook groups, however, it should be noted that these materials are also available on the official Facebook pages of the facilities, so that faces of the beneficiaries are identifiable. Nevertheless, they could not provide the basis for posting the photo-video material in the social space (signed consent or other document). As it turned out, sometimes, in case of dissemination of information related to service recipients, only oral consent is obtained from the beneficiaries.

There is a practice in children's houses, according to which, the Agency for State Care and Assistance for Victims of Trafficking/guardianship and custody authority gives prior consent to a visit

⁴⁹ Order No. 01-54/N of the Minister of Labour, Health and Social Affairs of Georgia of July 23, 2014 on the Approval of the Minimum Standards of the Service for Persons with Disabilities and Older People in Specialized Living Facilities. Article 4. The document is available on the website: <<https://cutt.ly/ex2r3bY>> [last accessed: 02.06.2021].

⁵⁰ According to the standard, information about the beneficiary that is considered confidential may be issued without the consent of the beneficiary/his/her legal representative only in exceptional cases, in accordance with the rules established by legislation of Georgia, which is necessary to ensure state security and public safety.

⁵¹ In particular, after three years, the documents are taken out/destroyed and/or the electronic records kept by the service provider are deleted, about which the service provider notifies the guardianship and custody territorial unit in writing. If the beneficiary returns to the biological family/reaches full age, the documentation is taken out/destroyed in agreement with (with the consent of) the child's legal representative/beneficiary.

⁵² For example, such a practice was identified in the Tbilisi Infant House.

to the facility and warns the visitor, in writing, to refrain from spreading photos or videos with children's identifiable faces via the media or social networks. During interviews, representatives of the facilities mentioned that the instructions of the Agency are a priority for them when resolving confidentiality-related issues. As a result of communicating with the Agency's lawyer and obtaining a special permit, it is possible for outsiders/organizations to film the inside of the boarding houses, however, no document regulating this relationship has been provided.

It is important to note that service providers cannot realize the essence of their obligation to protect confidentiality, nor do they know what kind of information is considered personal data, special category data, biometric data or genetic data. The staff have not been trained on these issues. During interviews, they sometimes found it difficult to specify cases when prior consent was required or when it was possible to provide information without the consent of the beneficiary/legal representative.⁵³ The cases of the use/disclosure of information related to the beneficiary are not registered in the facilities. The monitoring also showed that the service recipients are not properly informed about the confidentiality requirements or safeguards against the violation of confidentiality.

The inspected facilities have a standard form to be filled in by the staff – a statement on the protection of confidential information (including personal data) signed by an employee. The form, however, is general, vague and uninformative. In particular, it is unclear what is meant by confidential information and specifically what types of information (e.g. photographs, videos, records of beneficiary's marital status, social status, health status and other data) shall not be disclosed. It does not specify circumstances that authorize the facility administration/staff to provide information without the consent of the beneficiary/supporter. The document states that the signatory is aware of his/her responsibility in the event of the breach of this obligation. However, during interviews it became known that the staff did not have information about the expected forms of responsibility.

The fact that no forms of consent for the issuance of confidential information could be found in the personal files of the beneficiaries in the boarding houses for persons with disabilities should be assessed negatively.⁵⁴ According to the heads of the facilities, no separate form has been developed for the beneficiaries/their supporters. All of this points to the need to resolve the issue at the central level, including by developing detailed consent and statement templates.

As for the space specifically allocated for private conversations, in most cases, psychologists' rooms, as well as rehabilitation/therapeutic rooms, are used for this purpose, while in children's houses, this function is performed by the rooms intended for mothers and children.

The service providers are mostly not aware of the purpose of keeping the beneficiary-related information after termination of the service. Representatives of the administration find it difficult to name a specific term of keeping such documents. The service providers, in some cases, keep the cases of deceased beneficiaries for a long or indefinite period of time.⁵⁵ In addition, the monitoring revealed the cases of keeping the documentation of the beneficiaries who had returned to their biological families.⁵⁶

⁵³ In some cases, it is difficult for them even to specify whether they have the right to disclose information about the beneficiary in case of the involvement of an ambulance or police.

⁵⁴ For example, in the Martkopi and Dusheti facilities for Persons with Disabilities.

⁵⁵ 8-9 years.

⁵⁶ Such cases were detected: in the Tbilisi Infant House, Dusheti and Martkopi facilities for Persons with Disabilities.

STANDARD NO. 5 – INDIVIDUAL APPROACH IN SERVICE DELIVERY

According to the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities,⁵⁷ the service received by the beneficiary should be tailored to his/her special needs and an individual approach should increase the motivation of the beneficiary to participate in the service planning process.

The monitoring revealed that individual work with beneficiaries varies according to the specifics of the facilities and the quality of the service. Service providers basically adjust resources to individual service plans, which, in the end, do not suit the specific needs of each beneficiary. Although facilities have specialists who use a multidisciplinary approach, in most cases, their resources and qualifications are insufficient to meet the individual needs of all beneficiaries.

It should be noted that the restrictions imposed due to the pandemic in the country have significantly complicated the provision of rehabilitation services for children and persons with disabilities and their participation in public life. This, in turn, led to the failure to achieve the objective that had been set in the individual service plans before the pandemic – integration into society. The services failed to adapt to the new reality, which, together with changes in the work mode,⁵⁸ had a negative impact on the multidisciplinary approach and planning process.

The monitoring clearly showed that beneficiaries do not participate in the service planning process.⁵⁹ Violations of deadlines for producing⁶⁰ and keeping individual plans were also detected.⁶¹ In one of the cases,⁶² even a year after the beneficiary's enrollment, his/her needs were not identified and an individual service plan was not drawn up. In the Dusheti Boarding House for Persons with Disabilities, recent plans were kept not in the beneficiaries' documentation, but separately, in a psychologist's room.⁶³

In addition to the problems identified in terms of formal nature, in many cases, the plans do not clearly state what kind of support the beneficiary receives. The objective is generalized, the planned activities are not described in detail.⁶⁴ In addition, the summary section of results

⁵⁷ Standard No. 5.

⁵⁸ During the monitoring period, part of the employees of the facilities worked remotely, while others went to the facilities on special schedule.

⁵⁹ The individual plans were not signed by beneficiaries. Moreover, beneficiaries were not even aware of these plans.

⁶⁰ For example, the plans of the Dzevri Boarding House for Persons with Disabilities do not have the section of results achieved, do not show development dynamics, or impeding factors. Consequently, it is unclear how effective the planned activities were. Signatures are not available in all the relevant sections.

⁶¹ In accordance with the requirements of the standard, an individual plan shall be drawn up within 30 days after the beneficiary's enrollment. Non-observance of terms were detected: in the Tbilisi Infant House, Dzevri and Martkopi facilities.

⁶² Dzevri Boarding House for Persons with Disabilities (the case of beneficiary M.K).

⁶³ The plans at the same facility were largely unsigned.

⁶⁴ For example, the service plans of the Dusheti Boarding House for Persons with Disabilities are formally or incompletely drawn up. There are empty sections, records are mostly general, activities are not targeted or specific, section of activities contains the evaluation of the beneficiary, expected results or hindering factors are not specified. The result achieved is also unclear. In addition, activities focused on developing new skills or maintaining existing ones are not clear either. The action plan section mostly reflects the level of functioning of the beneficiary, while the objective section shows the dimensions of adaptive behavior (10-11 objectives), while one graph of objectives is devoted to non-adaptive

achieved is mostly empty and/or describes results with general phrases. In most cases, a person responsible for carrying out a plan is indicated in the document, but his/her responsibilities are not specified.⁶⁵

Specialists designated by the standard⁶⁶ participate in the multidisciplinary team activities⁶⁷ and development of plans in both children's houses and boarding houses for persons with disabilities. The monitoring revealed that a rehab specialist is also involved in the development of plans for children with severe and profound developmental delays in the Tbilisi Infant House. It should be positively assessed that a rheumatologist individually works with children and engages them in physical activities.⁶⁸

The monitoring also revealed that persons (caregivers), who are responsible for the service in the boarding houses, are not aware of individual service plans, the objective of the plan in relation to a specific beneficiary or their obligation in this regard.

Apart from these shortcomings, the plans developed in the boarding houses for persons with disabilities do not show an individual approach either, while the efforts directed at developing the skills needed for independent living are fragmented and not purposeful. Service plans are reviewed and changes are made every six months, although objectives remain the same for years. The problem of consolidating the already learned skills was also identified.⁶⁹

It should be noted that beneficiaries live in institutions for years,⁷⁰ therefore, the activities offered to them, which address their basic living needs, are no longer relevant to them, which is easy to see in the approach of the beneficiaries themselves. The facilities do not have resources for new offers (e.g. crafting, employment).⁷¹ It is a negative tendency that the beneficiaries' motivation to develop themselves is very low. Some of them refuse to develop skills necessary for living in society.⁷²

The practice of children's houses for children with disabilities should be singled out. Analysis of the plans shows that development is stalled and specialists are mainly working to maintain what has already been achieved. It was also found out that they do not work with children in terms of developing speaking or communication skills.⁷³ The shortage of speech therapists is also a

behavior. This creates an impression that the evaluation document (GABSI) were copied into individual plans.

⁶⁵ For example, the individual service plan of the Martkopi Boarding House for Persons with Disabilities mainly defines one objective and the specialists involved in the multidisciplinary team are indicated as persons responsible for the fulfillment of the objective. However, it is not clear what kind of intervention each specialist shall carry out.

⁶⁶ An exception is the Tbilisi Infant House, which does not have the staff position of a neurologist. They call a neurologist if needed.

⁶⁷ The doctor psychiatrist, psychologist, occupational therapy instructor and caregiver are involved in the facilities, while the doctor-neuropathologist, psychologist and senior educator – in the child care facilities.

⁶⁸ Due to the Covid pandemic, the rehab specialist is working remotely, giving instructions to caregivers when needed.

⁶⁹ Therefore, the multi-team often has to set goals to maintain the skills learned.

⁷⁰ Few persons move to live in a community or community organizations.

⁷¹ The resources needed to learn new skills are unavailable in both the facility and the community, e.g. psychosocial rehabilitation.

⁷² For example, they do not want to learn to read or write, tell the time, get information on issues related to spending money. One of the reasons for this is the fear of losing the disability status, which was a common practice years ago. On the day of the monitoring, the beneficiaries of the Dusheti and Martkopi facilities again expressed such an attitude.

⁷³ A certain number of beneficiaries have a speech disorder or are unable to speak at all. Just a few beneficiaries can

problem. Although the plans mostly indicate problems in terms of development of speaking and communication skills, they do not offer any measures to address the problem.⁷⁴ It should be noted that the work hours of some of the employees of the Tbilisi Infant House, including rehabilitation specialists, psychologists and early development specialists, have been limited during the pandemic. Some sections in this facility's individual service plans are empty or are partially filled in, which raises reasonable suspicions that children's needs were not fully identified, or that the facility does not have enough resources to meet the needs. In some cases, signatures are incomplete. It should be noted that, in some cases, the signatures of the child's legal representative, social worker, senior caregiver or pediatrician are missing, which raises a suspicion that they have not seen the plan at all. It should also be noted that the requirement of keeping individual service plans along with other documents in the beneficiaries' personal files is also violated. This can be a hindrance for specialists in terms of timely access to plans, as they will have to apply to a psychologist every time they need the plan.⁷⁵

As for the beneficiaries' involvement in the process of developing plans, this is problematic both in the children's houses and boarding houses for persons with disabilities. Beneficiaries, for the most part, are not informed about plans. According to the staff of children's facilities, involvement is not possible due to the age and mental retardation of the beneficiaries. However, it should be noted that unlike the contingent of the Tbilisi Infant House, the age and development of certain beneficiaries of the Kojori facility allow them to participate in the plan development process. In the boarding houses for persons with disabilities, beneficiaries' supporters, who are employees of the facility, participate in the development of plans. There is a different practice with respect to the community supporters and relatives of the beneficiaries. In particular, they do not express a desire to participate in this process, which indicates the need for intensifying social work.

When discussing individual service plans, it is important to consider the practice of devising complex behavior management plans as well. Although internal regulations have been developed for the territorial units (children's houses and boarding houses) at the central level, which define the management of difficult behavior and critical situations, interviews with staff revealed that they were not aware of the relevant provisions of internal regulations. As a result, specialists are unable to detect cases of difficult behavior of the beneficiary. It is also problematic that the work of specialists⁷⁶ in terms of eliminating complex behavior, including in the context of intensive communication with all relevant persons, is unsatisfactory.

The internal regulations of facilities for children with disabilities indicate general methods of encouraging positive behavior and describe measures that should not be used in relation to children. Managing the complex behavior of children with intellectual/mental retardation requires

answer simple questions verbally or with gestures.

⁷⁴ For example, studying the sign language, involvement of a language and speech therapist.

⁷⁵ Beneficiaries' documents are kept in the room of the head of the branch. However, individual service plans are not kept in the children's personal files. They are kept in the room of the psychologist and the early development specialist. During the monitoring process, the psychologist contacted specialists and the plans were sent immediately, however, they were not signed.

⁷⁶ For example, the situation with regard to psychologists is as follows: one psychologist works with 64 beneficiaries in the Martkopi Boarding House for Persons with Disabilities, one psychologist works with 46 beneficiaries in Dusheti Boarding House for Persons with Disabilities and one psychologist works with 65 beneficiaries in the Dzevri Boarding House for Persons with Disabilities.

a complex psychosocial approach, which is not ensured. It should also be noted that caregivers have little information about recommendations relating to complex behavior management. Behavior management plans are not drawn up in the children's houses either.⁷⁷

The trends identified during the monitoring show that the production of individual service plans is of a formal nature. The ineffective and superficial attitude towards an individual approach is partly conditioned by the lack of specialists,⁷⁸ their insufficient qualifications and motivation.⁷⁹ During monitoring, it also became known that specialists often have to perform additional functions, which prevents them from performing their own professional duties.⁸⁰

⁷⁷ Triggers are not analyzed, risk are not assessed, strategies are not defined.

⁷⁸ The Dzevri Boarding House for Persons with Disabilities employs one occupational therapy instructor. There is a vacancy of an occupational therapy instructor in the Martkopi Boarding House for Persons with Disabilities.

⁷⁹ For example, the psychologist of the Martkopi Boarding House for Persons with Disabilities works mainly with beneficiaries who show the relevant interest themselves, while the psychologist herself shows less initiative in relation to other beneficiaries.

⁸⁰ For example, the psychologist of the Dusheti Boarding House for Persons with Disabilities is at the same time the supporter of seven beneficiaries.

STANDARD NO. 6 – FOOD

According to the current standard, beneficiaries should be more or less provided with quality, safe and adequate amount of food that suits their needs and their health condition. To meet this requirement, beneficiaries in the boarding houses for persons with disabilities must be provided with quality food at least three times a day, and in children's houses, at least four times a day, depending on their age, desire, health condition and religious characteristics. In addition, beneficiaries should be provided with a sufficient amount of safe drinking water. It is important that beneficiaries with special needs receive adequate support during the eating process.⁸¹

The monitoring revealed that the requirements of the named standard are more or less met in the boarding houses for persons with disabilities, as well as in children's houses. The facilities are supplied with food products by the State Agency for Care and Assistance for Victims of Trafficking. The same agency has made a ten-day menu for all facilities,⁸² which provides four meals a day. This daily menu is satisfactory and the main dishes are not repeated. Special dishes are also provided according to the needs of the beneficiaries. In addition, it should be noted that the menu of children's houses is filled with all the necessary products, taking into account the recommendations of the World Health Organization and food guidelines of European countries.⁸³ It should also be noted that necessary products are relatively less provided in the daily menu of boarding houses. In particular, the menu lacks dairy products⁸⁴ and fresh vegetables, as well as eggs and fish. Although according to the ten-day menu, beneficiaries receive fruit for five days, the types of fruit are not diverse.⁸⁵ The fact that in addition to the dishes provided in the menu, food is also cooked according to the wishes of the beneficiaries of the boarding houses should be evaluated positively.⁸⁶

It should be noted that, unlike the boarding houses, beneficiaries of children's houses are less active in requesting desired food products. In turn, the menu of these facilities was compiled in 2017⁸⁷ and it is advisable to review/update it at certain intervals (at least once every three years). It should also be noted that the Tbilisi Infant House takes care of feeding the hospitalised beneficiaries of the same institution and the Kojori Children's House for Children with Disabilities.⁸⁸

⁸¹ Order No. 01-54/N of the Minister of Labour, Health and Social Affairs of Georgia of July 23, 2014 on the Approval of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities. Article 6. The document is available on the website: <<https://cutt.ly/ex2r3bY>> [Last accessed: 01.06.2021].

Technical Regulation – Child Care Standards approved by the Government of Georgia on January 15, 2014. Article 6. The document is available on the website: <<https://cutt.ly/Zx2yNRx>> [Last accessed: 01.06.2021].

⁸² There are three types of menus in the facilities for persons with disabilities: general, dietary and diabetic. In addition, protein-free food is prepared for the beneficiaries diagnosed with phenylketonuria, as needed.

⁸³ During the visit, two children diagnosed with phenylketonuria and celiac disease were provided with special food at the Tbilisi Infant House. No such case was detected in the Kojori Children's House.

⁸⁴ Cottage cheese – twice within ten days, matsoni – once, sour cream – once, fresh vegetables – only for three days within ten days.

⁸⁵ During September 12-21, beneficiaries were given only pears and grapes according to the menu.

⁸⁶ Facility administrators and cooks have the right to offer different dishes to the beneficiaries on any extraordinary date or other circumstances. In this case, preference is given to the wishes of the beneficiaries.

⁸⁷ The ten-day menu is made by the Agency's invited nutritionists. The alternation of days, children's age and health condition are taken into account. The main dishes are adapted mixed-artificial food-milk and porridge. The phenylketonuria diet is made in consultation with the pediatricians of the facility (supplies are available on the spot, expiration dates are observed).

⁸⁸ During monitoring, 18 beneficiaries of the Tbilisi Infant House were hospitalized, 14 of them were in palliative care units.

In particular, they send food intended for two days three times a week, which is not advisable.⁸⁹ In addition, it is necessary to check how the prepared food is stored or heated in the clinic. The fact that the Tbilisi Infant House had placed relevant stickers on the food products to be sent to the clinic was welcome. The products were placed in hygienically protected, individual containers.

As for the rules for purchasing and storing products, the purchase documentation and storage places are properly regulated in all the facilities.⁹⁰ In addition, all of them have sufficient, clean and hygienically protected dishes for cooking food and feeding beneficiaries, while kitchens are equipped with proper hoods.

It should be negatively assessed that the boarding houses for persons with disabilities do not keep an account of cooked or leftover food. Consequently, this direction is not controlled. In addition, it is true that the boarding houses keep samples of prepared dishes, but only for 24 hours, which is insufficient in terms of epidemiological safety.

As for the provision of safe drinking water, in 2018, the monitoring conducted at the Tbilisi Infant House revealed that the beneficiaries were provided with boiled water on a daily basis, for which an oral recommendation was issued on the spot. This recommendation was taken into account and by the 2020 monitoring, boiled water had already been replaced with tap water. Although tap water is safe in the capital and much more useful for drinking than boiled water, it is not recommended for children under one year of age. Therefore, for safety reasons, factory-made bottled water, filters or systematically tested tap water should be used. The fact that no filter is installed in the facility should be evaluated negatively. It should be noted that during the last two years, the administration of the facility has not checked the water quality. As mentioned above, the Tbilisi Infant House takes care of children in the clinic, however, the monitoring could not establish who supplied drinking water to them. Like the Tbilisi Infant House, tap water is used as drinking water in the Kojori Children's House.

Drinking water problems were identified in all three institutions for persons with disabilities. The situation in the Dzevri Boarding House for Persons with Disabilities is especially alarming. Although the facility is continuously supplied with rural drinking water, the analysis of the water samples taken⁹¹ and the inspection conducted by the laboratory of the Ministry of Environment and Agriculture of Georgia⁹² found E. Coli, i.e. intestinal bacteria in it. This means that both the village of Dzevri and the boarding house have been consuming polluted drinking water for years. It should also be noted that 10-ton water tanks are installed for drinking water in the facility, which should be filled with purchased water. However, at the time of the monitoring, the system was yet not operational. The Dusheti Boarding House for Persons with Disabilities is supplied with city water for 24 hours. According to a representative of the boarding house, the water tank is washed and disinfected once a month, however, no documentation was provided to prove it.

⁸⁹ It is relatively acceptable when a patient, due to age, is only fed with adapted, mixed milk or porridge, as they are prepared immediately before eating and the product is protected in its own packaging. Heating the prepared mass and reusing it is not recommended after 15 minutes. If a child, taking into account his/her age (usually after the age of 5-6 months), receives vegetable puree, with or without blended meat, it is desirable to prepare the food immediately before eating. At this stage, the fact that food is supplied to the clinic three times a week means that beneficiaries are fed every other day, or for two days in a row once a week, with food prepared 1-2 days earlier, which is not advisable.

⁹⁰ Refrigeration conditions were observed, different types of products were stored separately.

⁹¹ The reports are dated October 31, 2019. The document is materially kept in the Dzevri Boarding House for Persons with Disabilities.

⁹² The inspection is dated July 13, 2020. The document is materially kept in the Dzevri Boarding House for Persons with Disabilities.

STANDARD NO. 7 – PROMOTION OF SOCIAL ACTIVITY

According to the standard, beneficiaries should participate in cultural, leisure and other activities. In particular, in order to maintain their physical, social, intellectual and creative activity, the service provider is obliged to: equip the physical environment of the service with resources in accordance with the beneficiary's interests and needs (e.g. books, intellectual games, sports equipment, etc.); make available TVs, computers and other equipment in accordance with beneficiaries's needs and abilities; promote close relations between beneficiaries and other members of the community; offer various targeted activities to the beneficiaries both in and beyond the service; facilitate the involvement of beneficiaries in various labour/household activities, taking into account their interests and abilities.

The monitoring revealed that the requirements of this standard are not properly met in boarding houses for persons with disabilities and children's houses. The pandemic has also had some influence on this. According to the information received during interviews with the facilities' staff, a number of activities were restricted during 2020 due to the spread of coronavirus. Beneficiaries could not go to the summer resort either. It should be noted that the beneficiaries of the boarding houses for person with disabilities did not confirm their involvement in sports activities.⁹³ There are no activities prescribed by an occupational therapy specialist for individual or group work in the Martkopi or Dusheti facilities.⁹⁴ According to the staff, occupational therapy mainly involves yard cleaning, however, it is not possible to involve wheelchair users in this activity. The fact that the Dzevri Boarding House has a list of beneficiaries involved in the group work both in indoor and outdoor activities should be positively evaluated.⁹⁵ However, in this facility, the functions of the occupational therapist are performed by the facility's social worker and psychologist. The monitoring revealed that the creative activities⁹⁶ in the boarding houses are fragmented⁹⁷ and one and the same beneficiaries are involved. It is true that the facilities have books, however, since most of the beneficiaries are illiterate, only a few of them use the library.

Boarding houses have prescribed a day regime, but beneficiaries do not follow it. They mostly watch TV, play games on their mobile phones, listen to music, or walk in the yard.⁹⁸ It is also noteworthy that both bedridden and beneficiaries with severe mental retardation are disconnected from the activities and spend all their time in their rooms, under the care of caregivers.

⁹³ There is a treadmill and a treadmill bike in the social worker's room in the Martkopi Boarding House for Persons with Disabilities, which is not used by beneficiaries. There are a basketball court and a football stadium on the territory of the same facility, which are not used due to the pandemic. Activities offered to the beneficiaries include: board games, dominoes, chess, etc.

⁹⁴ One occupational therapist is employed in Martkopi, while one position is vacant. Two specialists are employed in Dusheti.

⁹⁵ They mostly play with a ball. Two beneficiaries take care of the rabbits running in the yard. The facility has a workshop, although beneficiaries are not engaged in any activities there.

⁹⁶ They mostly paint or sculpt.

⁹⁷ Because of the Covid pandemic, teachers go to the facilities on special schedule.

⁹⁸ During the winter months, in cold weather, when it is impossible to go outside and spend all day long in the yard, it is recommended for the heads of branches to consider group activities, including physical activity.

As for the beneficiaries' access to the TV and computer, TVs are available only in shared leisure rooms. However, some beneficiaries in the Dusheti and Martkopi facilities have the right to use their personal TVs and/or computers. It should be noted that a shared computer with Internet access in the Dusheti and Dzevri facilities is available on the second floor and the beneficiaries with limited mobility, who live on the first floor, cannot use it. It is also noteworthy that the beneficiaries express a desire to learn basic computer programmes, although no special courses are offered. As for the use of telephone, no problems were identified in the inspected facilities in this regard.

It should be emphasized that during monitoring, none of the beneficiaries living in the boarding houses were involved in educational activities or trainings available in the community. They did not have any information about the above. There were beneficiaries in the Dusheti and Martkopi facilities, who had graduated from school, although their individual plans did not include any planned activities for developing their professional skills. Beneficiaries are also unable to use community, day care or psychosocial rehabilitation services, as they do not have information about services available in the community.

In general, beneficiaries of the boarding houses often express a desire to be employed in the community. Before the pandemic, they used to assist population in agricultural activities and were paid in exchange, which had a positive impact on their economic situation, but the pandemic has had a negative impact in this regard. They cannot get support in this regard from the service providers either, because the staff do not have information about the relevant employment programmes.

As for the children's facilities, the Kojori Children's House for Children with Disabilities has a lack of technical equipment (TVs, computers) and development resources. In addition, there are no appropriate inventory or toys in the shared or educational rooms.⁹⁹ It turned out that children are not involved in various activities that would help them develop emotionally, physically, socially, intellectually and creatively. The activities offered by the psychologist and/or teachers are not structured¹⁰⁰ or sufficient for the child's development. Hourly day regime or weekly schedule is not specified.

Unlike the Kojori Children's House for Children with Disabilities, the beneficiaries of the Tbilisi Infant House are involved in various cultural, leisure and other activities.¹⁰¹ The physical environment of the service is equipped with resources in accordance with the interests and needs of the beneficiaries.¹⁰² There is a TV in each group. Children can enjoy a sensory room, they can spend time in the open air once or twice a day, on the balcony or in the yard.

⁹⁹ As they explain, children spoil everything. Therefore, they are stored and used when needed.

¹⁰⁰ The psychologist, teachers and senior educators engaged children in the activities mostly spontaneously, which made it possible to observe the process and did not serve a specific purpose.

¹⁰¹ Tbilisi Infant House has a play room, development room, sensory room and physical room to perform the activities set out in individual plans. They also have sports equipment, treadmill, Swedish wall. There is a playground for physical activities in the yard, as well as a slide. There are toys, tape recorders, pyramids and cubes for developing children's skills in the psychologist's room, which is sometimes used as a leisure room.

¹⁰² Various types of children's inventory, sound toys, geometric figures of color, size and shape, puzzles, books, swings, hammocks, sensory room, special chairs, tables, etc.

In conclusion, it should be noted that the facilities do not fully meet the interests or needs of the beneficiaries. In addition, the service provided to them does not help them develop. It should also be noted that before transferring beneficiaries to other services, their needs or the issue of adaptation to a particular environment are not explored. In addition, beneficiaries have no opportunity to visit the desired service in advance.¹⁰³

¹⁰³ There were two beneficiaries transferred from the Kojori Children’s House to the Dvezri Facility, but the environment offered to them did not ensure development and posed a risk of skill loss/regression. Consequently, it was necessary to transfer them to an alternative service. Another case concerned a beneficiary transferred from a community service to the Martkopi Boarding House for Persons with Disabilities. In particular, although the beneficiary had expressed a desire to leave the community service, the social services did not properly examine whether the environment offered to that particular person was appropriate. The beneficiary said during the interview that if he had visited the facility in advance, he would refuse to move there.

STANDARD NO. 8 – HEALTH CARE

According to the standard, beneficiaries should live in an environment where a healthy lifestyle is encouraged and proper attention is paid to their health. To this end, the administration of the facility is obliged to: if necessary, organize medical services for the beneficiaries (including primary medical, outpatient and inpatient care); give advice to beneficiaries on personal hygiene and communicable diseases, the expected consequences of the use of alcohol, drugs, tobacco and other harmful substances, as well as about healthy lifestyle; record accidents that harmed beneficiaries; control infections with measures recommended by a doctor; have regular contact with the family/village/service doctor as needed.

In addition to meeting the requirements of the standard, all the facilities were checked in terms of the preventive measures taken by them to prevent the spread of the novel coronavirus within the framework of the Standards for the Control and Prevention of the Infection (COVID-19) Caused by the Spread of Novel Coronavirus (SARS-CoV-2) in Specialized Facilities for Older People and Persons with Disabilities.¹⁰⁴ During monitoring, it was found out that a number of standards for the control and prevention of coronavirus were neglected in the facilities for persons with disabilities.

Measures taken to prevent the spread of Covid-19

The monitoring revealed that the measures taken to prevent coronavirus varied in the children's houses and boarding houses for persons with disabilities. Due to the difficulty of managing the behavior of the beneficiaries, the safety requirements were less observed in the boarding houses. A particular problem was the wearing of masks, mandatory testing and isolation.¹⁰⁵

It should be noted that leaflets (information sheets) about coronavirus were available in all the facilities and beneficiaries had as much information as possible about the virus, including about alarming symptoms, consequences and safety precautions. The responsibility for preventing and controlling the infection was imposed on different individuals.¹⁰⁶ All the facilities had adequate supplies of hand sanitizers (containing 60 to 80% of alcohol), towels, soap and disposable wipes. Except for the Dzevri Boarding House for Persons with Disabilities, hand disinfectants were available to the beneficiaries in a place available to everyone.¹⁰⁷ As for special log books, a daily ther-

¹⁰⁴ Order No. 01-54/N of the Minister of Labour, Health and Social Affairs of Georgia of July 23, 2014 on the Approval of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities. Appendix No. 2. Order No. 01-105/N of the Minister of IDPs from the Occupied Territories, Labour, Health and Social Affairs of September 28, 2020. The document is available on the website: <<https://cutt.ly/ex2r3bY>> [Last accessed: 02.06.2021].

¹⁰⁵ This was especially evident in the Martkopi Boarding House for Persons with Disabilities, where beneficiaries had no restrictions on movement in terms of leaving the facility.

¹⁰⁶ The person responsible for the prevention of Covid-19 at the Dzevri Boarding House for Persons with Disabilities was an economic affairs coordinator and social worker. A pediatrician was designated as such a person at the Kojori Children's House. According to the information provided, no particular person was designated in Martkopi, where supervision was carried out by the director.

¹⁰⁷ According to the representatives of the administration of the same facility, the mentioned problem was caused by the fact that the beneficiaries spoiled the disinfectant container and used disinfectant inappropriately. In addition, almost all of the doormats in the facilities were dry and non-functional. The situation was similar in the Tbilisi Infant House and

mal screening log is produced in the Dzevri facility, where records are made by members of the Multidisciplinary Council. Similar log books are available in Martkopi as well, however, no person responsible for screening is designated by an order. During monitoring, the Multidisciplinary Council for the Prevention of the Covid Infection was set up only in the Dzevri Boarding House for Persons with Disabilities, which was composed of: both of the doctors of the boarding house, a psychologist, a social worker, a senior nurse and a housewife.

It should be noted that the beneficiaries¹⁰⁸ and staff are tested (PCR testing) for Covid-19 once every two weeks. However, due to insufficient information and inadequate understanding of risks, beneficiaries in some cases refuse to be tested. It should be noted that during the visit, the inspected facilities acted on the basis of the order of the Agency for State Care and Assistance for Victims of Trafficking, according to which, no strangers were allowed to enter the building during the quarantine period. In addition, according to the administration, all the people entering their facility were screened for temperature. It should be noted that the representatives of the Public Defender's Office passed the mentioned procedure in all the facilities, except for the Martkopi Boarding House for Persons with Disabilities. There were thermal screening log books everywhere, though they were not properly produced.¹⁰⁹ It is also noteworthy that on the day of the visit, unlike children's houses, most of the staff of the boarding houses were not wearing masks. Only after the arrival of the Public Defender's representatives, masks were distributed to both staff and beneficiaries, who soon took them off. In addition, the standard of social distancing was not observed in any of the facilities.¹¹⁰ Conducting trainings on the prevention of Covid-19 was identified as a significant challenge.¹¹¹

Isolation rooms were allocated in all the facilities, although their conditions did not allow a person to be accommodated in that space for a long time (one or several days).¹¹²

It should be noted that due to the pandemic, the facilities had restricted the entry of visitors and only received parcels.

Somatic health

It is noteworthy that no doctor was present in any of the boarding houses for persons with disabilities during the visit.¹¹³ There were no senior nurses in the Martkopi or Dzevri Facilities, which

Kojori Children's House.

¹⁰⁸ Except for Tbilisi Infant House.

¹⁰⁹ For example, when entering the territory of the Kojori Children's House for Children with Disabilities, no record was made in the log about the visits of the Public Defender's representatives.

¹¹⁰ The named problem was especially evident in the boarding houses, in particular, in the living space and dining rooms (while receiving food, 3-4 beneficiaries sat at a small, four-seater table).

¹¹¹ The staff of the Dzevri Boarding House for Persons with Disabilities was trained by a social worker, who did not have any relevant certified knowledge. The staff of the Dusheti and Martkopi facilities were trained on Covid-19 in September 2020.

¹¹² For example, in the isolation area of the Kojori Children's House there are three beds, one small and one medical bed, a chair, an adapted table, a bedside table and a refrigerator. There was no TV or other entertainment resource in the room. According to the staff, beneficiaries with fever are placed in these rooms before the ambulance arrives and a decision is made on further response. The isolation space of the Dzevri facility for Persons with Disabilities was also unfurnished.

¹¹³ The doctor-therapist was not present in Dusheti Boarding House for Persons with Disabilities, as she is employed in other services as well. The therapist of the Dzevri Boarding House was in self-isolation due to contact with a Covid

made it difficult to obtain certain medical information or to find documentation, including medical journals.¹¹⁴ Examination of the available medical records revealed that the beneficiaries' medical cards were improperly produced. In particular, information was not recorded regularly. In addition, information in the dynamic examination sheet was recorded once a month, or even once a year in some cases.¹¹⁵

Although beneficiaries enjoy universal health insurance, there is a lack of laboratory and instrumental examinations in their medical files, as well as post-hospitalization documents¹¹⁶ and records of doctors' consultations.¹¹⁷ Dental service was also found to be a serious challenge in the boarding houses.¹¹⁸

It should be noted that specialized facilities for children/persons with disabilities are equipped with basic medical equipment.¹¹⁹ Beneficiaries are transported to clinics with the assistance of the Public Safety Management Center 112.

Medicines and other medical equipment are supplied to the facilities by the Agency for State Care and Assistance of Victims of Trafficking. It supplies medicines to the boarding houses once a year, however, if necessary, based on an application sent by the medical staff of the boarding houses, the stock may be refilled more frequently. People in charge of medicines in the boarding houses for persons with disabilities are senior nurses, who control and keep accounts of medicines. In addition, they dispense medicines to day nurses and nurses on duty in accordance with the beneficiaries' prescriptions.

The term of storing medicines in the storage space was fully in line with the dates indicated on packages. It should also be noted that the management of expired medicines turned out to be quite problematic. Although there were no expired medications in the boarding houses at the time of the visit, the place intended for storing such medications was assessed as unsuitable and dangerous.¹²⁰

As for the Tbilisi Infant House and Kojori Children's House for Children with Disabilities, medical care is provided to the patients on the basis of a memorandum concluded between the Agency for State Care and Assistance for Victims of Trafficking and clinics. All beneficiaries benefit from the state programme of universal health care. It is welcome that no cases of food poisoning have been reported in recent years. According to the documentation, the calendar of vaccination of

patient. The therapist of the Martkopi Boarding House for Persons with Disabilities was on vacation.

¹¹⁴ According to the administration, medical documents were locked in senior nurses' rooms.

¹¹⁵ Such a situation was identified in the Martkopi Boarding House for Persons with Disabilities. For example, the last record in the beneficiary A.K.'s card was made in 2015.

¹¹⁶ Medical documentation – form No. IV-100/a.

¹¹⁷ Martkopi Boarding House for Persons with Disabilities could not present log book of planned vaccination of the beneficiaries to the monitoring team.

¹¹⁸ According to the heads of the facilities, contracts are signed with dental centers and the beneficiaries have the opportunity to receive the named services. Nevertheless, the severity of this problem was even visually noticeable during the monitoring process.

¹¹⁹ E.g. blood pressure gauge, phonendoscope, thermometer, glucometer and inhaler.

¹²⁰ In the Dzevri Facility, one drawer was allocated for expired medications in a cabinet intended for other medications, while in Martkopi, expired medications were placed on a separate plate in a common space with non-expired medications.

children and the rules of regular examination was observed. On the basis of the recommendation of the pediatricians of the children's houses, a special group visits the facilities for vaccination of children and necessary laboratory examinations.

It is welcome that both of the facilities keep records of deaths, infectious diseases and accidents.¹²¹

Mental health

The monitoring revealed that beneficiaries of the Dusheti, Dzevri and Martkopi Boarding Houses for Persons with Disabilities do not receive adequate psychiatric care. In particular, psychiatric cases are not assessed or managed in accordance with national standards for disease management. In addition, the available financial, material-technical and professional resources fail to provide multidisciplinary psychiatric care for beneficiaries with intellectual and mental disorders in accordance with national or international standards.¹²² No multidisciplinary therapeutic plan is developed or revised. No psychosocial rehabilitation activities are carried out and the patient's psychiatric care is mainly limited to pharmacotherapy, during which, instead of monotherapy, polypharmacy is given preference. In addition, no protocol is observed relating to the prescription of certain antipsychotic drugs,¹²³ and the side effects of psycho-pharmacotherapy are not monitored or managed. Beneficiaries are not provided with necessary clinical examinations.¹²⁴

In addition, the examination of the medical cards of the beneficiaries undergoing psychiatric pharmacotherapy, prescriptions, documents relating to psychiatric care and documentation relating to the receipt/storage/use of psychotropic medications, including medications subject to special control, as well as interviews with psychiatrists, nurses and beneficiaries and other persons involved in the care made it clear that despite the high number of beneficiaries in need of psychiatric care, the established practice of staffing the boarding houses with professionals failed to ensure adequate psychiatric care for the beneficiaries. In particular, during the monitoring period, psychiatrists worked only three days a week in the Martkopi and Dusheti facilities, and in their absence, aggravated cases were managed by nurses, on the basis of general recommendations developed by the psychiatrist in advance or by telephone consultation. It should be noted that beneficiaries did not express dissatisfaction with pharmacotherapy or involuntary medical intervention.

¹²¹ 7 records were made in the journal of the Tbilisi Infant House in 2020, the most common of which are general traumas and wounds, but two cases of biting are noteworthy, which requires special attention from the staff. Two cases of self-harm were recorded in Kojori in 2020.

¹²² Law of Georgia on Mental Health. The document is available on the website: < <https://cutt.ly/vcl2qjN> > [Last accessed: 01.06.2021]; Treatment and Management of Schizophrenia in Adults, National Clinical Practice Guideline approved by Order No. 01-151/O of the Minister of Labour, Health and Social Affairs of Georgia of July 24, 2013. The document is available on the website: <https://cutt.ly/vcl2qjN> [Last accessed: 01.06.2021]; Technical Regulation – Standards of Psycho-Social Rehabilitation, Decree No. 68 of the Government of Georgia of January 15, 2014. The document is available on the website: < <https://cutt.ly/7cl2Y0T> > [Last accessed: 01.06.2021].

¹²³ For example, Clozapine.

¹²⁴ See the National Clinical Practice Guideline – Treatment and Management of Schizophrenia in Adults, approved by Order No. 01-151/O of the Minister of Labour, Health and Social Affairs on Georgia of July 24, 2013. The document is available on the website: < <https://cutt.ly/tvYGf1E> > [Last accessed: 01.06.2021].

Deficiencies were identified in terms of psychiatric case management. This is partly due to the manual production of medical records in the boarding houses for persons with disabilities, which, in some cases, hinders the proactive exchange of information between specialists involved in the case management process, as well as the proper implementation of internal or external monitoring process.

The monitoring revealed that the medical cards only reflect records made by doctor-therapists and psychiatrists. It should be noted that the medical and registration documentation of the Dzevri and Martkopi facilities were mostly produced in accordance with the standards and state regulations. As for the Dusheti Boarding House for Persons with Disabilities, in some cases, records are not made once in three months¹²⁵ and do not always reflect the dynamics of the patient's mental condition in accordance with the changes in the medical treatment or the recommendations issued. In addition, in the Dusheti and Martkopi facilities, the medical cards of the beneficiaries are not filled in dynamically to reflect pharmacotherapy, neither nurses fill in special log books relating to the results of patients' observation. No psychosocial intervention is provided and the facilities have no practices of multidisciplinary biopsychosocial assessment, multidisciplinary management of psychiatric cases or development of appropriate therapeutic plans. The medical records do not contain records about the involvement of a psychologist, social worker, occupational therapist, or their psychosocial activity.

It should be noted that the individual service plans¹²⁶ produced in the boarding houses do not reflect the activities planned/carried out by a psychologist and/or a social worker for the purpose of developing necessary skills among beneficiaries, managing critical cases or difficult behavior, promoting healthy lifestyle, managing stress, etc. Neither any interaction can be found between the staff and the beneficiaries regarding problematic cases.

The lack of clinical-laboratory and instrumental examinations to prevent the side effects of psychopharmacotherapy, despite the active use of the latter in the boarding houses, should be evaluated negatively. The participation of a neurologist-consultant in the treatment of beneficiaries with neurological disorders is also rare.¹²⁷

It should be noted that treatment in the Dusheti and Dzevri Boarding Houses for Persons with Disabilities is mainly carried out with out-of-date neuroleptic drugs,¹²⁸ which are characterized by high frequency of side effects and ineffectiveness in dealing with the negative symptoms of the disease. The facilities are not supplied with modern antidepressants and psychiatrists do not see the need to prescribe drugs of this group. The practice of using Clozapine (Azaleptin) in viola-

¹²⁵ The patient health examination sheet should be filled in by a doctor every three months in order to reflect the dynamic monitoring of the patient's health condition, and in all cases of illness, it should be filled in according to the frequency of the illness. See order No. 226/N of the Minister of Labour, Health and Social Affairs of Georgia of July 23, 2007 on the approval of forms of medical documentation, rules for their production in the specialized facilities for adults. The document is available on the website: <<https://cutt.ly/5vYH3KI>> Last accessed: [01.06.2021].

¹²⁶ It is not clear what activities are carried out, specifically what results were achieved or by whom. In addition, no documents relating to multidisciplinary team meetings, individual or group psychological/social/ergotherapeutic interventions could be found.

¹²⁷ Psychiatrists noted during interviews that patients consult epileptologist-neurologists and the management of cases of epilepsy or epileptiform seizure syndrome are managed according to their recommendations.

¹²⁸ Including Tryptazine and Haloperidol.

tion of international and national standards needs to be emphasized. In particular, this drug is prescribed in combination with other antipsychotic drugs, which increases the likelihood of side effects and is life-threatening for the patient.¹²⁹

It is a positive trend that according to the hospitalization log of the boarding houses, the frequency of psychiatric hospitalization of the beneficiaries is low.¹³⁰

¹²⁹ See A Pocket Guide to Atypical Antipsychotics. Dosing, switching, and other practical information. Stephen M.Stahl. p. 29. The document is available on the website: < <https://cutt.ly/GvYKCP9> > Last accessed: [01.06.2021]. See Clozapine – FDA prescribing information, side effects and uses. Information is available on the website: <<https://cutt.ly/9vYLu6B>> Last accessed: [01.06.2021]. See the National Clinical Practice Guideline – Treatment and Management of Schizophrenia in Adults. 4.2 Use of Antipsychotic Drugs. Approved by Order No. 01-151/O of the Minister of Labour, Health and Social Affairs of Georgia of July 24, 2013. The document is available on the website: <<https://cutt.ly/tvYGf1E>> [Last accessed: 01.06.2021].

¹³⁰ In 2012-2020, there was no need to hospitalize any of the beneficiaries of the Dzevri Boarding House and the aggravation of the mental condition was managed on the spot. Only four beneficiaries from Dusheti Boarding House for Persons with Disabilities were provided with psychiatric hospitalization in 2020.

STANDARD NO. 9 – FEEDBACK AND PROTEST PROCEDURES

To evaluate the quality of the service, it is important to see how well the facility provides protest and feedback mechanisms. According to the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities,¹³¹ the internal regulations developed by the service provider should set out simple and clear feedback and protest procedures. At the same time, the beneficiary/his/her legal representative, as well as other persons involved in the provision of services, should be informed about the above.

Under the standard, the service provider is also obliged to create appropriate conditions for anonymous feedback on the structure and content of the service.¹³² The comments of the beneficiaries should be reviewed regularly, at least once a month. When discussing issues related to the beneficiary, his/her opinion/views should be taken into account and he/she should be involved in the decision-making process.

It is also essential for the service provider to record all reasonable instances of protest/feedback. The Child Care Standards¹³³ additionally state that the cases shall be recorded by taking into account the beneficiaries' abilities and health status.

The monitoring revealed that the internal regulations of the territorial units (branches) of the Agency provide for the feedback and protest procedures. However, this mechanism is not seen as a possibility of improving the quality of the service or meeting the individual needs of the beneficiaries. Consequently, it has a formal nature in practice. According to Article 7 of the named internal regulations, verbal/written opinion and/or protest shall be reviewed by the head of the branch and a written complaint shall be sent immediately to the Agency's management for further response. According to the same article, the administration of the branch is obliged to review opinions/protest regularly, at least once a month. Nevertheless, the institutions could not provide any documents proving the regular consideration of oral or written complaints.

It should be noted that most of the service providers had feedback log books and complaints boxes, but in some cases they were empty.¹³⁴ The exception was the Dusheti Boarding House for Persons with Disabilities, where five cases of feedback were found in 2020. The scarcity of information about responses to the above cases should be assessed negatively. It should be noted that special boxes are opened by the relevant service of the LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking in the presence of the administration of the branch. As it became known during interviews, the interval between the openings of boxes is sometimes long (for example, they may be opened once a year).¹³⁵ The service providers

¹³¹ Article 9.

¹³² For example, there may be a questionnaire or feedback log, or a box for anonymous comments and/or other preferred forms.

¹³³ Decree of the Government of Georgia of January 15, 2014, Technical Regulations on the Approval of Child Care Standards. Article 10, paragraph 2, subparagraph "e".

¹³⁴ The journals were empty in the Tbilisi Infant House and Kojori Children's House, as well as in the Martkopi Boarding House for Persons with Disabilities.

¹³⁵ Such a practice was identified in the Tbilisi Infant House.

could not submit any documents related to the opening of boxes or corresponding responses.

The placement of both feedback log books and special boxes in inappropriate and inaccessible places for beneficiaries (wheelchair users and children) was identified as an important issue, which raises reasonable doubts about the effective functioning of this mechanism. It is also problematic that no practical items (stationery) were available on site, which in turn hinders the independent delivery of feedback. The fact that in some cases no instructions were available on boxes about their purpose or procedure should be assessed negatively.¹³⁶

As for the awareness of the beneficiaries/legal representatives, most of them have information about the log and the box, however, they do not use this mechanism.

¹³⁶ An exception is the box placed in the Tbilisi Infant House, which indicates information both about the service where the key is kept and the anonymity of the mechanism.

STANDARD NO. 10 – PROTECTION FROM VIOLENCE AND DISCRIMINATION

Article 15 of the UN Convention on the Rights of Persons with Disabilities states that no one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment. Article 16 of the Convention obliges States Parties to take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities from exploitation, violence and abuse.

According to the standard, the beneficiaries placed in specialized living facilities shall be protected from any kind of violence (physical, psychological, sexual, economic) and coercion. In addition, they shall have equal access to the service.¹³⁷ In turn, service providers shall be guided by the relevant legislation.¹³⁸ The administration shall keep a special journal to record all instances of violence, statements and measures taken in response. Beneficiaries shall be provided with services based on their individual needs and abilities and shall be protected from discrimination based on race, skin colour, sex, language, religion, political or other beliefs, national, ethnic or social origin, property status, health, etc. They shall also be protected from biased or negative attitudes by the service provider, other beneficiaries or other persons. In turn, it is important for the guardianship and custody authority to fully inform service providers of the beneficiary's past experience of violence (if any).¹³⁹

The child care facility, in accordance with the referral procedures and technical regulations,¹⁴⁰ shall have developed internal instructions for the protection from violence. The service provider shall follow specific regulations. In particular, food restrictions should not be used as a disciplinary sanction, positive forms of behavior management (e.g. encouragement, praise, reward, etc.) should be applied in relation to beneficiaries, and if the beneficiary violates the rules of conduct, non-violent methods shall be used to restrict the conduct. According to the named standard, no physical restraint shall be applied, except when there is a risk of beneficiaries harming themselves or others. In case of the use of physical restraint, the facility must notify a guardianship and custody territorial unit, or an authorized social worker in case of children's houses.

First of all, it should be noted that despite the deinstitutionalization policy announced by Georgia, no effective steps have been taken in this direction in the inspected living facilities for persons with disabilities. It is especially noteworthy that the living environment of the Dusheti and Martkopi facilities does not provide positive incentives for the beneficiaries with disabilities. Institutional upbringing, lack of inclusive care and education, deficit of social and professional skills led to the development of the syndrome of dependence on the facility among beneficiaries and deepened their disability. This in turn significantly reduces opportunities for these individuals to be equal-

¹³⁷ Article 10 of the Minimum Standards of Service for Persons with Disabilities and Older People in Specialized Living Facilities.

¹³⁸ Among them, the Law of Georgia on Prevention of Violence against Women and/or Domestic Violence, Protection of and Assistance to Victims of Violence, Code on the Rights of the Child, Child Care Standards, Child Protection Referral Procedures.

¹³⁹ This information is confidential and must be securely kept by the services.

¹⁴⁰ Decree No. 670 of the Government of Georgia of December 31, 2019 on the approval of the 2020 State Programme for Social Rehabilitation and Child Care. The document is available on the website: <<https://cutt.ly/Lx2tI96>> [Last accessed: 01.06.2021].

ly involved in society or to live independently. In addition, beneficiaries are in a discriminated situation due to the scarcity of community organizations, lack of social housing and home care services.

The monitoring revealed that service providers fail to fulfill their obligations to protect beneficiaries from violence. They do not take measures to detect, assess or respond to violence. Based on interviews conducted during our visits and analysis of the relevant documentation, it was found out that the service staff do not have specific information about violence. Their awareness is largely limited to their knowledge of the general definitions of physical and psychological violence.

The internal regulations of the inspected facilities contain provisions relating to the protection of beneficiaries from violence, discrimination and neglect. In addition, service providers have: a log of measures taken in response to violence, which was empty in some facilities,¹⁴¹ as well as a log of accidents and a log of physical and/or chemical restraints, although no cases were recorded in them. Proper reflection of information in the log is problematic. In most cases, cases are not properly assessed, managed or recorded. The description of measures taken in response to violence was particularly scarce. Records of individual cases of violence did not indicate the type of violence, its motive, the role of a caregiver or a specialist in the management of the case, the means or methods used to address violence, preventive or follow-up measures planned/carried out. In terms of response, in some cases, beneficiaries involved in violence call the police, or on the initiative of the administration, they are taken by ambulance to a psychiatric clinic, and a general record is made in the response section.¹⁴²

No violence or discrimination against beneficiaries by service providers was identified during the monitoring process, however, the Public Defender's Office was later informed of alleged psychological, physical and sexual abuse of beneficiaries by the staff of the Kojori Children's House for Children with Disabilities. The Public Defender's Office launched examination of the case.¹⁴³ For further response, we applied to the Agency for State Care and Assistance for Victims of Trafficking,¹⁴⁴ as well as the Tbilisi Police Department of the Ministry of Internal Affairs.¹⁴⁵ The investigation into the case is pending.¹⁴⁶

In general, violence takes place between beneficiaries.¹⁴⁷ Observation of the care process revealed

¹⁴¹ For example, in the Tbilisi Infant House and Dzevri Boarding House for Persons with Disabilities.

¹⁴² The record is mainly as follows: "The beneficiaries were calmed down by the intervention of colleagues", or "This situation was neutralized by the employees". Such an approach was found in the Dusheti and Martkopi facilities as well. 15 cases were registered in the journal of cases of violence and measures taken in response in 2020. In particular, cases of alleged psychological, physical and sexual abuse are described in the journal, although the descriptions lack content, which indicates the lack of training and experience of caregivers in the direction of violence management.

¹⁴³ Case No. 4219/21-20.04.2021.

¹⁴⁴ Letters Nos. 09-2/3815, 09-2/4894 and 09-2/5957.

¹⁴⁵ Letter No. 09-2/3818.

¹⁴⁶ Criminal case No. 100140421002 pertaining to systematic violence, committed knowingly against two minors. Article 126, part 1² and subparagraph "d" of part 2, of the Criminal Code of Georgia.

¹⁴⁷ Among them, the Public Defender's Office is examining the case No. 7402/20 (08.07.2020), which deals with alleged sexual violence against one of the beneficiaries of the Martkopi Boarding House for Persons with Disabilities. In order to examine the case, we applied to the Agency for State Care and Assistance for Victims of Trafficking (letter No. 909-2/6738) and the Ministry of Internal Affairs (letters Nos. 909-2/6737, 09-2/8378, 09-2/12894). A visit was also paid to the facility. According to the information provided, the head of the boarding house immediately called the police, as

that most of the beneficiaries were moving chaotically around the building, showing unfriendly, anxious attitudes towards each other, resorting to verbal and physical abuse,¹⁴⁸ which ultimately provoked violence among them. The staff could not manage the difficult behavior of the beneficiaries or avoid violence. The incidents of rude treatment among beneficiaries, which was caused by their impulsive behavior, in some cases, were immediately eased by caregivers,¹⁴⁹ however, it must be said that it had a temporary deterrent effect, which is ineffective in the long run. The information obtained during the inspection and the attitude shown by the staff¹⁵⁰ make us assume that inter-beneficiary violence is systematic. And not all cases of violence are registered in the log of measures taken in response to violence.¹⁵¹

The monitoring revealed that the boarding houses do not take care of the establishment of a healthy lifestyle, are not engaged in anti-alcohol or anti-drug work, do not have the practice of using relevant stickers, leaflets or videos. The administrations of the boarding houses could not present protocols of development of mechanisms for holding interactive discussions about problems between service providers and beneficiaries or for solving problems. In the Dusheti and Martkopi facilities, the staff were unable during the monitoring to provide documentation on individual/group work between psychologists, social workers, facility heads and abusers/victims of violence or other beneficiaries relating to alcohol consumption or violent behavior.

Excessive consumption of alcohol by beneficiaries, which often causes violent behavior, was identified as a special problem in the boarding houses for persons with disabilities (especially in Dusheti Boarding House for Persons with Disabilities). In such cases, the staff, in order to manage the situation, mostly resort to the transfer of the beneficiary to a psychiatric facility.¹⁵² In addition to psychological and physical violence, conflicts on the economic grounds¹⁵³ were also detected in Dusheti Boarding House for Persons with Disabilities. The monitoring also revealed cases of

a result of which, the Vaziani branch of the Gardabani District Division of the Ministry of Internal Affairs launched an investigation under part 1 of Article 137 of the Criminal Code. Investigative activities and examination were carried out. The staff and beneficiaries of the boarding house were interviewed, during which both the staff and the beneficiaries unanimously denied the information. Investigation into the case is pending. No criminal prosecution has been initiated against any of the persons so far (correspondence MIA 6 20 03051064 of the Ministry of Internal Affairs).

¹⁴⁸ In particular, they shouted at each other, addressed each other rudely, threatened and hit each other and used obscene words.

¹⁴⁹ Such an approach was found in the Dzevri Boarding House for Persons with Disabilities. The service providers' kind attitude and care for the beneficiaries was clearly noticeable in this facility, which should be positively assessed.

¹⁵⁰ Their expressions during the interview – "It is common here", "They are always fighting", etc. – were especially noteworthy.

¹⁵¹ For example, in Dusheti Boarding House for Persons with Disabilities, the numbering of registration of cases that occurred during 29.01.18-18.08.20 was faulty, for example, the numbering of registration of cases of 2020 starts from No. 56 and p. 22 ends with No. 66 (18.05.20), then the numbering starts with Nos. 17-19 (28.05.20) on p.23 and continues on p. 24 with No. 30 (29.05.20); the last is No. 42 (18.08.20). A total of 27 cases of violence were registered in 2020, of which Nos. 56-66 – 11 cases, Nos. 17-19 – 3 cases and Nos. 30-42 – 13 cases, namely Nos. 1-16 and Nos. 20-29 are not registered in the journal. The inaccuracy in the numbering makes the document unreliable and makes us think with high probability that proper attention is not paid to the production of the journal.

¹⁵² After the violent behavior, the abuser is taken to the Dusheti GeoHospital due to alcohol or drug intoxication or to a psychiatric hospital due to psychomotor anxiety.

¹⁵³ During interviews, several beneficiaries of the boarding house mentioned that one of the beneficiaries systematically borrowed money from others to buy products, but never returned it. Such facts trigger conflict and violence between beneficiaries.

alleged sexual harassment among beneficiaries, which were not effectively responded by the facility.¹⁵⁴

It should be noted that the management of conflict situations is hampered by low qualifications of the staff in terms of the protection of the rights of persons with disabilities, as well as in the management of complex, violent behavior and critical situations. It is particularly noteworthy that medical and support staff have not been trained on issues relating to violence, non-verbal and verbal de-escalation techniques, auto and hetero aggression or anxiety management. As a result, they are unable to cope with difficult and violent behavior of beneficiaries, fail to make a medical or legal assessment of cases or to properly record them. They try to calm down beneficiaries and sometimes become victims of violence themselves. Service providers in the Dusheti and Martkopi facilities are unable to manage the violent and difficult behavior provoked by the excessive consumption of alcohol.

Complex behavior management is an issue in the Kojori Children's House for Children with Disabilities as well, where specialists are unable to conduct result-oriented activities due to lack of qualifications.¹⁵⁵

Provisions relating to physical/chemical restraints provided for in the child care standards and internal regulations of boarding houses for persons with disabilities, as well as their implementation in practice, were identified as a particular problem. Georgian legislation¹⁵⁶ and other normative acts¹⁵⁷ only regulate the use of physical restraint in psychiatric practice, however, neither of these acts consider international experience or recommendations. No national clinical practice guidelines have been developed for aggressive behavior management, which would have detailed verbal and non-verbal de-escalation techniques, manual restraint, chemical restraint criteria and monitoring procedures.¹⁵⁸ Mechanisms for training or periodic retraining of professionals in this area have not been introduced either.¹⁵⁹

¹⁵⁴ According to the journal produced by the Martkopi Boarding House for Persons with Disabilities, on 14.09.20, one of the beneficiaries used expressions containing alleged sexual harassment against the beneficiaries of the same sex. The record does not show specifically what kind of preventive psychosocial interventions were planned. Neither the beneficiary confirmed any individual work by a psychologist or a social worker. The response graph only generally indicates: "Strictly warned by the administration", "A verbal warning has been issued".

¹⁵⁵ The evaluation of each beneficiary of the Kojori Children's House for Children with Disabilities by the psychologist includes description of the child's aggressive behavior towards other children. However, no activities are planned to reduce the harmful behavior. For example, the psychologist's evaluation states that the beneficiary steals the personal belongings of other beneficiaries and employees, and that this often leads to conflict with other beneficiaries. During one of such conflicts, the beneficiary was physically injured by another beneficiary, who broke the beneficiary's jaw. Nevertheless, nothing is written in the beneficiary's service plans about the causes of such a behavior and the measures needed to be taken to eliminate it. The most disturbing fact is that it is indicated in this person's service plan that the beneficiary is a provocateur. Using this word should be unequivocally assessed as unethical and stigmatizing.

¹⁵⁶ Law of Georgia on Mental Health. Article 16. The document is available on the website: < <https://cutt.ly/vx2bzA3> > Last accessed: [01.06.2021].

¹⁵⁷ Order No. 92/N of the Minister of Labour, Health and Social Affairs of Georgia on the Approval of Instructions on the Rules and Procedures for the Use of Physical Restraint Methods against Patients with Mental Disorders. The document is available at: < <https://cutt.ly/Dx2bYYt> >. Last accessed: [01.06.2021].

¹⁵⁸ WHO/MNH/MND/96.9. MENTAL HEALTH CARE LAW: TEN BASIC PRINCIPLES. Management of the Acutely Violent Patient, Jorge R. Petit, MDa,b; *Psychiatr Clin N Am* 28 (2005) 701–711. The document is available at: < <https://cutt.ly/6x2EjQm> > Last accessed: [01.06.2021].

¹⁵⁹ Standards of the Committee for the Prevention of Torture. Chapter III. Means of Restraints in Psychiatric Establishments

Article 12 of the internal regulations of specialized facilities for persons with disabilities, pertaining to the management of complex behavior, provides for verbal and non-verbal procedures for the management of complex behavior. Paragraph 7 of the same article permits the management of complex behavior in a critical situation through: (a) physical intervention, (b) physical restraint and (c) chemical restraint, as well as isolation, and imposes an obligation to register cases of physical and/or chemical restraint in a log.

It should be noted that the regulations imposed on the facilities relating to the management of complex behavior are normative, general, unforeseeable and dangerous, do not consider the requirements of international standards relating to physical/chemical restraint or isolation procedures, while the introduction of the standard of hypothetical threat increases the possibility of subjectivism and arbitrariness. It is important to note that the regulations are not suitable for the specifics of the operation of children's houses/boarding houses for persons with disabilities, especially given that no similar mechanism is provided for in the service standards for specialized facilities for adults with disabilities. The above-mentioned regulations do not clarify what is meant by physical or chemical restraint, do not define persons authorized to make the relevant decision or carry out the restraint, do not specify in what space, for how long or by what means the restraint may be carried out, or where and how the person concerned may appeal against the relevant decision, etc.

As for the implementation of these provisions in practice, it should be positively assessed that no cases of physical and chemical restraint or isolation were identified in the Dusheti, Martkopi or Dzevri Boarding Houses for Persons with Disabilities. In addition, despite the existing regulations, the facilities do not have an isolation room, or special equipment for physical restraint. And staff are not trained on issues relating to physical and/or chemical restraint. This further increases the risks of violation of the rights of beneficiaries. It should be noted that all the institutions had a log book of physical restraints, although no case indicating this procedure was registered in them. A log book of chemical restraints was not produced in any of the facilities.¹⁶⁰ During interviews, the staff unanimously stated that they were not ready to apply restraints and that the application of these measures would negatively affect the psychological state of other beneficiaries. The monitoring revealed that beneficiaries were not informed of the legitimacy of the isolation, physical/chemical or manual restraint procedures or medical signs of urgent need.

All of the above, in the absence of detailed physical/chemical restraint and isolation protocols, lack of appropriate equipment and preparedness of the staff, poses a threat of violation of the rights of persons with disabilities, violence and inhuman treatment.

In conclusion, it should be noted that the residential care system fails to create a positive living environment and beneficiaries with disabilities are vulnerable to violations of their rights. This is caused by the failure to properly record cases of violence, to work with abusers and victims for the purpose of prevention of violence, and to take all relevant legal and psychosocial measures.

for Adults. Excerpt from the 16th General Report [CPT/Inf (2006) 35]. Paragraphs 47-54. The document is available on the website: <<https://rm.coe.int/16806ccea5>> Last accessed: [01.06.2021].

¹⁶⁰ The staff denied the practice of involuntary treatment of beneficiaries. The monitoring group has not received any different information from the beneficiaries either.

STANDARD NO. 11 – REQUIREMENTS FOR THE STAFF

According to the standard, service shall be provided by a sufficient number of qualified staff. In addition, the service provider is obliged to ensure regular supervision of employees and to provide them with professional development opportunities. At least one caregiver should be assigned to 7 beneficiaries with self-care disability and at least one caregiver – to 15 beneficiaries with self-care ability.

The internal regulations developed by the Agency for State Care and Assistance for Victims of Trafficking set out requirements of care standards, mechanisms for enforcing these requirements, staff positions and the rights and responsibilities of each employee. In addition, according to the statute, it is the right and duty of the head of the Agency to administer the branches and manage key issues. Staff policy, development of professional skills of the staff and financial matters are managed by the director of the same Agency. According to the statute, the duty of the heads of the branches is only to effectively organize the care process, supervise it, protect and maintain material and technical resources.

The monitoring conducted by the Public Defender's Office revealed that the facilities are mostly staffed in accordance with standards.¹⁶¹ However, the service staff does not enjoy adequate support in terms of professional development from the Agency for State Care and Assistance for Victims of Trafficking. In particular, interviews made it clear that the service personnel have not been trained in recent years at all. As an exception, specialists undertake additional necessary trainings mainly on their own initiative and at their own funds.¹⁶² The fact that in April-May 2020, the Agency for State Care organized trainings for the staff of the Dusheti, Martkopi and Dzevri branches in several stages is welcome. The trainings were conducted by the specialists of the Global Initiative on Psychiatry (GIP). The training course dealt with stress management in the context of the Covid-19 pandemic.¹⁶³ During the same period, the Center for Mental Health and Prevention of Addiction Ltd provided trainings for the psychiatrists and psychologists of the facilities in techniques for managing mental health and minimizing psychological effects of quarantine.¹⁶⁴ It should also be noted that similar trainings have not been conducted for the staff of the Tbilisi Infant House and Kojori Children's House for Children with Disabilities. The examination of personal files of the staff and interviews with the administration/staff revealed that the staff had not been certified, recertified or retrained in multidisciplinary management of crisis, complex behavior, psychiatric case, care or provision of individual services, protection of the rights of persons with disabilities, occupational therapy, stress management, etc. As a result, care for persons with disabilities in the inspected facilities is empirical. Particular problems were identified in Martkopi with regard to the management of complex behavior.¹⁶⁵

It is noteworthy that the maintenance of personal files of the employees is faulty. With regard to the boarding houses, it should be noted that certificates could be found only in the psychologist's

¹⁶¹ The exception is the Martkopi Boarding House for Persons with Disabilities, where vacancies for an occupational therapy instructor and a support worker were announced.

¹⁶² For example, the psychologists of the Dzevri Boarding House and Tbilisi Infant House.

¹⁶³ No training material or relevant certificate could be presented.

¹⁶⁴ Meetings were held remotely.

¹⁶⁵ The facility staff are unable to manage the complex behavior and inter-beneficiary violence. This is proved by the fact that during the visit day, several conflicts occurred between beneficiaries, during which screams, mutual swearing and threats were heard.

personal files in Dusheti Boarding House for Persons with Disabilities. A person with no relevant education or certificates was employed in the same facility as a social worker. During the examination of the personal files of the employees of the Martkopi Facility for Persons with Disabilities, it was found out that the personal files of the facility's social worker contained only an employment contract. According to the head of the branch, documents were kept in the Agency. The personal files of the psychologist and the social worker of the Dzevri Boarding House for Persons with Disabilities contained all the necessary documents. However, the same facility could not provide a certificate of the occupational therapy instructor.¹⁶⁶

As for the children's facilities, most of the personal files of the staff of the Kojori Children's House did not contain educational documents or certificates, while the available certificates were of previous years.¹⁶⁷ Documents in the personal files of the staff of the Tbilisi Infant House were complete. However, trainings undertaken by the staff were dated 2013-2014.¹⁶⁸ No education documents or certificates were kept in the personal files of early development specialists. The fact that according to the information provided by the Tbilisi Infant House, the employees of the facility were undertaking a training course at the Agency at that time of the monitoring should be noted in the positive context. In particular, according to the response¹⁶⁹ received from the Agency for State Care and Assistance for Victims of Trafficking, 61 employees of the Tbilisi Infant House undertook the training course within the framework of the Caritas Czech Republic Project – "Development of long-term and palliative care services for children in Georgia" from June 15 to November 20, 2020, in the following areas: pediatric emergency care; professional burnout; emergency care during bleeding, burning, trauma, convulsions, heart failure; basic child care skills; control of Covid-19 and other infections; forms of violence against children and prevention of violence; individual service/development plan; multidisciplinary team approach; case management, etc.

¹⁶⁶ Only a document certifying education was kept in the case.

¹⁶⁷ 2016-2017 in few cases.

¹⁶⁸ The situation was different in relation to the psychologist, who presented materials proving recent courses. In addition, she was undergoing training during the monitoring period as well.

¹⁶⁹ Letter No. 07/4894 – 10.06.2021.

RECOMMENDATIONS

To the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

- ▶ Ensure prevention of discrimination on the grounds of disability through deinstitutionalization of social and health services and development of community-based services for persons with disabilities (including children), social housing, family-type small group homes and home care services
- ▶ Develop and implement a specific training course for the administration and care staff of boarding houses for persons with disabilities and children's houses relating to the protection of beneficiaries from violence and difficult behavior management
- ▶ Develop a strategy for the prevention of excessive consumption of alcohol in boarding houses for persons with disabilities; develop a human rights-based guidelines on response strategies and directions in the event of mutually harmful behavior among beneficiaries
- ▶ Develop a clinical practice guideline and protocol for complex behavior management, specifying the methods/procedures for managing aggression (including verbal de-escalation techniques, necessary pre – and post-procedural interventions), taking into account international standards and the rights of persons with disabilities.

To the LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking:

- ▶ Oversee the observance of documentation maintenance rules by service providers under the relevant standard and assist service providers in understanding their function/content
- ▶ Develop and provide service providers with relevant guidelines/instructions for proper production of documentation in accordance with the standard
- ▶ Ensure the timely development and implementation of the deinstitutionalization plan for large residential institutions
- ▶ Provide branches with adequate resources, including for repairs and purchase of new furniture/equipment in order to ensure the protection of hygienic and sanitary conditions required by the standard, as well as to create a favourable environment before the completion of the deinstitutionalization process
- ▶ Take measures to abolish the municipal fire water tank in the yard of the Dzevri Boarding House for Persons with Disabilities and/or arrange it in compliance with the safety requirements
- ▶ Provide detailed and informative consent templates for the beneficiary/supporter/staff relating to the disclosure of confidential information
- ▶ Oversee the protection of the confidentiality standard by the boarding houses for persons with disabilities and children's houses, including by providing appropriate feedback mechanisms

- ▶ Frequently monitor the individual approach-based work with beneficiaries in the branches, periodically provide feedback to service providers to address gaps in the development of individual plans
- ▶ Ensure a proper ratio of specialists to beneficiaries in the branches, increase the number of psychologists, speech therapists, occupational therapy instructors and other necessary specialists to strengthen the effectiveness of the service
- ▶ Promote professional growth of specialists and introduce the practice of supervised work of psychologists in order to achieve effective results of the psychological service
- ▶ Oversee facilities for the purpose of effectively managing complex behavior; oversee the process of developing behavior management plans
- ▶ At regular intervals (at least once every three years), review and correct the menu of children's houses taking into account modern medical approaches
- ▶ Ensure the replacement of tap water with factory-made bottled water in children's houses
- ▶ Take appropriate measures to ensure that beneficiaries of children's houses receive food prepared on the same day, both on site and in hospital
- ▶ Provide trainings on hygiene and healthy food for the staff
- ▶ Increase periodicity of food delivery to inpatients
- ▶ Ensure the improvement in the water supply system of boarding houses for persons with disabilities strictly control its functioning
- ▶ Ensure proper storage and control of food samples in Boarding Houses for Persons with Disabilities
- ▶ Revise the food menu of boarding houses for persons with disabilities and enrich it with dairy products, fish and fresh fruits and vegetables
- ▶ Urgently ensure safe drinking water supply to beneficiaries
- ▶ Ensure that beneficiaries are enrolled in the facility based on the assessment of their skills, psycho-emotional state, needs and interests
- ▶ Introduce a practice that ensures that before changing a service, the beneficiary can visit the desired service, and that his/her opinion is considered in the decision-making process
- ▶ Develop a strategy to avoid and mitigate the negative effects of isolation in the context of the pandemic, in the beneficiaries' best interests
- ▶ Provide (if possible) special computer courses for persons with disabilities and promote beneficiaries' involvement; ensure that beneficiaries with such skills have access to computers and the Internet
- ▶ Provide psychiatric services and management of cases with an approach oriented to the patient's rights, on the basis of informed consent obtained from the beneficiaries/supporters

after providing them with complete, objective, timely and comprehensible information about the disease and medical intervention

- ▶ Manage psychiatric cases according to international and national standards, in particular, by using a multidisciplinary approach, strengthening the psychiatric team, using modern psychotropic drugs and enhancing the psychosocial component
- ▶ Take appropriate measures to ensure that both beneficiaries/legal representatives and the staff of boarding houses can enjoy the feedback and protest procedures anonymously
- ▶ Conduct in-depth monitoring of the observance of feedback and protest procedures by service providers
- ▶ Ensure that a special box is opened by the authorized staff of the Agency at more frequent intervals and that a document on appropriate responses is drawn up
- ▶ Ensure the prevention of violence in the controlled facilities, as well as appropriate legal, medical and psychosocial rehabilitation of victims of violence
- ▶ Facilitate the creation of a friendly environment and a positive attitude among staff and beneficiaries
- ▶ Revise the complex behavior management procedures in the internal regulations of specialized facilities and harmonize them with international standards/legislation
- ▶ Provide systemic oversight, through monitoring, of the process of detecting, documenting and responding to the incidents of violence by service providers
- ▶ Provide trainings for the employees of specialized facilities for children/persons with disabilities and develop their professional skills relating to: the rights of persons with disabilities; observance of confidentiality in accordance with the provisions of the Law on Personal Data Protection; the rules for proper production of individual service plans; prevention, management and documentation of crisis, complex, violent behavior; multidisciplinary management of psychiatric cases; ergotherapy; stress management; care for beneficiaries and other substantial issues.

To the administration of specialized institutions for children and persons with disabilities:

- ▶ Follow the rules for the management of personal files of beneficiaries and staff in accordance with the standard
- ▶ Provide clear instructions to staff on proper/detailed recording of cases of violence, accidents, feedback and protest, as well as hospitalization, in the log book
- ▶ Ensure proper observance of hygienic and sanitary conditions in the facilities, both in shared areas and in bedrooms, kitchens and toilets
- ▶ Ensure that the number of beneficiaries in the bedrooms is in compliance with the standard and that the bedrooms are equipped with necessary inventory (including closets)

- ▶ Make more efforts to help beneficiaries develop self-care skills and take care of the personal hygiene of the beneficiaries who need assistance in this regard
- ▶ Supply beneficiaries with hygiene items (towels, toilet paper, liquid soap, etc.) and place them in accordance with personal hygiene rules
- ▶ Ensure that all beneficiaries are supplied with personal and hygiene items and keep them in compliance with sanitary-hygienic norms
- ▶ Ensure full access to toilets and protection of privacy; repair malfunctioning toilets and artificial ventilation systems
- ▶ Take measures to ensure unrestricted access to clear water and hot water
- ▶ Install appropriate protective railings on stairs, balconies and ramps
- ▶ Arrange the yard infrastructure in such a way as to exclude the existence of a hazardous environment for the beneficiaries, especially children
- ▶ Allocate separate storage space for medicines and disinfectants
- ▶ Provide detailed information to the staff, beneficiaries/supporters on the essence of information deemed confidential and the grounds for disclosing such information
- ▶ Ensure that staff are informed of the expected forms of liability (including disciplinary) in the event of dissemination/disclosure of beneficiary-related information
- ▶ Allocate a special place in the building for individual work with beneficiaries, confidential interviews and consultations
- ▶ Ensure that reasonable cases of the use/disclosure of beneficiary-related information are recorded
- ▶ Ensure proper production of documentation in accordance with the requirements of the standard and the inclusion of individual service plans in the personal files of the beneficiaries along with all the necessary documents
- ▶ Ensure the participation of the beneficiaries of children's houses and their legal representatives in the planning process as much as possible; take measures aimed at raising the motivation of these individuals
- ▶ Ensure the development of complex behavior management plans; ensure participation of beneficiaries and their parents/supporters in developing psychosocial and other interventions
- ▶ Organize a variety of activities for beneficiaries
- ▶ Provide beneficiaries with information on employment programmes/services/offers and facilitate their involvement, including through assistance in the submission of applications
- ▶ Compile a list of activities provided to the beneficiaries according to hours, as well as daily and weekly schedules so that the beneficiaries receive the services offered by the facility equally. In addition, in order to dynamically observe beneficiaries, specialists should keep records reflecting the results achieved

- ▶ Provide equal access to TVs, computers and the Internet for beneficiaries
- ▶ Plan physical and sports activities according to the needs of beneficiaries and promote their participation; strengthen efforts to increase the motivation of beneficiaries to engage in such activities and to promote a healthy lifestyle
- ▶ Ensure safe management of psychiatric cases through monotherapy and predominant use of modern psychotropic drugs; conduct clinical laboratory monitoring to prevent side effects
- ▶ Control the practical implementation and monitoring of the necessary measures for the prevention of the virus in boarding houses for persons with disabilities
- ▶ Ensure that medical records detail information about the results of medical services and examinations provided to beneficiaries
- ▶ Ensure that relevant documents clearly reflect the circumstances and causes of death of beneficiaries
- ▶ Describe in detail the circumstances surrounding beneficiaries' physical harm, by indicating who inflicted the harm, what kind of harm was inflicted, by whom the above was supervised and what interventions were carried out
- ▶ Provide proper dental services for the beneficiaries of boarding houses for persons with disabilities.