

REPORT

*On the Monitoring Visit to the Social Care House of Bălți
of 8 Nov 2016*

I. General information about the institution

1.1. According to the information posted on the electronic page of the Ministry of Labour, Social Protection and Family (hereinafter – *MLSPF*), the Psycho-Neurological House of Bălți (hereinafter – the Social Care House) is an institution that provides socio-medical services to adults with mental disabilities on a temporary or permanent basis. The institution aims at ensuring the social protection of its residents by providing to them recovery, maintenance of their capacities, and social (re)integration. The Social Care House's specialized staff has knowledge about the individual features of each type and disability level of the residents, so that to be able to establish communication and adequate relations with them. They also have empathic and communication skills. The institution's capacity is of 550 beds. At the time of our visit, the Social Care House was accommodating 518 beneficiaries.

1.2. According to the staffing scheme of the Social Care House, its staff has included 243 units in 2016, with a monthly salary fund of 274,735.90 lei. Taking into account that 20 positions are filled in at a capacity of 0.25 or 0.75 units, the number of staff can reach about 255 persons.

1.3. The *Social Care House* is located in the southwestern part of the City of Bălți, at about 4 km away from the city center, at 4 Veteranilor Str. The institution has a land plot with the total area of 44817.0 m², of which 9065.60m² is the total area of the building¹ and 35851.0 m² – is the area of the adjacent land plot.

1.4. The building complex of the *Social Care House*, designated for the accommodation, meals, medical assistance, recovery, and daily care of the residents includes the following 13 objects:

- 4 typical hostels/accommodation units, four storeys each, with the capacity of 120-150 beds:
- Food court, made up of a canteen (one storey building);
- Festivities room, library, and other rooms (one-storey building);
- Spaces for common activities, terrace (one-storey building);
- Transit and auxiliary rooms (one-storey building);
- Administrative building with an annex (one-storey building);
- Food warehouse (two-storey building and basement);
- Heating station, one-storey building;
- Laundry room, household unit, boxes (one-storey building);
- Garage for seven cars (one-storey unit).

II. Deficiencies signaled by various relevant actors regarding human right violations happening in the work of the institution visited:

2.1. The section below specifies the findings of the national human rights protection institutions, human rights nongovernmental organizations, and other relevant actors as well as media information on observance of human rights of the *Social Care House* residents.

¹ To note that the area of the buildings implies their area on the ground.

Ombudsman:

- The regulations of normative acts on the operation of social care houses do not fully observe all human rights and fundamental freedoms, including the rights of persons with mental impairments;
- Unsatisfactory hygiene-sanitary situation in building no.2;
- Such services as kinetotherapy, ergotherapy, psychotherapy, physiotherapy etc.; preparation for social-family (re)integration; ensuring development – are not actually provided. The Social Care House focuses on providing social services – accommodation, meals, hygiene-sanitary norms provision (depending on the residents' health condition);
- The institution does not have a sufficient number of medical staff and nurses, which makes it impossible to have sufficient medical services and adequate care provided to the residents with a severe disability level.

Institutional Ombudsman of Psychiatric Institutions:

- Cases of sexual abuse of the female residents of the Social Care House of Bălți;
- Lack of a mechanism for filing complaints.

Center for Legal Assistance of Persons with Disabilities:

- Lack of specific internal working procedures with the patients and for applying immobilization measures, including medication-based;
- Lack of a mechanism for filing complaints;
- The placement in the Social Care House usually takes place without the person's agreement;
- Lack of written procedures for placing the residents in rooms;
- Rooms, meals and personal belongings should be organized in a way that respects the residents right to independence and privacy;
- Lower remuneration of the medical staff as compared to those working in public health;
- Social care house residents are not informed about their rights either in the House or in their relations with their relatives, or about their property, inheritance, etc. rights.
- Most of the residents do not know whether they have property and each fourth interviewee said their property had been sold at derisory prices;
- Lack of a deinstitutionalization program for the 10-15% of the residents having an increased level of independence.
- The staffing of such institutions must be revised to ensure fewer medical staff and more social staff.

Moldovan Human Rights Institute:

- Failure to respect the identity acts of some residents;
- Two persons accommodated in one bed;
- Female and male residents accommodated in the same ward;
- Nurses had in their drawers laundry soap that was given to the residents to bathe;
- The residents are engaged in physical work outside the Social Care House;
- Some residents are defrauded of their pensions by other residents;
- Resident's consent to the use of medical treatment ignored;
- Lack of access ramps to higher floors for persons with disabilities;
- Lack of a complaint filing mechanism;
- Lack of occupational activities – residents' internal program must be diversified;
- Insufficient professional training courses for the staff;
- Social Care House staff use punishment practices towards and tolerate abuses among the residents.

Information from the media:

- Residents are required to have their hair cut on regular basis (twice per month);
- Residents forbidden to keep domestic appliances in their wards.

III. Information about the visit

3.1. Date of visit: 8 Nov 2016

Duration of the visit: 11.00 – 16.30

Monitoring team members: Ion Schidu, Radu Nicoară, Dumitru Russu – representatives of the Civic Association “Moldovan Human Rights Institute”.

3.2 Objectives of the visit:

a) Assess the level of settlement of the deficiencies signaled by human right institutions and nongovernmental organizations who carried out monitoring visits to the Social Care House of Bălți;

b) Check the information recently noticed by IDOM in social media about violence used against some residents of the *Social Care House* by the institution’s staff. //see images 1-4 in the attachment//

IV. General observations

4.1 At the beginning of the visit, the working group members held introductory discussions with the director of the *Social Care House*, Ms. Lilia Melnic, who mentioned that the institution was further facing a range of challenges, including:

- Lack of access ramps to the institution’s building. It is difficult to solve this problem now due to the lack of funds;
- Residents being aggressive to the staff and other residents;² and
- Police inaction or late involvement/intervention, at the request of the institution’s management in cases of resident aggression;
- Inefficient intervention in emergency cases by the psychiatric hospital where aggressive or very agitated residents are taken. Their admission in some cases is refused or, as a result of refusal of medical treatment, they are discharged back to the Social Care House, in the same condition;
- Residents defrauding other residents of their pensions still remains a current problem;
- Currently available funds are directed to repairing the flooring and ventilation system in building no. 4.

4.2. According to the director, the institution currently does not lack medication, hygiene items or warm clothes for the cold season. The residents with stomatologic problems (prosthesis) are services by the Republican Prosthesis and Rehabilitation Center.

4.3 The institution’s available funds are directed to repairing the flooring and the ventilation system in building no. 4.

4.4. The *Social Care House* is currently working on its deinstitutionalization plan that will be implemented starting with 2017. The deinstitutionalization perspective creates split opinions among the residents; some are happy that they leave the institution while others are concerned that they will be left without a home.

V. Findings about accessibility and accommodation conditions

5.1. Minimal access ways for the persons with motion disabilities are set up at the entrances to the Social Care House. Concrete ramps, with an inclination angle of up to 8% are built at dormitory entrances for the access of persons in wheelchairs. Ramps have also been built towards the elevators, canteen and polyclinic. However, the minimal access conditions for the persons with physical disabilities are missing in the sanitary joints and over inside door thresholds; the sanitary installations are not accommodated from inside either.

² We have recently been informed about a nurse’s recent case when she was in her night shift and a drunk resident pulled her by her neck from behind, asking for a cigarette. Such resident behavior is often caused by the use of alcoholic drinks.

5.2 The bed-ridden residents are not provided access outside or taken for a walk. The resident C.N. said she had not been outside for 5 years because there was no one to accompany her outside. She remained immobilized after an incident that took place in the institution five years ago and had not been able to recover her locomotion functions since then.

5.3. During the visit, the members of the monitoring team examined buildings 2 and 3 of the Social Care House. During the monitoring, we found the situation with sanitary hygiene in building 2 to be generally satisfactory. However, we noticed that the toilet and bath in building 2 did not have separate doors or partitions, which is a requirement for ensuring respect for intimacy and human dignity. We also considered that the sanitary rooms needed cosmetic repair.

5.4. We found that in the rooms that accommodated more than 4 residents, each person got less than 4m². For instance, 9 persons were accommodated in ward 227 on the 2nd floor where the total area of the room is 30m². Thus, each resident got less than 4 m² (around 3.4m²). According to the staff, residents are distributed to wards by non-regulated criteria, at the staff discretion, the severity of their disability usually being taken as a guide.

5.5. The problem of individualizing personal belongings still exists. Clothes and footwear are distributed by the nurses, usually at their discretion. The personal belongings (clothes, footwear etc.) of the residents are kept in one room to which only the institution's staff have access. The European Committee for Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) also referred to this in its previous reports, including in the one to the Republic of Moldova, which mentioned the need to provide the beneficiaries of residential institutions with personalized clothing and footwear, hygiene items as well as furniture for keeping their belongings.

5.6 During the monitoring, we noticed that not all the residents from building 2, second floor were provided with adequate clothing and that they lacked both day clothes and body lingerie. The members of the monitoring team noticed the unsatisfactory condition of some mattresses in the wards of the Social Care House, due to being worn-out.

5.7. Third and fourth floor of building 2 (closed regime) are meant for the beneficiaries who suffer from 'very serious' disorders or for those who 'violate the regime' in the institution (especially those abusing of alcoholic drinks).

5.8. During the interviews, some of the residents told the monitoring team about the unsatisfactory quality of the food. A number of residents complained about having had food poisoning in the Social Care House.

5.9. The allegations that the female residents of the Social Care House were forced to cut their hair short, their preferences being ignored, were confirmed during the interviews.

5.10. From the discussions with some residents, we deduced that the defrauding of pensions and money remained a problem at the Social Care House. The institution's staff cannot cope with such situations but they also fail to report them to the competent bodies that should intervene to solve the specific cases.

5.11. The institution's residents, as we were told, are convinced by the staff of the Social Care House that they do not have the right to start a family in the territory of the institution or to have children.

VI. Findings about the number of staff and their qualifications

6.1. As specified in the introductory information, according to the 2016 staffing list, the institution has 243 units, and given that about 20 positions are filled in to the capacity of 0.25/0.75 units, the number of staff may reach about 255 persons. During the visit, of the specialized staff, 0.5 units of therapist and 0.5 units of psychiatrist were vacant. The monthly salary fund for the staff is 274,735.90 lei.

6.2 The representatives of the institution mentioned that the Social Care House also involved about 6 residents in paid activities: a hairdresser, two carriers, one nurse, one locksmith, and one auxiliary cook.

We found that the employed residents enjoyed full salaries and also received bonuses and financial aid. However, the members of the monitoring team had reserves about whether the right to annual leave was uniformly ensured to all the staff (employed residents), including their annual leave allowances.

6.3. We would like to express our appreciation and encourage the management of the institution to continue supporting the persons with mental disabilities in getting a job within the Social Care House, at the same time recalling the importance of observing their right to an adapted/reduced work program, by keeping their salary and offering paid annual leaves.

6.4 During its observations, the monitoring team deduced that the institution had one psychiatrist at that time. Issues related to the access to medical services by the residents of the Social Care House will be analyzed in the following sections.

6.5 We note the efforts made by the management of the Social Care House to provide training to its medical staff in the area of medical assistance in psychiatry. The House periodically delegates its staff for retraining to the Bălți Department of the Center for Continuous Medical Education for medical and pharmaceutical staff with a secondary degree. The costs of such services are covered from the institution's budget. Nonetheless, we think more efforts must be made to provide access to trainings to a higher number of people as well as to hold capacitation activities in various areas, including assistance and social protection for inclusion, human rights, mental health etc.

6.6 It is also necessary to provide initial and continuous training to nurses and occupational therapists as well as to develop/implement educational curricula for the institution's staff.

VII. Deinstitutionalization and social inclusion

7.1. As mentioned in the introductory part of the report, 518 persons had been placed in the Social Care House upon our visit.

Between 2010 and 2015, the average number of institution residents was 553. The average rate of admissions in the reference period was 30+ persons, except for 2015, when 16 new persons were admitted and 2014 (23 persons). The approximate number of admissions in 2016 is 13-15 persons.

This year (up to November), no persons had been transferred to the *Social Care House*; the 16 persons had been placed from families. In the previous years, the number of persons transferred to the *Social Care House* from other institutions varied from 5 to 18 persons (in 2011, 2014 and 2015) and from 11 to 26 persons for those placed from families.

7.2. On the other hand, statistics shows that the reason for the discharge of residents from the institution mainly is their death; reintegration in their families; or their transfer to another institution. The average annual number of deceased in the Bălți Social Care House, between 2010 and 2015, was 28 persons, reported to the average number of 33 'discharges'. In 2016, the number of 'discharges' was of about 19 persons, 17 of whom were deaths.

Statistics shows that the annual rate of deaths in the institution is of about 5% (5.06) of the total number of residents. This subject will be further elaborated in the next section of the report that is dedicated to the right to health.

7.3 The members of the monitoring team noted the situation of many residents of the Social Care House that, despite their full legal capacity and the opinion of the medical committee of the Social Care House that their health condition allowed them to cease their stay in the institution (referring the case to the district level), they were forbidden to leave the Bălți Social Care House.

We found that in some of such cases the residents requested to be reintegrated in their own families, being accommodated in their relatives' house or about to settle in the house of their cohabitants. In other cases, they had their own house (although in an advanced deteriorated condition). The reason why the MLSPF refuses to accept discharging those residents (with full legal capacity) was the disagreements of all family members to have them discharged/integrated in the family/at home (as they were not the owners), or the lack of funds to support them.

7.4 In another case, the authority made reference to the disability of the female partner where the resident-applicant was to leave and that his female cohabitant was also in the psychiatric records, hence her impossibility to take care of another person; denial of the validity of her consent of accepting the person in her house or that she may change her mind any time; unsatisfactory hygiene and sanitary conditions in her house, the fact that she was drinking alcohol etc.

7.5 However, the main reason for the requests of district social work and family protection divisions to continue the forced placement of residents in the Bălți Social Care House is the lack of resources in the local budget and the impossibility to create social services at the local level (community house, protected house or family placement).

7.6 On the other hand, the members of the monitoring group conclude that there is excessive bureaucracy in the deinstitutionalization process that consists in an often unjustified complicated procedure of obtaining the agreement for leaving the institution, especially that it is requested by persons with full legal capacity. We refer here to the need for the resident or their legal representative to submit the following documents: the written agreement of all (major) family members who live together with the applicant to his/her reintegration in the family, and a certificate issued by the local public administration (LPA) from the applicant's place of domicile that specifies the composition of his family and the owner of the house where the applicant has his/her domicile.

7.7 We have some reserves also about the impartiality of the conclusions on the initial evaluation of the situation of the applicant's family that underlie the decision on allowing leaving the institution. Due to the lack of alternate social services at the local level and shortage of funds and human resources as well as the stigma attached to the persons with mental disabilities, the LPAs and Social Work Divisions are reluctant to offer the necessary support for having the residents of the Social Care House integrated in the community.

7.8 The members of the monitoring group appreciated the institution's efforts in developing individual assistance plans for the residents of the Social Care House, which are focused on support actions with a medical character, including of rehabilitation. Nonetheless, we think that in the context of the deinstitutionalization efforts, individual assistance plans must include details about the support necessary for the social inclusion of the residents in order to prepare them and the members of their families, and eventually the authorities involved in providing the corresponding services.

VIII. Realization of the right to health

8.1. According to the staffing scheme of the Social Care House for 2016, the institution has 9 +2 medical doctors (chief-doctor and his assistant), two of whom are psychiatrists (1 + 1 full units), two therapists-neurologists (0.5 + 0.25 units, one therapist (1 unit), one epidemiologist and one gynecologist (0.5 + 0.5 units), and two dentists (0.5 + 0.5 units). The institution also has nineteen medical assistants, plus other ten medical specialists (physiotherapy medical assistant; masseur; medical assistant, dietician, feldsher, etc).

Thus, there is a total number of 41 persons who provide medical services to the residents of the Bălți Social Care House (or circa 17% of the total number of staff), and at the time of our visit only two positions of 0.5 units were vacant (therapist and psychiatrist).

8.2 Some medical and rehabilitation services are provided to the residents right within the Social Care House – the institution's polyclinic is located on the first floor of the accommodation building. It hosts medical examination offices, the clinical laboratory, the dentist's office, the gynecologist's office, procedure rooms, physiotherapy, vaccination and massage. Yet, certain medical services, including psychotherapeutic and ergo therapeutic ones, remain unavailable due to the lack of specialized staff.

8.3 During its visit, the monitoring team was told that specialized medical services were provided to the residents of the Social Care House by having them transported to the district medical-sanitary facilities. On the one hand, this is beneficial because, in this way, equal access is provided to medical professionals of the same quality as to the other people. On the other hand, the staff of the *Social Care*

House invokes that there are long queues for scheduling appointments with the specialists of the municipal hospital; hence, the residents are provided delayed medical assistance.

8.4 Statistically speaking, in 2015, 81 persons were hospitalized, most of whom in the psychiatric hospital – 61 (57 in Bălți and 4 in Chișinău), followed by Bălți Municipal Hospital with only 15 admissions (most of which in surgery – 3).

8.5. The information on dentist services provided to the residents within the institution shows that the institution has only one part-time dentist whose main services are focused on tooth extraction. The records show that in 2015 he extracted 216 teeth and 3 persons were provided prosthesis services in Chișinău.

High death rate in Bălți Social Care House

8.6. As specified in p. 7.2 of the *Report*, the average number of annual deaths was 28 in Bălți Social Care House between 2010 and 2015, which accounts for 5% of the total number of residents. A review of the causes of deaths³ shows that most frequently the residents die due to heart failure (7), stroke (4), carcinogenic poisoning (3), cerebral edema (3), mechanical asphyxia (2), cardiorespiratory insufficiency (2), myocardial infarction (2), acute heart failure (2), hepatic coma (2), endogenous intoxication, polyorganic insufficiency, and congestions (1+1+1).

IDOM, making reference to the alarming rate of annual deaths but also to the statistics of the causes of deaths, thinks that the situation with the causes for the number of deaths at Bălți Social Care House requires thorough investigations. In order to exclude the risk of medical negligence that led to a fatal aggravation of the health condition of the institution's residents, special attention must be paid to the deaths that occurred as a result of carcinogenic and endogenic poisoning, cerebral edemas or hepatic comas, which are serious symptoms or could hide consequences of medical inaction.

IX. Violence at the Social Care House

9.1 During the visit of 8 Nov 2016, the situation with the violence against the residents of the *Social Care House* was examined from the angle of two cases that came into IDOM's sight on the eve of the monitoring visit and that invoked maltreatments of the residents T.G și F.E. of Bălți Social Care House.

9.2 At the time of the visit, the member of the monitoring team found T.G. accommodated on the second floor in building 3 of the Social Care House, in his ward, sitting on the sofa. The interviewee admitted that he had not been able to move for about 8 days due to the very big pains in his legs and left side of the abdomen. He was found to have bruises on his shoulder, front to left side of his chest, and on his left leg. He could not remember precisely in what circumstances those bodily injuries had appeared or had been caused to him. //see images 2-4//

In the discussions with the representatives of the institution about the origin of the injuries of T.G., they told us that on 4 Nov 2016 he was in the bath and fell down a few times due to his leg pain, and this way, he bruised his entire body.

As the monitoring team found, although T.G.'s health condition had been and continued to be serious (even after the 8th day after the injuries were caused), he could not get out of bed but the institution had not called the ambulance to report the case and provide emergency medical assistance to him.

It is known that the section and building where this incident happened is the space to which those residents who violate the discipline in the Social Care House are transferred and that T.G. had been transferred there several days before the bodily injuries appeared.

³ According to the statistics of 2015.

9.3. F.E. is another resident of the Social Care House whose case has been made known to IDOM via the social media. During the visit, the monitoring team found him with bruises around his right eye. //see **image 1**//

In what concerns the injuries caused to F.E., one of the medical staff explained that two versions had been communicated to him: although the resident initially invoked that the UAPs (*unlicensed assistive personnel*) of the Social Care House had hit him in his right eye, later he said the injury was due to resident V.B. hitting him (we will add information about the later below).

The doctor added that the case had been documented by the sector police that retained the second version, taking as basis also the statements of another resident of the *Social Care House*.

During the confidential interview with F.E., he was tight-arsed (apparently shy) and reserved to speak about the circumstances in which the eye traumas had been caused to him. After he was explained that the IDOM representative was impartial to the Bălți Social Care House, he confessed having been hit a few times at his head, under his right eye, by one of the UAPs. Any attempts of finding out more details about this incident were fed back by the expressions 'forgiveness; we settled it'.

In the interview with another resident of the institution, one of the monitoring team member was told that two of the 'karate UAPs' – Sergiu and Costea – were violent to the residents and it was them who had hit F.E., thus causing bruises around his right eye.

IDOM reported both cases to the Bălți Prosecutor's Office.

9.4 Several days after the monitoring visit, IDOM was informed about the death of Vasile Bezba (bed-ridden) in the Social Care House after having been attacked by the resident V.B.

Transported by the emergency service to Chişinău Clinical Psychiatric Hospital, the aggressor, while in this institution, attacked a hospital resident who also died. In the interview with the doctors of Codru Hospital, they said that V.B. refused medical treatment and would shortly be transferred back to the Bălți Social Care House.

The Bălți Prosecutor's Office has informed us that a criminal case was started against V.B. We were told that V.B. committed the murders with premeditation ('having the delirious idea that he had to do it in the memory of his brother, father and mother') and that he was pursuing to take the life of another blond, blue-eyed woman.

9.5 The members of the monitoring team did not identify an accessible way for the *Institution's* residents to file complaints to the national human right protection institutions (Ombudsman, Council for the Prevention and Elimination of Discrimination and Equality Assurance) or to law-enforcement (police, prosecution).

9.6 We did not identify registers on the use of constraint measures (chemical and physical) that must be kept in every unit, according to the recommendations of the CPT⁴.

X. Observations about the residents' work involvement

10.1. According to the management of the Social Care House, around 50-60 residents get a job outside the institution or beg in different areas of Bălți; however, there is no tracking of them.

10.2. The monitoring team was told that the residents who wished to get an official job outside the institution were refused on the grounds they had their domicile registered at the Social Care House, hence

⁴ CPT recommends that such measures be taken at the Edinet Psycho-Neurological House and, if necessary, in other psycho-neurological houses in Moldova, at the same time assuring that all immobilization measures used (including fast tranquilization) are entered in the residents' medical cards. In addition, a specific register of the constraint means used must be kept in each unit. Register entries must include when the measure started and when it ended; the circumstances of the case; the reasons for applying the measure; name of the doctor who ordered or approved it and of the staff who participated in applying the measure, and tracking of the injuries caused to the patients or staff.

they had mental diseases. Same refusals were encountered when the residents wanted to register with the National Employment Agency.

10.3. Another aspect noticed by the monitoring team was the delegation of certain work duties of the institution's staff to the residents. Some of them do sanitation/cleaning work in the sanitary units without being paid anything. According to the staff, such tasks have a voluntary character.

10.4. As mentioned in the above sections, a positive experience is the official employment of the institution's residents on an individual contract basis for carrying out various auxiliary or specialized works – 6 residents are currently working in the Social Care House (on the condition that all the workers are ensured the right to a paid annual leave).

XI. Respect for human dignity

11.1. The monitoring team noticed the careless attitude of the staff to the intimacy of the residents. The nurses (UAPs) speak with the residents by raising their voice, directing them to doing various actions that were immediately executed by the residents (e.g. to stay in a certain place, to not enter certain rooms). Some beneficiaries said certain nurses regularly hit them at the back of their heads.

11.2. In private discussions with the residents, they said that the residents of building 2 could not enter their wards during the day and had to stay in the hallway, in the chair area.

11.3. The sanitary installations, neither the bath or the toilet, had individual doors or partitions, which injures the intimacy of the beneficiaries. *//see images 7 and 8//*

XII. Materials means of evidence

12.1 We reviewed copies of the staffing list for 2016 at the Bălți Social Care House, the information about the movement of persons into and out of the institution, data about the participation of residents in recycling activities, the regulation on the operation of the Social Care House, information from the National Employment Agency on the publishing of employment announcements, etc.

In addition, we took pictures of the wards and of other rooms in the institution; conducted focus group meetings and interviews with the residents and staff of the *Social Care House*, etc.

XIII. End of visit

At the end of the monitoring visit, we made a short presentation of our findings to the institution's manager, social worker and higher nurse.

XIV. Conclusions and recommendations

14.1. We propose making the following recommendations to the Ministry of Labor, Social Protection and Family:

- Strengthen the institutional efforts and extend the necessary partnerships for the progressive continuation of the deinstitutionalization and social inclusion of the persons placed in Social Care Houses, including the one in Bălți;
- Stir the process of creation at the local level of social services necessary for the deinstitutionalized persons and implement the necessary measures for reducing the stigma attached to the persons with mental disabilities among the social workers and LPAs – primary impediments to relocating the residents of Social Care Houses in the community;
- Reassess the deinstitutionalization mechanism used by the MLSPF to the applicants for 'discharge' to ensure that it is not unreasonably complicated/abusive and that it complies with the standards of the Convention on the Rights of Persons with Disabilities;
- Start thorough internal investigations by attracting independent medical specialists to analyze the causes of the high death rate. Enforce an interinstitutional mechanism for the periodical evaluation of

the death rate situation within residential institutions and of the quality of medical services provided to the beneficiaries (inside and outside) Social Care Houses;

- Having in mind the multiple cases of bodily injuries among the residents of Social Care Houses that inclusively have led to fatal consequences, it is imperative to review and strengthen the mechanisms for the protection of residents against the violent actions of other residents;
- Promote the message of zero tolerance to ill-treatments and other human right violations in Social Care Houses, making sure that the management of institutions examine and report them to the competent institutions for the violations found;
- Reiterate the task and obligation of the management of the Social Care House to notify and report to the law enforcement each case of bodily injuries caused to social care house and facilitate the transportation of residents with injuries to the Forensic Center for fact-finding;
- Contribute to enhancing the intervention of the Police when their services are requested by the managers of social care houses – usually in emergency situations;
- Create an accessible and censorship-free mechanism for filing complaints by social care house residents to the national human right protection institutions and law-enforcement;
- Develop a uniform policy for applying and documenting the cases of physical and chemical constraint against social care house residents;
- Develop the necessary mechanisms for reducing and excluding the cases of money defrauding in social care houses;
- Start a broad cross-sector review of the status quo of the allegations of depriving persons of their legal capacity and placing them in social care houses to defraud them of goods and their tangible and intangible assets;
- Eliminate the practice of discouraging social care house residents to start families/conceive children but rather identify solutions and create social services for supporting the respective pregnant women and families/couples;
- Implement an accessible mechanism for informing the beneficiaries of residential institutions about their reproductive health duties, give them access to contraceptives, making sure than no decision about the patient's health condition was made without their informed agreement;
- Introduce a program for informing the residents and their families about their rights in relation to the staff of social care houses, central and public administration authorities, medical facilities, employers, employment agencies as well as about how to address the national human right institutions and law enforcement;
- Take a holistic approach to the training in human rights of the staff and management of social care houses, including of the medical staff by developing and implementing a practical cycle of initial and continuous training;
- Continue the efforts of engaging social care house residents in paid activities within social-medical facilities, at the same time ensuring an effective level of labor rights protection;
- Take the necessary measures to ensure the work executed by the staff of social care houses is not replaced by the work done by the residents in the form of ergotherapy within the residential institutions;
- Identify solutions for providing personal space, with a lock, to each beneficiary for keeping their personal belongings, including their clothes etc.

- Allocate funds for the due accommodation (according to the norms) of the infrastructure of social care houses, provide for the necessary conditions for the independent use of sanitary rooms and free movement of residents in wheelchairs to walks outside the buildings;
- Allocate the necessary financial resources for making the repair works and necessary equipping of building 2 of the Social Care House;
- Allocate the necessary financial resources for equipping the sanitary rooms with doors or partitions to provide for intimacy in toilets within all the residential institutions in the country;

14.2 We propose addressing the following recommendations to the Director of Bălți Social Care House:

- Take the necessary measures for the progressive continuation of the deinstitutionalization and social inclusions of the Social Care House residents;
- In the context of the deinstitutionalization efforts, the individual assistance plans must contain information about the necessary support measures for the social inclusion of the beneficiaries, preparation of the parties involved, including family members and competent authorities for living in the community;
- Start thorough internal investigations by attracting independent medical specialists to analyze the causes of high death rates in the Social Care House. Periodically carry out this interinstitutional exercise of assessing the situation with the death rates within the institution and the quality of medical services provided to the beneficiaries (inside an outside) the Social Care House;
- Take the necessary measures to prevent violence among the Social Care House residents, including by requesting the intervention of the law enforcement in examining the respective cases;
- Carry out internal investigations, including by suspending from work the alleged aggressors as well as reporting to the law enforcement each case of alleged injury, defrauding of assets, including of allowances, or other forms of abuse from the Social Care House staff; Account the complaints filed/signed by the residents against the staff members; Analyze the opportunity of installing video surveillance cameras in the common spaces of the institution;
- Set up an accessible and censorship-free mechanism for the residents of the Social Care House for filing complaints to the national human right protection institutions and to the law enforcement;
- Develop a policy for applying and documenting the cases of physical and chemical constraint against the Social Care House residents that are in a crisis; Make sure that chemical constraint is used as a last resort and that each case is authorized by a doctor and thoroughly monitored and documented. Applying such measures must end immediately after overcoming the emergency.
- Investigate allegations of money defrauding of the Social Care House residents by the staff or other residents and report them to the law enforcement;
- Notify the law enforcement about the allegations of deprivation of persons of their legal capacity and placing them in the Social Care House to defraud them of their goods and tangible and intangible assets;
- Introduce a program to inform the residents and their families about their rights in relation to the representatives of the Social Care House, central and local public administration, medical facilities, employers, employment agency as well as about how to address the national human right protection institutions, the law enforcement, and the territorial offices for free legal aid;
- Assure due accommodation (according to the norms) of the infrastructure of the Social Care House to provide for the necessary conditions for the independent use of sanitary rooms and free movement of the residents in wheelchairs to walks outside the buildings;

- Eliminate the practice of discouraging the Social Care House residents to start a family/conceive children but rather inform them about the attributions of reproductive health, provide access to contraceptives, and make sure that no decision about the patient's health condition is made without their informed agreement;
- Take the necessary measures to provide quality and full medical assistance to the beneficiaries by filling in the medical staff positions and by prescribing medication based on individualized needs and treatment;
- Continue the efforts of using individual approaches in establishing psychosocial therapy measures. Ensure effective periodical revision of the support measures and prescribed treatment;
- Make the necessary efforts to ensure the continuous retraining the Social Care House staff, including of the medical one, in practical human right matters;
- Continue the efforts of engaging the Social Care House residents in paid work within the institution, at the same time ensuring an effective level of protection of their labor rights (paid leave, adapted work schedule etc.);
- Take the necessary measures to ensure the work executed by the staff of the Social Care House is not replaced by work done by the residents in the form of ergotherapy within the Social Care House;
- Identify solutions for providing personal space, with a lock, to each resident for keeping their personal belongings, including their clothes etc.
- Equip the sanitary rooms with doors or partitions to provide for intimacy in the toilets and baths of the Social Care House;
- Carry out repair works and equip properly building 2 of the Social Care House;
- Provide daily access outside/walks in fresh air for the bed-ridden residents those with locomotion disabilities;
- Keep records of all the residents who have left the institution for a short period and of their destination/place of stay, as applicable;
- Accommodate the residents in living spaces where the perimeter per person is at least of 4m²;
- Provide the institution's residents with clothing, footwear, personalized hygiene items, such as soap, shampoo, toothpaste, and intimate hygiene items for women.

14.3 We propose sending a copy of this report to the Ombudsman.

Report prepared by the members of the Monitoring and Reporting Program of IDOM

Image no. 1



Image no. 2



Image no. 3



Image no. 4



Image no. 5



Image no. 6



Image no. 7



Image no. 8

