

ANNEX A.1



DRAFT TECHNICAL SPECIFICATIONS

D/SE/10/02

“Fundamental Rights of Persons with Intellectual Disabilities and Persons
with Mental Health Problems”

1. Technical specifications

1.1. Objective

The objective of the Technical Specifications is to provide the tenderer(s) with all the necessary information that will allow them to develop a technical offer and a price offer.

1.2. Title of the contract

The title of the contract is "***Fundamental rights of persons with intellectual disabilities and persons with mental health problems***".

1.3. Contracting Authority

The contracting authority is the European Union Agency for Fundamental Rights (hereinafter referred to as the FRA or the Agency). The Agency was established by Council Regulation No 168/2007 on 15 February 2007. Its objective is to provide the relevant institutions, bodies, offices and agencies of the Community and its Member States when implementing Community law with assistance and expertise relating to fundamental rights. In order to achieve this objective the Agency is required to perform a number of tasks, including data collection and research. The research commissioned through this Call for Tender is undertaken within the scope of the Agency's Work Programme 2010¹.

2. Background information

Respect for human dignity, freedom and equality are the underlying values of the European Union, which are reflected in the Charter of Fundamental Rights². However, **persons with intellectual disabilities** and **persons with mental health problems**³ have for many years suffered exclusion and discriminatory treatment being placed in long stay residential institutions.

Given the different legal and cultural context in the Member States, there is no single definition of an "institution" at EU level. Therefore, the current Technical Specifications will follow the understanding presented by the Ad-hoc Expert Group on the Transition from Institutional to Community-based Care⁴ who defined **institutional care** as "any residential care where:

- Individuals are isolated from the broader community and/or compelled to live together,
- These individuals do not have sufficient control over their lives and over decisions which affect them,

¹ See Agency website: www.fra.europa.eu

² http://ec.europa.eu/justice_home/unit/charte/en/charter-preamble.html

³ The following definitions are used for the needs of this call for tender:

Intellectual disability (also described as "mental disability", "mental handicap" or "learning difficulty") refers to a permanent condition characterized by significantly lower than average intellectual ability, resulting in significant limitations in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. It is usually present from birth or develops before the age of 18.

Mental health problems (also described as "mental disorders", "mental illness" or "psycho-social disability") refer to problems that affect one's thoughts, body, feelings, and behaviour. They can be severe, seriously interfering with a person's life, and even cause a person to become disabled or commit suicide. The definitions are taken from the Glossary on the website of the Open Society Mental Health Initiative: <http://www.osmhi.org/?page=309>

⁴ Group of independent experts convened by Commissioner Vladimir Špidla in February 2009 to address the issues of institutional care reform.

- The requirements of the organisation itself tend to take precedence over the residents individualised needs.⁵ “

It has been estimated that, at present, approximately 5% of persons with disabilities live in institutions across the EU⁶. Persons with intellectual disabilities and persons with mental health problems are among the most vulnerable of them.

Although the process of closing down institutional facilities and providing community-based alternatives (known as **de-institutionalisation**) has started in most EU Member States, efforts to date seem to be insufficient. Existing barriers, whether of financial, structural or cultural nature, make it impossible for at least 1.2 million Europeans to live an independent life in mainstream society⁷, thus posing limitations in the exercise of their civil, political and social rights.

The United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities⁸ (thereafter CRPD or the Convention) and its Optional Protocol, clarify the obligations and legal duties of States to respect and ensure the equal enjoyment of all human rights by all persons with disabilities⁹.

As outlined in the Preamble to the CRPD, disability is an “evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”¹⁰.

As such, the Convention constitutes a paradigm shift from the medical to the social model of disability.¹¹ The medical model considers disability as an individual matter and aims at curing the cause of “impairment”. On the other hand, the social model of disability attributes the cause of the disadvantage not in the individual “impairment”, but in the way society can accommodate it. In this sense disability results from the failure of the social environment to adjust to the needs of people with “impairment/s”, rather than from the inability of people with impairments to adapt to their environment¹².

The Convention reflects a disability strategy which combines anti-discrimination, equal opportunities and active inclusion measures. It also identifies areas where adaptations have to be made so that persons with disabilities can exercise their rights, and areas where the protection of their rights must be reinforced because of their routine violation. One of the key underlying messages of the Convention is the presumption of a capacity for **self-determination** and the associated right to **independent living**.

The Convention establishes disability not as a welfare matter, but as a human rights issue and a matter of law. Persons with disabilities are perceived not as passive recipients of social policy, but as rights holders actively exercising their rights and deciding what is best for them. Consequently,

⁵ The report of the Ad-hoc Group on De-Institutionalisation underlines that the institutions are not defined by their size but features of “institutional culture”, namely depersonalisation, rigidity of routine, block treatment, social distance and paternalism. For the Group’s report and further discussion on the definition of institutions please see: www.ec.europa.eu/social/BlobServlet?docId=3992&langId=en

⁶ See Information Note from the European Commission to the European Council on the 2nd High Level Group Report, 04 June 2009, 10550/09 SOC 308 available from: www.ec.europa.eu/social/BlobServlet?docId=2873&langId=en

⁷ European Commission (2009), Second Report of High Level Group on Disabilities, Brussels www.ec.europa.eu/social/BlobServlet?docId=2790&langId=en

⁸ Convention on the Rights of Persons with Disabilities (CRPD), adopted by the UN General Assembly on 6 December 2006, entered into force on 3 May 2008, ref U.N. Doc. A/61/611.

⁹ The Convention does not establish any new rights and it complements other existing international human rights instruments. Other general human rights instrument of importance in the context of this call for tender is the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, U.N. Doc. A/39/51 (1984).

¹⁰ CRPD Preamble, Art (e).

¹¹ For theoretical discussion on the models of disability, see: Olivier, M (1996) *Understanding Disability from theory to practice*, Mackmillian Press Ltd, Basingstoke, Hahn, H. (1988) *The politics of physical differences: disability and discrimination*, Journal of Social Issues 44(1): 39-47, Shakespeare, T., Bickenbach, J.E., Pfeiffer, D. and Watson, N. (2006) *Models*, In Encyclopedia of Disability. Vol. 3. Gary Albrecht, ed. pp. 1101-1107. Thousand Oaks, CA: Sage.

¹² European Commission (2009) Disability and non-discrimination law in the European Union, Luxembourg www.ec.europa.eu/social/BlobServlet?docId=4176&langId=en.

one of the Convention's core messages is that persons with disabilities are not objects, but subjects and should be treated with respect and dignity.

All EU Member States have signed the Convention and the EU is a signatory and will ratify it.

Work of the European Commission and of the Council of Europe

The European Disability Strategy (2004-2010) and its Disability Action Plan are the key tools in implementing disability policy at the EU level. The European approach to disability echoes the philosophy behind the CRPD and emphasises the equal rights of persons with disabilities. Special importance is placed on independent living and full participation in society of persons with disabilities. In addition, the European Pact for Mental Health and Well-being (2008) sets the ambitious goal of combating stigma and promoting inclusion of persons with mental health problems¹³.

Within the framework of the Council of Europe several documents are of relevance in the context of this call for tender. These are: Recommendation (2004)10 of the Committee of Ministers to Member States concerning the protection of human rights and dignity of persons with mental disorder; Recommendation (2009)3 of the Committee of Ministers to Member States on monitoring the protection of human rights and dignity of persons with mental disorder; Recommendation (2006)5 of the Committee of Ministers to Member States on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe (2006-2015); as well as the Recommendations and guidelines of the Committee on the Rehabilitation and Integration of People with Disabilities (Partial Agreement – CD-P-RR) to promote community living for children with disabilities and de-institutionalisation as well as to help families to take care of their disabled child at home. Furthermore, it is important to note that the Steering Committee on Bioethics (CDBI) is considering the possibility of drawing up an Additional Protocol to the Convention on Human Rights and Biomedicine concerning the protection of the fundamental rights and dignity of persons with mental health problems.

The work of the European Union Agency for Fundamental Rights

This call for tender constitutes part of a wider project looking at the legislation, policy and practice of fundamental rights protection for persons with intellectual disabilities and persons with mental health problems.

This project shall complement other core areas of the Agency's research - in particular the work on non-discrimination, access to justice, citizen's rights and rights of the child¹⁴. The results of the current project address the FRA's primary stakeholders, namely the EU institutions and EU Member States, but will also provide valuable evidence to international organisations, such as the UN and the Council of Europe. Its outcome will also feed into the collaboration the FRA has established with Equality Bodies, National Human Rights Institutions, Local Authorities, and civil society organisations.

Related relevant research projects

The successful tenderer should take into account the existing research in the field of intellectual disabilities and mental health funded by the European Commission. Particular attention should be paid to the work of the European Commission's Academic Network of European Disability Experts (ANED)¹⁵, reports of the High Level Group on Disability on the implementation of the CRPD¹⁶, the report of the Ad-hoc Expert Group on the Transition from Institutional to Community-

¹³ European Commission (2008) European Pact for Mental Health and Well-being

http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf

¹⁴ http://fra.europa.eu/fraWebsite/products/publications_reports/pub-rightsofchild-summary_en.htm

¹⁵ ANED: <http://www.disability-europe.net/?isEnabled=1>

¹⁶ Reports of High Level Group on Disability are available here: <http://ec.europa.eu/social/main.jsp?catId=431&langId=en>

based Care¹⁷ and publications gathered in the Mental Health Compass database of policies and good practices¹⁸.

The work of non-governmental organisations active in the field, such as Inclusion Europe¹⁹, Mental Health Europe²⁰, European Disability Forum²¹, Autism Europe²², Mental Disability Advocacy Centre²³, the Open Society Mental Health Initiative²⁴ and the European Coalition for Community Living²⁵, should also be taken into account.

3. Contract Objectives and Expected Results

3.1. Overall objective

This contract constitutes a part of a wider project looking at the legislation, policy and practice of fundamental rights protection for persons with intellectual disabilities and persons with mental health problems. The mapping of existing legislation was conducted by the Agency's network of legal experts (FRALEX)²⁶ and completed in December 2009. While the legal mapping has outlined the fundamental rights framework at national and international levels, the objective of the current call for tender is to examine the situation on the ground in day-to-day situations. Therefore the results of this research, constituting the so called "social data collection", should help identify the potential gaps between the legislation, policy and practice.

The overall objective of the project is to examine the fundamental rights situation of persons with intellectual disabilities and persons with mental health problems in the European Union. The project is guided by the philosophy presented in the CRPD, and its results will be used to provide evidence-based advice, in particular to the policy-makers responsible for the implementation of the Convention at European level and in the 27 EU Members States.

In particular, the project aims to respond to the conclusions presented in the Second Report of the High Level Group (HLG) on Disability published in June 2009²⁷, which identify seven priority areas requiring particular attention in the implementation of the Convention at national and European levels, either on the basis of scarcity of the evidence or due to particular challenges the implementation of the Convention could pose. The priority areas identified are: accessibility, legal capacity, access to justice, independent living, voting rights, monitoring mechanisms and empowerment of people with disabilities.

3.2. Scope of Work

Through the research tendered here the FRA aims to respond to the HLG Report and will explore the following inter-related themes of relevance for the enjoyment of fundamental rights of persons with intellectual disabilities and persons with mental health problems:

- a) Exercise of the right to **independent living**;
- b) **Fundamental rights** situation in **institutions**;

¹⁷ <http://ec.europa.eu/social/BlobServlet?docId=4017&langId=en>

¹⁸ Mental Health Compass Database – a database of projects in the field of mental health funded under DG SANCO's Public Health Programme https://webgate.ec.europa.eu/sanco_mental_health/public/showDescriptionForm.html

¹⁹ <http://www.inclusion-europe.org/main.php?news=ok>

²⁰ <http://www.mhe-sme.org/en.html>

²¹ www.edf-feph.org/

²² www.autismeurope.org/

²³ <http://www.mdac.info/>

²⁴ <http://www.osmhi.org/>

²⁵ <http://www.community-living.info/>

²⁶ The national level legal reports will be made available to the successful tenderer. For more information on FRALEX, please see: http://fra.europa.eu/fraWebsite/research/fralex/fralex_en.htm

²⁷ www.ec.europa.eu/social/BlobServlet?docId=2790&langId=en

- c) Recognition of equal **legal capacity**;
- d) **One additional subject** to be proposed by the contractor and approved by the FRA.

In relation to the themes listed in points (a) – (d) above, the scope of the research tendered here should be understood as follows:

(a) Ad. 3.2. Art 19 of the CRPD states that all disabled people have the **right to live independently** and to be included in the community. The research should thus focus on:

- The individual's freedom to choose a place to live;
- access, quality and availability of community-based services that would allow for meaningful participation in society, including availability of personal assistants;
- equal access to community services and facilities for the general population;
- involvement of persons with disabilities in decision-making regarding the provision of care in the community.

(b) Ad. 3.2. **Fundamental rights situation in institutions** should be assessed taking into account respect of personal dignity and integrity in long stay residential facilities. The research should pay particular attention to the issue of involuntary placements, coercive treatments and living conditions in the institutions.

(c) Ad. 3.2. Art 12 of the CRPD sets out that persons with disabilities enjoy **legal capacity** on an equal basis with others in all aspects of life. The research should focus in particular on measures provided to support persons with disabilities in exercising their legal capacity, such as supported decision-making and support in times of crisis.

(d) Ad. 3.2. In addition to the areas listed above, the tenderers must propose **one additional subject** related to the situation of persons with intellectual disabilities and persons with mental health problems to be covered by the research. The subject should be selected based on a set of well-founded criteria, including as a minimum: its human rights relevance, the potential for providing added value to policy making at EU level, and lack of or limited available research.

3.3. Target and stakeholder groups

The research aims to examine the situation of persons who would define themselves as being (1) intellectually disabled and/or (2) as having mental health problems. The study should include persons with various levels of disability, including persons with complex needs wherever possible. A meaningful number of respondents with a lived experience of institutional care/treatment should also be included into the study, but they should not be residing at the institution at the time of the research.

The primary focus of the study is on the two **target groups**, as described above. In addition, the contractor will also carry out research with the following **stakeholder groups**, who often impact on the enjoyment of rights by persons with intellectual disabilities and persons with mental health problems; namely:

- Family members
- Carers
- Personal assistants
- Service providers
- Health, social and legal professionals

Following the motto “**Nothing about us, without us**”, the research will emphasise a participatory methodology. To this end, tenderers are required to include, in their research design and implementation, persons with mental health problems and persons with intellectual disabilities.

3.4. Expected results

The research will last a maximum of **16 months** and consist of:

- (1) **Desk research** to collect secondary data and background information in all EU Member States as well as at European level;
- (2) **Preparatory work** necessary to enable the successful and timely implementation of fieldwork in eight (8) selected EU Member States;
- (3) **Primary data collection** and fieldwork documentation in eight (8) selected EU Member States;
- (4) **Interim report** documenting data collected under points 1-3 above.
- (5) Organisation of a **peer review meeting** to discuss preliminary results with main stakeholders;
- (6) Drafting and delivery of the **final reports**.

The available budget as per FRA Work Programme 2010²⁸ for implementation of these activities is **500,000.00 Euro**.

²⁸ FRA Work Programme 2010, available at www.fra.europa.eu

4. Specific Activities

Activity 1: Desk research → Linked to: Deliverable 1

Geographical coverage: All 27 EU Member States

Objective: The desk research should illustrate the evolution of the policy domain in the fields of disability and mental health in relation to the themes listed under points (a) – (d) in Section 3.2 of this Technical Specifications. It should also enable contextualisation of results from the FRALEX legal reports at national and EU levels.

The following questions should be addressed:

- What are the obstacles and barriers that may directly or indirectly prevent de-institutionalisation and transition to community based care?
- What is the existing research saying regarding the fundamental rights situation in the institutions?
- What good practices can be identified that facilitate supported decision-making for persons with intellectual disabilities and for persons with mental health problems, and why should they be considered 'good practice'?
- What needs to be done to support the implementation of the CRPD in the areas covered by this call for tender?

Sources: At national level: official and unofficial data, academic research, reports (and shadow reports) to Intergovernmental Organisations and Treaty Bodies, but also user literature and self-advocacy material. The reference period should be 2005 – 2009.

At EU and international level: any relevant data provided in EU reports and studies, material published by Eurostat and Intergovernmental Organisations (such as Council of Europe or World Health Organisation).

An assessment of data availability, reliability and quality should be included.

Activity 2: Preparation of the fieldwork research (Activities 3, 4 and 5) → Linked to: Deliverable 2

Geographical coverage: Eight (8) selected EU Member States

a) The fieldwork **must be undertaken** in the following **five (5)** countries: Bulgaria, France, Hungary, Sweden and the United Kingdom,

b) In addition, tenderers should select **three (3)** from the following: Austria, Belgium, Czech Republic, Cyprus, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Spain.

Therefore fieldwork should be undertaken in **eight (8)** countries.

In selecting the five countries tenderers should keep in mind the need for: good geographical representation of the different EU regions, human rights concerns in the country in question, a mix of welfare regimes, the spread of institutional care, a mix of country sizes, and availability of data. The choice of each additional country must be clearly explained in the technical offer.

The FRA will consider the countries proposed by the successful tenderer and decide on the final selection of countries, which may differ from those proposed by the tenderer.

Objective: to carry out the preparatory work necessary to enable the successful and timely implementation of the fieldwork, as outlined in Activities 4, 5 and 6;

Activity 3: Qualitative research with persons with mental health problems and persons with intellectual disabilities → Linked to: Deliverables 4, 5 and 7

Geographical coverage: The selected eight (8) EU Member States as identified in **Activity 2**.

Objective: To explore in depth the views, experiences, and perspectives of persons with intellectual disabilities and persons with mental health problems for themes (a) – (d) outlined in Section 3.2 (Scope of Work) of these Technical Specifications.

The research should cover the following issues:

- Conditions enabling meaningful independent living and the role that personal assistants, family, authorities and professionals play in the implementation of options for independent living;
- Experiences of institutional treatment and assessment of the fundamental rights situation in long stay institutions;
- Recognition of equal legal capacity;
- One additional subject to be suggested by the tenderer as outlined in Section 3.2. d) (above).

This activity forms a central part of the research fieldwork, and every effort should be made to ensure that it can be successfully undertaken in the Member States proposed by the tenderer.

Methodology: A mix of focus groups and in-depth personal interviews allowing for the collection of life histories.

The number of interviews and focus groups should be outlined by the Tenderer in their technical offer. The number of interviews and focus groups should be sufficient to substantiate the issues covered by this research project.

The tenderer should allow a good mix of gender, age and ethnic backgrounds among the study participants. The disaggregation by age should allow for comparisons between the situation of children, adults and elderly persons with intellectual disabilities and persons with mental health problems.

In their Technical Offer tenderers should, in particular, explain how they will identify and select the sample of persons with intellectual disabilities and a sample of persons with mental health problems who will participate in the fieldwork research.

The data collection should be appropriately documented, i.e. interviews or focus groups should be recorded. Agency staff may participate in the data collection stage.

Any interview tapes and/or transcripts must be delivered to the Agency after the completion of the contract. The same applies for Activities 5 and 6 below.

Activity 4: Observation in institutional settings and in community settings.

Geographical coverage: The selected eight (8) EU Member States as identified in **Activity 2**.

Objective: This activity complements **Activity 3** and serves to collect information in situations where direct contact with the target group is not feasible or desirable. To this end it should provide descriptive analysis of two scenarios:

1. What is everyday life like in institutions?
2. What enables successful community living?

This aspect of the research should be fully elaborated in the Technical Offer explaining how the research will be undertaken, what methodologies will be applied, and how findings will be analysed.

Activity 5: Focus group interviews with stakeholder groups

Geographical coverage: The selected eight (8) EU Member States as identified in **Activity 2**.

Objective: The aim of the focus groups is to collect the views of stakeholder groups on the core themes of the research, as outlined in points (a) – (d) in Section 3.2 (Scope of Work) of these Technical Specifications.

Focus group interviews should be carried out with the following main stakeholder groups:

- (1) family members and personal assistants;
- (2) representatives of legal, social and medical professionals;
- (3) service providers.

Activity 6: Peer review of results

Geographical coverage: The selected eight (8) EU Member States as identified in **Activity 2**.

Objective: The objective of the peer review meeting is to consult with the target and stakeholder groups about the preliminary findings emerging from the qualitative fieldwork. Active participation of persons with intellectual disabilities and persons with mental health problems should be ensured.

One peer review meeting will be held at the FRA offices in Vienna. Travel and accommodation expenses of participants, **but not the contractor**, will be covered by the FRA. The tenderer should propose the methodology for holding the meeting. To this end, the tenderer should outline how to conduct meaningful and accessible peer review sessions.

Activity 7: Analysing and presenting data and information

Objective: To analyse the data collected through Activities 1 to 5 and present these in the main report and country case studies, as described below in Section 5 (Deliverables).

5. Deliverables

All deliverables must be submitted in English copy-edited by a native speaker. They must be written in a clear and unambiguous way, providing information and analysis that can be readily understood by a non-academic reader. The style should be balanced and contain no unsubstantiated statements. For detailed advice please see the FRA Style Guide.

The documents must be delivered in PC-compatible MS-Word electronic files. They should contain visual elements (for example graphs, boxes or pictures) to enhance readability. The size

of each deliverable is defined in terms of A4 pages applying Times New Roman font 11pt, single spaced.

The Contractor must provide the Agency with the deliverables, respecting the deadlines agreed at the inception meeting (see below Section 7.2 (Inception Meeting)).

All deliverables must be revised by the contractor according to the Agency's recommendations, as necessary, and returned within the agreed deadline.

SET 1: Deliverables to be submitted to FRA in Month 4 of the Project

Deliverable 1: Twenty-eight background information reports

These should consist of 27 national level reports and one EU-level²⁹ report summarising and highlighting notable findings from the desk research and results of the FRALEX reports. The reports should be self-standing and offer good background information on the policy and legal framework regarding independent living, institutionalisation, legal capacity and the additional subject as proposed by the tenderer and agreed by the FRA (as outlined in Section 3.2 (Scope of Work)).

Size: each report should be of approximately 15-20 pages

Language: English

Linked to: Activity 1 and Activity 2

Deliverable 2: Progress report

The Progress report should give an up to date account of project activities. The report should outline methodological and ethical considerations on conducting research with persons with intellectual disabilities and persons with mental health problems. It should also explain how to ensure active participation of the two groups in research design for anyone willing to undertake similar research.

Size: 30 pages

Language: English

Linked to: Activity 2

SET 2: Deliverables to be submitted to FRA in Month 12 of the Project

Deliverable 3: Eight country case studies

The case studies should be developed on a country basis and provide an illustration of the everyday life experiences of persons with intellectual disabilities and persons with mental health problems. They should be based primarily on focus groups and interviews with the target groups and key stakeholders as well as on the observations.

These reports should give an insight into the situation concerning independent living, institutionalisation, legal capacity and the additional subject chosen by the contractor and agreed

²⁹ This should also include references to FRALEX international and European law report, which will be made available to the successful tenderer.

by the FRA (as outlined in Section 3.2 (Scope of Work)) in each of the eight countries studied. They should be based on real life examples and provide illustrative quotes. To the extent possible they should contain text boxes, pictures or other graphic elements to enhance readability. They should integrate background information, FRALEX results and information collected in the fieldwork research;

Size: Each report should consist of max. 40 pages

Language: English + languages of the countries where fieldwork was conducted

Linked to: Activity 3, 4 and 5

Deliverable 4: Draft final report

This report should be policy relevant and support the FRA in its efforts to provide evidence-based advice on the fundamental rights of persons with intellectual disabilities and persons with mental health problems. The report must contain examples and illustrative quotes from the fieldwork research, as appropriate. The preliminary findings of this draft final report will be subject to a peer review session.

Language: English

Size: 100 pages

Linked to: Activities 1- 6

Deliverable 5: Proposal for one peer review meeting

Proposal for one meeting of two day duration should be delivered by the tenderer. The objective of the meeting is to offer the target groups a possibility of providing meaningful feedback on the preliminary results of the study.

While the FRA will cover the travel and accommodation expenses for the meeting, tenderers should outline in their Technical Offer how they will ensure that the meeting is accessible to participants with intellectual disabilities and participants with mental health problems.

Linked to: Activity 6

SET 3: Deliverables to be submitted to FRA in **Month 16** of the Project

Deliverable 6: Final report

This report should be the elaboration of the draft final report described as Deliverable 4 above. It should include comments resulting from the peer review sessions and comments from the FRA. The readability of the final report should be enhanced through text boxes, pictures and other graphic elements.

Size: 100 pages

Language: English

Linked to: Activity 7

Deliverable 7: Executive summary report

This should be the executive summary of the Final report described as Deliverable 6 above.

Size: 5 pages

Language: English

Linked to: Activity 7

Deliverable 8: Summary findings in “Easy-to-Read” format

This report will provide the summary findings of the research in an “Easy-to-Read”³⁰ format with a view to making it more accessible.

Size: 20 pages

Language: English version of Easy to Read

Linked to: Activity 7

Deliverable 9: Communications Material

This material to be delivered by the tenderer should assist the FRA in its communication work related to this project. To this end, the contractor is requested to provide at least 10 photos from the eight countries where the fieldwork was conducted. The photos should be illustrative of the issues covered by this research. Each photo should have an assured copyright. In addition, to the extent possible, a list of individuals who are willing to tell their story to the media or participate in related FRA events should be compiled by the contractor. Finally, an annex with meaningful quotes from the field work, which have not been used in the main deliverables, should also be provided.

Linked to: Activities 1-6

6. Project management

6.1. Responsible body

The overall responsibility for executing the contract, including the implementation of all measures necessary to provide the Agency with deliverables of the highest quality on time lies with the contractor. Tenderers must demonstrate in their Technical Offer how they will carry out the work following the present Technical Specifications.³¹

³⁰ See Guidelines for Creating Easy to Read Text: <http://www.osmhi.org/?page=139>

³¹ See also Annex A. Tender Specifications (Section 18. 3. Technical evaluation - Award Criteria)

6.2. Management structure

The Technical Offer must indicate how the tenderer intends to organise the research team, which must include one Project Manager, one Senior Expert and other Experts, as detailed in Section 8: (Personnel Requirements). The Project Manager is responsible for coordination and administrative tasks, as well as for contacting and informing the Agency about all aspects relating to the execution of the contract. The Senior Expert is responsible for the coordination of the research and the scientific quality of all final deliverables.

The tenderer must supply English versions of Curricula Vitae for the members of the proposed research team outlining a list of their publications, as required in Section 8 (Personnel Requirements). Any changes in the composition of the team shall be notified to the Agency in writing. The Agency is not required to agree to the proposed changes. The agreement of the Agency needs to be in writing following a review of the Curriculum Vitae of the proposed replacements, which must comply with the requirements of the present Technical Specifications.

7. Logistics

7.1. Communication and meetings

Communication between the contractor and the Agency shall be possible by phone during the Agency's working days and hours and through electronic and surface mail. Any written communication sent by the Agency shall be answered within five (5) working days.

7.2. Inception meeting

As soon as possible after contract signature the Agency will convene an **inception meeting** with the contractor to discuss various aspects of the research work, as addressed in the Technical Specifications and set out in the successful tenderer's Technical Offer. The aim of the meeting is to clarify specific points with respect to the research, in particular the methodology, the content of the deliverables and other issues that may arise.

Within 5 working days after the inception meeting, the contractor will submit a brief Inception Report to the Agency. An addendum to the contract, as agreed between the successful tenderer and the Agency, may be necessary.

7.3. Other meetings

During the course of the contract period at least **three** additional meetings are envisaged between the Agency and the contractor. The meetings will take place in Vienna at the Agency's headquarters. Meeting costs on the contractor's side must be covered by the contractor and be included in the price offer.

8. Personnel Requirements

Tenderers should pay attention to the need to ensure that the research team fulfils the requirements listed below in terms of qualifications and experience. The tenderer must identify in the Technical Offer the experts that will be responsible for the different Activities of the project and how their work will be organised.

8.1. One Project Manager

Qualifications and professional experience

- University degree
- Proven experience in research management, as manager or coordinator of at least **three (3)** major international research projects
- Excellent knowledge of English

8.2. One Senior Expert

Qualifications and professional experience

- Advanced University degree
- Proven experience in supervising international research projects
- Proven experience in the area of social science-based research on disability and mental health, including fieldwork
- At least **five (5)** publications in the field of social science and/or a rights-based approach to disability and mental health; this can include articles in peer reviewed journals or authorship of reports for research projects.
- Excellent knowledge of English.

8.3. Research Experts

In addition to the profiles listed above, a successful project team will be composed of an adequate number of research experts representing the following disciplines:

- Sociological qualitative fieldwork research and analysis
- Legal research and analysis
- Policy research and analysis

Qualifications and professional experience

- University degree
- Proven experience in research on the experiences of and/or the rights of persons with intellectual disabilities and/or the rights of persons with mental health problems supported by relevant publications or reference to past projects.
- Excellent knowledge of English

The tenderer should also incorporate into the project team:

- Persons with lived experience of intellectual disability
- Persons with lived experience of mental health problems

9. Project Implementation Monitoring

The Agency will monitor the research in technical and administrative terms. The contractor should report immediately to the Agency in writing any problems they encounter during the implementation of the contract.

Weekly progress reports will be delivered as brief e-mails to the Agency's project manager, and should document overall research progress. This should be supported by additional e-mail and telephone contact, whenever necessary.

Agency staff may during the duration of the research visit the contractor's offices and/or the site, where research is carried out to assess the quality of the work.

The tenderer must outline how quality control will be ensured for the duration of the research.