

Inclusion for all: achievements and challenges in using EU funds to support community living

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Community Living for Europe
Structural Funds Watch



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About Community Living for Europe: Structural Funds Watch

Community Living for Europe: Structural Funds Watch (CLE:SFW) is an independent initiative that tracks how effectively the clear commitment of the European Structural and Investment Funds (ESIF) to support community living of children, persons with disabilities and older persons is being implemented.

The initiative is guided by a Steering Committee comprised of non-governmental organisations (NGOs), advocating for implementation of the ESIF regulations. The steering group includes: the European Expert Group on the Transition from Institutional to Community-based Care, the European Disability Forum, Age Platform Europe, the European Foundation Centre and Lumos Foundation. The EU Fundamental Rights Agency acts as an observer on the Steering Committee. These groups are united by a shared commitment to ensure that the European Union (EU) uses its significant influence and resource to uphold the principles of human rights and social inclusion.



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Key terms used in this report

Family and community-based living

Regardless of age, disability, gender or ethnicity, all children and adults have the right to live in the community, with choices equal to those of others, with individualised, accessible support and opportunities to participate fully in community life. All children should be able to grow up in a family or family-like environment.

Independence

When used with reference to independent living or community-based living, independence means that all people with disabilities have the same freedom, choice, dignity and control over their lives as other citizens at home, work and in the community. It means that all children and adults can enjoy their right to practical assistance and access the support they need to participate in society and live an ordinary life.

Institutional care

Institutional care is the provision of care within a residential setting where residents are compelled to live together within an 'institutional culture'. It segregates residents from the broader community and tends to be characterised by depersonalisation, rigid routines, block treatment, isolation and segregation from the wider community. The requirements of the institution take precedence over individual needs.¹

Community-based services

Community-based services refers to the spectrum of services that enable individuals to live in the community fully and independently and, in the case of children, to grow up in a family or family-like environment. It encompasses mainstream services such as housing, health care, education, employment, culture and leisure, which are accessible to everyone regardless of their age, the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance for persons with disabilities, and older people, respite care and others. In addition, the term includes family-based and family-like care for children, including substitute family care and preventative measures for early intervention and family support.

European Structural and Investment Funds (ESIF)

European Structural and Investment Funds (ESIF) represent over half of the European Union's (EU) funds. ESIF are channelled through five funding streams, jointly managed by the European Commission and EU Member States through partnership agreements. These five funds are the European Regional Development Fund (ERDF), the European Social Fund (ESF), the Cohesion Fund (CF), the European Agricultural Fund for Rural Development (EAFRD) and the European Maritime and Fisheries Fund (EMFF). Their purpose is to invest in job creation and a sustainable and resilient European economy and environment. Their main areas of investment include employment, job growth, justice and fundamental rights.

1. European Expert Group on the Transition from Institutional to Community-based Care. (2012). *The Common European Guidelines on the Transition from Institutional to Community-based Care*. <https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf> [accessed 16 Nov 2018].

1. Executive summary

1.1 Overview of key findings

The European Structural and Investment Funds (ESIF) **have catalysed a movement across Europe that has driven Member States to support communities that have been left behind.**

The 2014–2020 ESIF Regulations introduced an ex-ante conditionality on social inclusion 9.1, which required Member States to create and implement strategies on poverty reduction, including measures for the transition from institutional to community-based care. The ex-ante prompted the allocation of approximately **€2.7 billion towards reforming care systems**, galvanising the transition away from institutions to family and community-based living across the 12 Member States covered in this report. It is an **excellent example of how European Union (EU) funds can drive major change for its most marginalised citizens.** As a result, the EU has become a world leader in transforming systems of care and support for children and adults.

This research focusses on 12 Member States which are implementing the ex-ante conditionality: Bulgaria, Croatia, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

Eight of these 12 Member States have **adopted strategies or action plans to shift away from institutions**, focusing on one or more groups (children, persons with disabilities or older persons). Among these States, many **cases emerged where there was no clear strategy in place for a specific group, such as children without disabilities.** Of the remaining four Member States, two are close to adopting strategies or plans, and two have not developed transition strategies based on the assumption that their existing policies fulfil the ex-ante conditionality. Further concerns have arisen in relation to groups such as refugees and asylum seekers, who are held in settings which have all the characteristics of an institution, but are usually not covered by transition strategies.

The existing strategies are starting to be **translated into calls for proposals and projects to deliver this ambition**, backed by significant levels of expenditure.

ESIF have been used **successfully to support a range of promising practices** across Member States, which are now starting to **impact on the way national care and support systems operate and the number of people in institutions.**

It takes **considerable time to transform attitudes and approaches to care and this cannot be fully achieved in one programming period.** In some instances, there is a lack of vision of what is possible and insufficient ambition for how far children, adults with disabilities and older persons can be included in community life.

As a result, too many of the programmes **focus on restructuring and reutilising institution buildings; the development of smaller residential facilities;** or the development of specialised services such as day centres for children with disabilities, which tend to **segregate rather than include.**

Concerns have been raised that Member States are **reorganising institutional care—creating smaller institutions or overusing residential care, such as ‘group homes’.** Several Member States have placed seemingly arbitrary caps of between 8 and 30 residents in group homes – apart from the reduction in size, it is unclear what and if measures are being taken to ensure residents will enjoy their human rights on an equal basis with others. **High levels of investment in smaller-scale models of institutional care will be an obstacle to further reform and continue to deny people their rights.**

Few programmes appear to invest in making community-based health and education services accessible and inclusive. In the remainder of this programming period and in the next, it is recommended that countries focus on the development of inclusive education, community-based health care that is fully inclusive and accessible, the provision of economic strengthening and ensuring full access to inclusive employment services and supported independent living.

Evidence demonstrates that **ESIF thematic areas and EU funding instruments are not operating in harmony, and have been invested in institutions**, such as investment in improving the energy efficiency of institution buildings through the Environment Operational Programme.

It appears that few countries have developed a centralised database of numbers of people in institutions. As a result, there is **still no accurate European total**. Without an agreed baseline, it is **difficult to measure success** in terms of the reduction of numbers in institutions. In addition, measurement of **success tends to focus on outputs and activities rather than outcomes for the people involved**. Greater investment is required in monitoring systems that measure improved health, development, life chances, independence, happiness and quality of life.

Civil society has a crucial role to play in this transition, both as a source of knowledge and expertise, and as builders of the social capital required to make a success of family and community-based living. There are **encouraging examples of civil society engagement** in the process, such as active involvement in monitoring committees. However, evidence shows that **their potential is not being fully realised as NGOs are routinely excluded or experience barriers to inclusion**. They are often not adequately represented in committees and working groups, selection processes for membership are not always transparent and they are sometimes not eligible as applicants in ESIF calls for proposals. Additionally, they often face high co-financing requirements which restricts their ability to access funding calls.

The EU has reiterated its commitment to the transition from institutional to family and community-based living in the draft Cohesion Policy Regulations 2021–2027 by introducing an enabling condition 4.3 with a fulfilment criteria, including “measures for the shift from institutional to community-based care”. However, while the draft Common Provisions and ESF+ Regulations contain a reference to the transition, it is of concern that the draft ERDF Regulation does not refer to transition to community-based care.”

Whilst significant progress has been made, the job is only half-finished. It is **vital that the draft ESIF regulations for 2021–2027 include a specific conditionality to ensure the transition from institutional to community-based services on the European Regional Development Fund (ERDF). Ending the institutionalisation of people across Europe will be one of the greatest emblems of a true shift to democracy, and this is the role the structural funds have begun to play**. We call upon the European Union and its individual Member States to listen to the voices of people in institutions and redouble efforts to transform systems of care and support across the continent.

1.2 Key recommendations

The European Commission, the European Parliament and the Council of the EU:

- Ensure the financial regulations for the next programming period 2021–2027 explicitly exclude investment in institutions. **Maintain and strengthen the fulfilment criteria on the transition from institutional to community-based care** under the enabling condition that requires a national strategic policy framework for social inclusion and poverty reduction.
- Ensure that **the transition from institutional to family and community-based care is included explicitly in the 2021–2027 Regulation on the ERDF**. European Social Fund (ESF) is mostly used for development related to human capital, but with many EU Member States still at an early phase of reform, continuing ERDF investments in the transition from institutional to community-based care beyond 2020 is vital. Ensuring explicit reference to transition to community-based care in the Regulation on ERDF will further embed this principle and proactively support against funds being used to maintain institutions.
- Investments under **all ESIF thematic objectives should be aligned to ex-ante conditionality 9.1** to ensure coherence and consistency across EU funding instruments.
- Ensure that **EU funds are not used for the maintenance of institutional care under the 2014–2020 ESIF Regulations and secure coherence across all EU funding instruments**.

- Provide further **guidance and support to EU staff and Member States** to ensure they follow a human-rights based approach to transition, can support the development of long-term strategies which include measures to prevent institutionalisation throughout the life course.

The European Commission:

- As more Member States have strategies in place, it is **crucial to provide technical assistance to turn strategy into practice; guiding the planning, implementation, monitoring and evaluation of the transition process.**
- A common mistake during the transition process is to focus on the provision of alternative care services. ESIF funded programmes should ensure that **community-based services that prevent the separation of people from their families and communities and promote reintegration of those in institutions are developed** at the same time as alternative care services.
- Provide greater clarity on the role of residential care in the transition process. Ensure that Member States' plans are monitored to ensure that **institutional care is not replicated on a smaller scale.**
- **Leave no one behind:** ensure that Member States have strategies in place that address **all** groups – children, people with disabilities and older people. Five years after the introduction of the ex-ante, and some countries still do not have strategies and plans in place, indicating that the **ex-ante conditionality is not fulfilled.** Member States must demonstrate progress in this area or face **suspension of interim payments.**
- Support Member States to undertake a **thorough needs analysis to ensure that strategy and actions are underpinned by a clear understanding of the needs and rights that the ESIF are responding to.** This will help the European Commission to better understand and assess the appropriateness and relevance of proposed measures in Member States.
- Support and encourage Member States to **develop their legislative and policy framework,** focusing on Member States that are yet to adopt strategies and action plans.
- **Strengthen monitoring of the ex-ante conditionality,** with updated guidelines which should include:
 - indicators to track the transition process, including relevant outcomes for beneficiaries
 - a transparent tracking progress, such as annual reports on achievements and challenges which include updates on the number of people in institutions, and the outcomes of those who have transitioned to family and community services
 - a centralised database of numbers of people in institutions to track progress across the EU.
- Provide **regular capacity building and technical support to country desk officers** on the transition from institutional to family and community-based living.
- Actively **involve representative organisations of children, persons with disabilities and older people, including those in institutions,** throughout the design, implementation, monitoring and evaluation of regulations governing the management and distribution of ESIF throughout their programming cycle through transparent, accessible and inclusive procedures.

Member States:

- Ensure strategies are in place to support the transition from institutions to family and community-based living for children, persons with disabilities and older people. Undertake a thorough needs analysis to **ensure that transition strategies include all relevant sectors – such as health, education and social services – needed to achieve family and community-based living.**
- Involve a broad range of relevant stakeholders, including civil society, the European Commission and other Member States with experience of reform to **develop realistic and achievable action plans, based on best practice.** It is crucial that legislation is adapted to facilitate and enshrine the transition process.
- Ensure the sustainability of new services is built into their design; **undertake financial analysis and modelling of the current system, transition process, and new system** and **ensure that funds from the institutional system are ringfenced and reinvested in new services.**
- Develop **meaningful indicators to track the transition process,** including a focus on improvements in quality of life and outcomes for beneficiaries.
- Use the technical assistance budget to **strengthen the capacity of civil society so they can play a meaningful role in the design, monitoring, implementation and evaluation of the transition process.**
- **Improve access to ESIF for civil society** by including NGOs and service providers among eligible applicants, removing excessive co-financing burdens and providing support for submitting project applications.
- Actively **involve children, persons with disabilities and older people, including those living in institutions and their representative organisations throughout the design, implementation, monitoring and evaluation of transition strategies and action plans,** as well as regulations governing the management and distribution of ESIF and their programming cycle.



2. Introduction

2.1 The transition to family and community-based living

Family and community-based living is a human right, recognised under national, European and international law and covered by standards and policy frameworks, including the EU Charter of Fundamental Rights, the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, the European Disability Strategy 2010–2020 and the EU Agenda for the Rights of the Child.²

This right is particularly relevant for groups who have been confined to institutional settings, including: children separated from their families, children and adults with disabilities, and older people.³

It is estimated that over one million children, adults and older people live in institutions in Europe.⁴ However, this figure remains an estimate as no universal definition of an ‘institution’ has been adopted, let alone applied at a country level. In some countries, inadequate counting systems are in place, which lead to significant variability and inaccuracy. Insufficient capacity, knowledge or political will to capture and share the number of citizens living in institutions also contribute to underreporting of statistics in this area. As such, the total number of people in institutions in Europe is likely to be even higher.⁵

The evidence is clear: independent living is essential to the dignity, well-being and inclusion of people living with and without disabilities – at all stages of life. Decades of evidence demonstrate that a caring and protective family – immediate and extended – is central to a child’s health, development, and protection.⁶ Institutionalisation causes lifelong physical and psychological harm,⁷ resulting in attachment disorders, cognitive and developmental delays, increased rates of mental health difficulties, involvement in criminal behaviour, decreased life expectancy⁸ and less opportunity to develop social and life skills, which can lead to multiple disadvantages during adulthood.⁹ Those in institutions are more likely to suffer neglect and abuse, affecting both children and adults.¹⁰

Studies have highlighted people’s preference to remain living in their own homes in the community in older age.¹¹ Moreover, it has been shown that the human rights of older people are often breached in residential settings, particularly when it comes to their dignity, right to privacy, choice and autonomy, participation and access to justice.¹² Examples include staff inadvertently and repeatedly restraining residents by placing them in deep armchairs, putting a table or tray in front of their seat so they cannot move or residents being spoken to aggressively.¹³

2. See Annex for a list of relevant international and EU law, policy and standards, as well as Community Living in Europe: Structural Funds Watch. (2017). Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds. https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf [accessed 16 Nov 2018].

3. For details on the history of institutionalisation see Traustadottir, R. (Ed.) & Johnson, K. (Ed.). (2008). *Deinstitutionalization and People with Intellectual Disabilities: In and Out of Institutions*. <https://www.open.ac.uk/health-and-social-care/research/shld/sites/www.open.ac.uk/health-and-social-care/research/shld/files/files/ecms/web-content/shld-web-content/education-resources-home-a-history-of-institutions-jan-walmsley.pdf> [accessed 16 Nov 2018]; Chow, W.S. & Priebe, S. (2013). Understanding psychiatric institutionalization: a conceptual review. *BMC Psychiatry*. 13(169). <https://doi.org/10.1186/1471-244X-13-169> <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-169> [accessed 16 Nov 2018]; Mundt, A.P., Franciskovic, T., Gurovich, I., et al. (2012). Changes in the provision of institutionalized mental health care in post-communist countries. *PLoS One*. 7(6) doi:10.1371/journal.pone.0038490. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0038490> [accessed 16 Nov 2018]; Eurochild. (2014). *Deinstitutionalisation and quality alternative care for children in Europe Lessons learned and the way forward. Working paper*. http://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf [accessed 16 Nov 2018]. Mulheir, G. (2012). Deinstitutionalisation – A Human Rights Priority for Children with Disabilities. *The Equal Rights Review*. 9.; Kroemeke, A., Gruszczynska, E. (2016). Well-Being and Institutional Care in Older Adults: Cross-Sectional and Time Effects of Provided and Received Support. *PLoS ONE*. 11(8): e0161328. <https://doi.org/10.1371/journal.pone.0161328> [accessed 16 Nov 2018]; Luppá, M., Luck, T., et al. (2010). Prediction of institutionalization in the elderly. A systematic review. *Age and Ageing*. 39(1): 31–38. <https://doi.org/10.1093/ageing/afp202> [accessed 16 Nov 2018].

4. Children and adults with disabilities (including people with mental health problems), within the EU and Turkey. Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007). *DI and Community Living – Outcomes and Costs: Report of a European Study*. Volume 2: Main Report. Canterbury: Tizard Centre, University of Kent. https://www.kent.ac.uk/tizard/research/DECL_network/documents/DECLOC_Volume_2_Report_for_Web.pdf [accessed 16 Nov 2018] (hereafter, “DECLOC Report”).

5. European Commission (2009) Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care. European Commission – Directorate-General for Employment, Social Affairs and Equal Opportunities. <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes> [accessed 19 Nov 2018]

6. Csáky, C. (2009). *Keeping Children Out of Harmful Institutions: Why We Should Be Investing in Family-Based Care*. London, UK: Save the Children. https://www.savethechildren.org.uk/sites/default/files/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09_1.pdf [accessed 18 Apr 2017].

7. Berens, A.E. & Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet*. 386(9991): 388–398. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61131-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/abstract) [accessed 16 Sept 2016]

8. Mulheir, G. et al. (2012). DI – A Human Rights Priority for Children with Disabilities, op. cit.

9. Csáky, C. (2009). *Keeping Children Out of Harmful Institutions: Why We Should Be Investing in Family-Based Care*. London, UK: Save the Children. https://www.savethechildren.org.uk/sites/default/files/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09_1.pdf [accessed 18 Apr 2017].

10. See for example: Wooding, S. (2017). *Findings from monitoring visits: Bulgaria, Czech Republic, Hungary and the United Kingdom*. <http://mdac.info/en/charm-toolkit> [accessed 16 Nov 2018]; Rus, A.V. (2012). *Child abuse in residential care institutions in Romania*. https://repository.tcu.edu/bitstream/handle/116099117/4430/Rus_tcu_0229D_10291.pdf?sequence=1 [accessed 16 Nov 2018]; submissions by civils society and Human Rights Institutions to the UN CRPD Committee available at https://tbinetnet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en [accessed 16 Nov 2018].

11. For example, in the Special Eurobarometer survey of 2007, asked how they would prefer to be assisted with long-term care if the need arose, 45% of respondents said “in my own home by a relative”, 24% said “in my own home by a professional care service”, 12% said “in my own home by a hired carer” and 5% said “in the home of a close family member”; in total, 86% chose some form of home care and only 8% said “in a nursing home”. European Commission. (2007). *Health and long-term care in the European Union*. Special Eurobarometer 283. http://ec.europa.eu/commfrontoffice/publicopinion/archives/ebs/ebs_283_en.pdf [accessed 16 Nov 2018].

12. <http://fra.europa.eu/en/publication/2018/fr-2018-focus-rights-based-ageing>: Shifting perceptions: towards a rights based approach to ageing

13. The report is available here http://ennhri.org/IMG/pdf/opp_report_with_recommendations.pdf

Ageing societies across Europe demand that attitudes, practices and infrastructure concerning the care and support of older people are modernised to enable older people to remain living in the community. Societies will only be sustainable and capable of respecting human rights over the coming decades if all its members are integrated within communities and society is able to meet the aspirations of people to stay in their own homes and communities.¹⁴

Despite this, institutional care remains widespread across the European Union.¹⁵

‘Deinstitutionalisation’ involves transitioning care and support systems that rely on institutions to providing services that keep families together and support people to remain in the community. The process establishes services that prevent people being separated from their families and their community, and puts in place alternative services so that, when a child can’t stay with their family, or an adult has regular support needs or develops such needs due to a change in their situation, a range of services – such as foster care and supported independent living – are there to enable them to continue to achieve their right to family and community living.

In parallel with strengthening families and communities, deinstitutionalisation also involves dismantling the institutional system; identifying and ring-fencing funds so that they can be invested in new services.

This deinstitutionalisation transition process is a cornerstone of fundamental human rights and a measure of progress towards sustainable, inclusive human development, growth and prosperity.¹⁶

The European Union (EU) has become a global leader in promoting the right to family and community-based care and independent living.

In 2013, the EU introduced an ex-ante conditionality on social inclusion 9.1 with an investment priority on “the shift from institutional to community-based care” in the Regulation 1303/2013 on the European Structural and Investment Funds (ESIF)¹⁷. This was the first time that ex-ante conditionalities were introduced in the Regulations that govern the EU’s internal funding, with the objective to ensure that adequate policy frameworks were in place before ESIF were released to the Member States.

ESIF are channelled through five funding streams, jointly managed by the European Commission and EU Member States through Partnership Agreements: *European Regional Development Fund (ERDF), the European Social Fund (ESF), the Cohesion Fund (CF), the European Agricultural Fund for Rural Development (EAFRD) and the European Maritime and Fisheries Fund (EMFF)*.

The ex-ante conditionality 9.1 directly applies to ERDF and ESF.

Activities supporting the transition from institutional care to community-based living are programmed under Thematic Objective 9 of the ESIF with the aim of “promoting social inclusion, combating poverty and any discrimination”. The condition attached to this objective (ex-ante conditionality 9.1) is that Member States must have in place and implement a “national strategic policy framework for poverty reduction, aiming at active inclusion” that “depending on identified needs, includes measures for the shift from institutional to community-based care”.

14. For example, see Brick, Y. & Lowenstein, A. (eds.). (2011). Ageing in Place. *Global Ageing – Issues and Action*. 7(2). International Federation on Ageing. <https://www.ifa-fiv.org/wp-content/uploads/global-ageing/7.2/7.2.full.pdf> [accessed 16 Nov 2018]; Social Protection Committee & the European Commission. (2014). *Adequate social protection for long-term care needs in an ageing society*. Luxembourg: Publications Office of the European Union. <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7724> [accessed 16 Nov 2018].

15. Including in Belgium, Denmark, Germany, Spain, Italy, Portugal and the UK. See European Parliament. (2016). *European Structural and Investment Funds and Persons with Disabilities in the European Union – Study for the PETI Committee* [http://www.europarl.europa.eu/RegData/etudes/STUD/2016/571386/IPOL_STU\(2016\)571386_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/571386/IPOL_STU(2016)571386_EN.pdf) [accessed 16 Nov 2018], p 19; European Network on Independent Living. (7 Jun 2017). *Disability Watchdog: Wallonia to Invest Millions into Institutions for Disabled People*. [webpage]. <http://enil.eu/news/disability-watchdog-wallonia-to-invest-millions-in-to-institutions-for-disabled-people/> [accessed 16 Nov 2018].

16. See European Expert Group on the Transition from Institutional to Community Based Care, op. cit., p. 50.

17. Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R1303&from=EN>

This research selected 12 Member States which are implementing the ex-ante conditionality: Bulgaria, Croatia, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

The ESIF Regulation also introduced a European Code of Conduct on Partnership which obliges Member States to involve all relevant stakeholders, including representative organisations of persons with disabilities, children and older people, throughout the preparation and implementation of their Partnership Agreements and Operational Programmes.

2.2 The EU and international legal and policy framework supporting family and community-based living

The right to family and community-based living is a human right, recognised in a wide variety of binding legal instruments, including the EU Charter of Fundamental Rights, the EU Agenda for the Rights of the Child, the UN Convention on the Rights of the Child (UNCRC) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The **EU Charter of Fundamental Rights** prohibits discrimination on any grounds, such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, birth, disability, age or sexual orientation.¹⁸ Institutionalisation constitutes a form of discrimination as children, persons with disabilities and older people are often placed into institutions because of factors such as their age, ethnic origin or disability.

The Charter highlights that children have the right to protection and care that is necessary for their well-being.¹⁹ It has been proven that institutionalisation, particularly at an early age, has a negative impact on all aspects of a child's development. The Charter also states that the EU recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration, and participation in community life²⁰. It also highlights the rights of older people to lead a life of dignity and independence, and to participate in social and cultural life.²¹

The **UN Convention on the Rights of the Child (UNCRC)** states that a child shall not be separated from his or her parents (Article 9) and in the exceptional cases when this does happen, the child shall be entitled to special protection and assistance provided by the State (Article 20). Such protection and assistance must not violate the child's right to privacy and family life (Article 16), the right to physical and mental integrity, and the right not to be subjected to any form of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (Articles 19 and 37). Additionally, the child has the right to active participation in the community (Article 23), the right to the highest attainable standard of health (Article 24), the right to education (Article 28) and the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (Article 27).

The **UN Convention on the Rights of Persons with Disabilities (UNCRDD)** recognises the right to independent living and community inclusion (Article 19), but also requires States to take effective and appropriate measures (including legislative and policy changes) to facilitate the full enjoyment of this right. These measures include: people with disabilities being able to choose their place of residence; having access to a range of in-home, residential and other community-based care; and having access to general community services and facilities.²²

18. Article 21, European Union, Charter of Fundamental Rights of the European Union, 26 October 2012, 2012/C 326/02, available at: <http://www.refworld.org/docid/3ae6b3b70.html> [accessed 2 November 2018].

19. *Ibid.*, Article 24.

20. Article 26

21. Article 25.

22. Article 19, UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <http://www.refworld.org/docid/45f973632.html> [accessed 2 November 2018].

2.3 The pivotal role of the European Union in advancing the transition from institutional to family and community-based living

The European Union has recognised the harm caused by institutionalisation. In its regulatory framework for the 2014–2020 ESIF, the EU established two ex-ante conditionalities (ExAc) relevant for the transition from institutional care to family and community-based care:

- The **general ex-ante conditionality no. 3 on Disability**²³ requires Member States (MSs) to have administrative capacity to implement and apply the UNCRPD in ESIF. This means that MSs must consult and involve organisations working on the protection of rights of persons with disabilities throughout the preparation and implementation of all ESIF programmes. They must also train managing authorities in the fields of applicable Union and national disability law and policy, and monitor the implementation of Article 9 of the UNCRPD (on accessibility) in relation to ESIF.²⁴
- **Ex-ante conditionality 9.1** is linked to the implementation of **Thematic Objective 9: Promoting social inclusion, combating poverty and any discrimination**. The conditionality addresses activities that support the transition from institutional care to family and community-based living. The condition outlines that States must have in place and implement a National Strategic Policy Framework for poverty reduction, aiming at active inclusion (ex-ante conditionality 9.1). The conditionality is considered to be fulfilled if Member States have a policy in place that: provides a sufficient evidence base to develop policies; contains measures supporting its achievement; involves relevant stakeholders; and, for Member States with an 'identified need', it must include measures for the shift from institutional to community-based care.²⁵ The EU Regulation also provides that, upon request and where justified, relevant stakeholders (such as municipalities, NGOs and other service providers) must be provided with support to submit project applications and implement and manage them.²⁶

The 12 Member States considered in this research – Bulgaria, Croatia, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia – **may face suspension of interim payments if they do not fulfil this ex-ante conditionality**.

The European Commission Guidance on Ex-Ante Conditionalities for the 2014–2020 ESIF states that “building or renovating long-stay residential institutions is excluded, regardless of their size”;²⁷ across the EU and that “the size of the institution cannot be used in isolation as a criterion to judge whether the supported infrastructure can be considered a community-based service or simply a scaled-down institution.” Instead, emphasis is placed on whether the proposed measures allow for “the possibility for independent living, inclusion in the community (including physical proximity of the location) and high-quality care”.

23. Regulation (EU) No 1303/2013 of the European parliament and of the Council laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006, ANNEX XI, Ex ante conditionalities, PART II: General ex ante conditionalities, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN>

24. Regulation (EU) No 1303/2013 of the European parliament and of the Council, ANNEX XI, Ex ante conditionalities, PART II: General ex ante conditionalities, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN>

25. In Regulation (EU) No 1303/2013 of the European parliament and of the Council, ANNEX XI, Ex ante conditionalities, PART I: Thematic ex ante conditionalities, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN>

26. In Regulation (EU) No 1303/2013 of the European parliament and of the Council, ANNEX XI, Ex ante conditionalities, PART I: Thematic ex ante conditionalities, Ex ante conditionality 9.1, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN>

27. Draft Thematic guidance Fiche for Desk Officers Transition from Institutional to Community-Based Care (DI-DI) Version 2 – 27/01/2014 available: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/guidance_deinstitutionalisation.pdf.

The EU has reiterated its commitment to the transition from institutional to family and community-based living in the draft European Regional Development and Cohesion Policy Regulations 2021–2027. These Regulations set the rules and conditions that will govern the distribution of ESIF in the next funding period (2021–2027).

- The proposal for a Common Provisions Regulation (CPR) 2021–2027 contains an enabling condition 4.3 that also requires the creation of a national strategic framework for poverty reduction and social inclusion, with a fulfilment criteria including “**measures for the shift from institutional to community-based care**”.²⁸ The proposed European Social Fund Plus (ESF+) Regulation will support “**specific targeted actions (...), including the transition from residential/institutional care to family and community-based care**” (Article 6.2).²⁹
- The transition from institutional to family and community-based care **has not been included in the proposal for a 2021–2027 Regulation on the ERDF**. The 2014–2020 Regulation on the ERDF³⁰ highlighted the transition from institutional to community-based services as a priority for investments, which has directed billions of Euro (see Table 1) to drive the transition. Given that ESF is mostly used for development related to human capital and that, as evidenced in this report, deinstitutionalisation is still in an early phase, including a reference to the transition from institutional to community-based care in the ERDF Regulation 2021–2027 is vital for demonstrating the continuous commitment to this process.

2.4 Methodology

This report is based on information and evidence provided by CLE:SFW’s extensive network of EU and national level experts, and by relevant agencies and organisations who have significant experience and expertise in advancing the rights of children, people with disabilities and older people. These include: respondents from national and EU-level NGOs; campaigners working in children’s rights, disability rights and the rights of older people, including disabled persons organisations, national NGOs operating as umbrella organisations that work specifically on deinstitutionalisation, national human rights monitoring bodies and service providers; together with Managing Authorities and intermediary bodies responsible for managing and implementing deinstitutionalisation projects.

Research focused on the transition process from institutional to family and community-based living in 12 EU Member States who were selected to implement and apply for funding to achieve thematic objective 9. Promoting social inclusion, combating poverty and any discrimination, to which the ex-ante conditionality 9.1 is linked, with a focus on the current funding period (2014–2020).

The research methods used included: literature review and documentary analysis, and administering the CLE:SFW survey with Managing Authorities, non-governmental organisations and other stakeholders that are either beneficiaries of ESIF or have relevant experience in transitioning to community-based care.

The CLE:SFW survey was launched in 2016 assessing six Member States. It was re-issued in 2017 and 2018, where it was expanded to 12 countries. In 2018, the questionnaire was distributed to 585 potential respondents. 291 were governmental central and local authorities, while the rest were NGOs, service providers and other stakeholders. In total, 76 provided comprehensive responses in the framework of the questionnaire. 25 responses came from governmental authorities, while 51 were provided by NGOs, service providers and Offices of Ombudspersons. Another 16 respondents replied stating they did not have relevant information.

The questionnaire sought to gather information on the implementation of the ESIF regulations in relation to national transition strategies and action plans, the practical distribution of ESIF and the involvement of civil society in these processes, as well as examples of relevant practices.

In estimating the total ESIF allocated to be invested in the transition from institutional to community-based services, the report uses information provided to CLE-SFW and its network by relevant ministries across the 12 Member States, as well as information available on official websites on investments and calls for proposals.

28. European Commission (2018) Proposal for a Regulation COM(2018) 375 final of the European Parliament and the Council of 29.5.2018, 2018/0196 (COD), ANNEX IV: Thematic enabling conditions applicable to ERDF, ESF+ and the Cohesion Fund – Article 11(1), p. 28.

29. European Commission (2018) Proposal for a Regulation COM(2018) 382 final of the European Parliament and of the Council of 30.5.2018, 2018/0206 (COD), Article 6, p. 29

30. REGULATION (EU) No 1301/2013 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006

3. The impact of ex-ante conditionality 9.1

3.1 An overview of ex-ante conditionality 9.1

The 2014–2020 ESIF are governed by the following Regulations:

- Common Provision Regulation (EU) No 1303/2013
- European Social Fund Regulation (EU) No 1304/2013
- European Regional Development Fund Regulation (EU) No 1301/2013.
- The ex-ante conditionality 9.1 must be applied to actions to reduce poverty and build 'active inclusion'. It is a pre-condition for funding across four investment priorities:
- **active inclusion**, with a view to promoting equal opportunities and active participation, and improving employability (European Social Fund)
- **enhancing access** to affordable, sustainable and high-quality services, including health care and social services of general interest (European Social Fund)
- **investing in health and social infrastructure** which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services (European Regional Development Fund)
- **providing support for physical, economic and social regeneration** of deprived communities in urban and rural areas (European Regional Development Fund).

In order to fulfil the conditionality, Member States must demonstrate that they have a national strategic policy framework for poverty reduction and active inclusion that:

- provides a sufficient evidence base to develop policies for poverty reduction and monitor developments
- contains measures to support the poverty and social inclusion targets defined in Member State National Reform Programmes
- involves relevant stakeholders in combatting poverty
- **includes measures for the shift from institutional to community-based care**, depending on identified needs.

The Regulation also requires that Member States provide support to relevant stakeholders, including civil society and other service providers, for submitting project applications and for implementing and managing the selected projects.

3.2 The impact of ex-ante conditionality 9.1 on national strategies and plans

ESIF regulations have driven the majority of the 12 Member States to develop strategies and approaches towards transitioning from institutions to family and community-based living

In 2013–14, Member States established their Partnership Agreements with the European Commission, which set out their plans for using ESIF for the 2014–2020 period:

- Bulgaria, Czech Republic, Latvia, Poland and Slovenia considered they were already fulfilling ex-ante conditionality 9.1 as they were implementing a National Strategic Policy Framework for poverty reduction and active inclusion

- Croatia, Estonia, Greece, Hungary, Lithuania and Slovakia noted they had been partially fulfilling the conditionality³¹
- Romania considered it was **not fulfilling** the conditionality.

Since the start of the 2014 programming period, **all States covered by this research have taken steps towards fulfilling the conditionality.**

This report demonstrates that progress towards fulfilment of the conditionality has been varied. However, despite challenges in implementation, it is clear that **the Regulations have driven progress towards the transition from institutional care to family and community-based living.**

Analysis highlights that eight out of the 12 Member States have specific transition strategies in place which are in the process of implementation (for further detail, see Annex 2: Transition approaches from institutional care to family and community-based living):

- Bulgaria, Croatia, Lithuania and Slovakia adopted transition strategies before the conclusion of ESIF Regulations
- Estonia, Hungary, Latvia and Romania adopted strategies after the conclusion of Regulations
- Although some relevant legal and policy documents relating to the transition to family and community living are in place, the Czech Republic, Greece, Poland and Slovenia, do not have specific strategies and plans in place.

The approaches taken by States differ. Some have created strategies and plans targeted at all groups (children, adults with disabilities and older people), while others have only targeted specific groups.

3.3 The scale of the EU's investment in the transition from institutional to family and community-based living

The ex-ante conditionality has made billions of Euro available through ESIF to support the transition from institutional to family and community-based living

A third of the EU budget – almost €351.8 billion – is allocated to Cohesion Policy,³² which is the principle investment tool for delivering the Europe 2020 Strategy for Smart, Sustainable and Inclusive Growth. Taking into account national contributions and other private investment, the expected total value of investment under Cohesion Policy for 2014–2020 is approximately €450 billion.³³

A total budget of €62.7 billion – of which EU funding is €44.5 billion and national funding is €18.2 billion – is available to support activities under Thematic Objective 9. Promoting social inclusion, combating poverty and any discrimination, which includes the “transition from institutional to community-based care.”³⁴

Two funds are particularly relevant for the transition: the European Regional Development Fund (ERDF) and the European Social Fund (ESF). Supporting Thematic Objective 9. Promoting social inclusion, combating poverty and any discrimination, a total amount of €15.6 billion is available under the ERDF and €31.1 billion under the ESF.³⁵ The ESF is used to invest in human capital, while ERDF focuses on investment in infrastructure to promote balanced development in different regions of the EU.

31. Directorate-General Regional and Urban Policy of the European Commission. (2016). The implementation of the provisions in relation to the ex-ante conditionalities during the programming phase of the European Structural and Investment (ESI) Funds, pp. 53-54.

32. Cohesion Policy is delivered through three of the five European Structural and Investment Funds namely the European Regional Development Fund (ERDF), the European Social Fund (ESF) and the Cohesion Fund (The Cohesion Fund focuses on transport and the environment, applying to EU Member States which have a GDP lower than 90 % of the EU-27 average – Croatia not taken into account).

33. see http://ec.europa.eu/regional_policy/en/policy/what/investment-policy

34. see ESIF Open Data Portal <https://cohesiondata.ec.europa.eu/themes/9>

35. see ESIF Open Data Portal <https://cohesiondata.ec.europa.eu/themes/9>

Information about the level of funding (EU and national) allocated in each Member State to support the transition from institutional to community-based care is not easily available.

Based on available data, this report provides an indication of the scale of funding available to Member States for the transition to family and community-based living. This information is drawn from a number of sources including Member States' ESIF websites, schedules of Calls for Proposals and approved projects, project information webpages, contact with Managing Authorities and implementing bodies, beneficiary organisations and project managers and through governmental and civil society sector responses to the CLE:SFV surveys.

Figures in Table 1 highlight that almost **€2.7 billion has been made available through ESIF to support the transition from institutions to family and community-based living.**

It is important to note that this figure is based on intended resource allocation, and not actual expenditure. Due to the variety of information sources, and the lack of accurate, transparent information about funding allocation and expenditure³⁶, there is likely to be significant variation in this total. However, despite these caveats, it can be concluded that **considerable financial resources have been made available for relevant activities, creating significant potential and opportunity for change.**

The strategies, plans and budget allocations included in Table 1 illustrate programmes that are deemed relevant and allocated to the transition from institutions to family and community-based living. It is important to recognise that not all of the proposed actions listed will achieve family and community-based living and that there is a risk that, in practice, some actions may involve reorganising large-scale institutions, renovating buildings or providing segregated services. Therefore, the **€2.7 billion figure illustrates the potential funding that can be invested in reform, not the actual investment in relevant activities.**

Table 1. ESIF allocation for the stated purpose to transition from institutional to family and community-based living

Country	Amount (€)
Bulgaria	<p>€242 million³⁷ Budgeted activities include: projects aimed at the deinstitutionalisation of children, young people, adults with disabilities and older people. At least €96 million has been allocated to projects, with a further €16.3 million spent on deinstitutionalisation of social services for children with disabilities.</p>
Croatia	<p>€126.5 million³⁸ Budgeted activities include: transformation of 18 state institutions into homes for adults and children with disabilities and prevention of institutionalisation of children and youth for 14 state institutions.³⁹ €126.5 million was made available through three separate calls for proposals launched in 2016. Due to low uptake, the three calls were closed in February 2018.</p>
Czech Republic	<p>€151.7 million⁴⁰ Budgeted activities include: "support of the process of transformation of residential services and support for community-based services resulting from the transformation". €3.5 million has been awarded to date⁴¹.</p>

37. 171 million EUR the "Human Resources Development" 2014-2020 Operational Programme (Answer to our survey replied by General Directorate "European funds, international programmes and projects" Operational Programme "Human Resources Development" 2014-2020 Ministry of Labour and social policy); 50 million EUR from the Operational Programme Regions in Growth (Answer to our survey replied by General Directorate "European funds, international programmes and projects" Operational Programme "Human Resources Development" 2014-2020 Ministry of Labour and social policy) and 21 million EUR for deinstitutionalisation of social services for older people (Reply to our survey from the Ministry of Regional Development)

38. 2018 reply to survey from Ministry of Regional Development and EU Funds.

39. <http://www.openingdoors.eu/care-reforms-in-croatia-bridge-funding-with-expertise-say-campaigners/>

40. 144 million EUR from the Integrated Regional Operational Programme and 7.7 million EUR from the Operational Programme Employment see <http://www.trass.cz/>; for context see also Milan Šveřepa, Inclusion Europe - "Making significant progress, missing important opportunities. Status quo in Czechia and opportunities of the ESIF 2014-2020" and Radek Rosenberger "CSS Stod - a specific example of the use of ESF" (European Parliament Disability Intergroup event "Using ESIF for DI: Comparing the Slovakia and Czech Experience", 27th September 2016) presentations available: <https://goo.gl/C7wm1n> and Call 7 "DI of Social Services for Social Inclusion", announced by the Ministry for Regional Development of the Czech Republic on 30 September 2015 available <http://www.strukturalni-fondy.cz/cs/Microsites/IROP/Vyzvy/Vyzva-c-7-Deinstitutionalizace-socialnich-sluzeb-za-ucelem-socialnih>; Call 49 "DI of Social Services for Social Inclusion II" announced by the Ministry for Regional Development of the Czech Republic on 24 August 2016 available: <http://dotaceeu.cz/cs/Microsites/IROP/Vyzvy/Vyzva-c-49-Deinstitutionalizace-socialnich-sluzeb-za-ucelem-socialnih> and Call 77 on DI of Social Services for Social Inclusion III, announced by the Ministry for Regional Development of the Czech Republic on 27 September 2017 available: <http://dotaceeu.cz/cs/Microsites/IROP/Vyzvy/Vyzva-c-77-Deinstitutionalizace-socialnich-sluzeb-za-ucelem-socialnih>

41. According to the Ministry's reply to our survey: Calls in the OPE supporting DI:

1. Open calls - Two calls are focused on the support of transformation and DI process:

1. Call no. 37: Support of the process of transformation of residential services and support for community-based services resulting from the transformation: Application period: 11/2015-12/2015; Total number of awarded projects: 12; Total awarded amount: 1 690 242,49 EUR

2. Call no. 66: Support of the process of transformation of residential services and support for community-based services resulting from the transformation: Application period: 20/3/2017-31/5/2017; Total number of awarded projects: 10; Total awarded amount: 1 951 991,66 EUR

Country	Amount (€)
Estonia	<p>€174.5 million⁴²</p> <p>Budgeted activities include: reorganising large-scale institutions for people with disabilities and creating community-based services⁴³, increasing the availability of childcare services for children with and without disabilities (such as childcare facilities to help parents return or go to work or support services for children with disabilities, including in education)⁴⁴ and home adaptations for people with disabilities.⁴⁵</p>
Greece	<p>€235 million⁴⁶</p> <p>As Greece has no deinstitutionalisation strategy, ESIF are not available for the transition to community-based care. It has however been used in projects which contributed directly or indirectly to the deinstitutionalisation process (for example, €97.5 million has been spent on day care centres alone, for children, people with disabilities and older people).⁴⁷</p>
Hungary	<p>€117.1 million⁴⁸</p> <p>Budgeted activities include: establishing independent living settings, such as apartments or houses; developing supportive methodological materials to improve the efficiency and the quality of the services; and the creation of a National Health Care Provision Centre to improve the access to and the quality of psychiatric and addiction-related services.⁴⁹</p>
Latvia	<p>€91 million⁵⁰</p> <p>Budgeted activities include: individual needs assessment of people with mental health problems, 'children with functional disorders' and their family members, children and young people in extra-familial care; community-based social services for persons with mental health disorders and children with functional disorders, including day care centres, group housing, dwellings and specialised workshops for people with mental disabilities; increasing the number of foster families and guardians and information and education measures to change community attitudes. Latvia and Lithuania INTERREG Programme: ERDF: €51.6 million allocated.⁵¹</p>
Lithuania	<p>€77.5 million⁵²</p> <p>Budgeted activities include: creating community-based children care homes and children day centres; the expansion of infrastructure for people with mental health problems; protected housing, social rehabilitation, psycho-social assistance, social competences formation, temporary respite, daycare, personal social worker, family counselling, integrated assistance at home, crisis management and other social services.⁵³</p>

42. Sub-programme on increasing the availability of childcare services for children with and without disabilities- Budget: EUR 45 980 000 (incl. ESI Funds: EUR 39 083 000). <http://www.sotsiaalministeerium.ee/et/struktuurivahendid-sotsiaalvaldkonnas-2014-2020>; 47.6 million specifically for people with disabilities (So close, yet so far. European Network for Independent Living, p. 6.); Sub-programme on the creation of special welfare services and adaptation of homes for people with disabilities. Allocated budget of 68 000 000 EUR (out of which ESIF: 57 800 000 EUR); OP on Cohesion Policy Funds: 30-40 mln euros is directly or indirectly linked to family and community-based care and living (According to reply of the Estonian Ministry of Social Affairs, OP available at <http://www.struktuurifondid.ee/eng/legislation/operational-programme-2014-2020>: OP on Cohesion Policy Funds under the Social

Inclusion priority axes (Budget: €68 million – up to 85% ERDF):

§ 1st round of deinstitutionalisation projects for people with disabilities (approved in January 2017) awarded:

o To finance the creation of 1.312 service units through 20 projects (10 focused on reorganising large-scale institutions and 10 on creating community-based services).

§ 2nd round of deinstitutionalisation for people with disabilities (launched 24 January 2018) awarded:

o 154 service units to be reorganised and 317 new community-based service units to be created through 16 projects, which are to be finalised by the end of 2020. New call for proposal is due at the beginning of 2019.

44. Sub-programme on increasing the availability of childcare services for children with and without disabilities; Budget: €45.9 million (incl. €39 million ESIF); Activities include: childcare facilities to help parents return or go to work (estimated: services for 1,200 children aged 0–7), and support services for children with disabilities, including in education (estimated: support to be made available for 2,300 children).<http://www.sotsiaalministeerium.ee/et/struktuurivahendid-sotsiaalvaldkonnas-2014-2020>

45. Sub-programme on the creation of special welfare services and adaptation of homes for people with disabilities; Budget: €68 million (incl. €57.8 million ESIF); Activities include: home adaptations for people with disabilities (an average of €6,000 per home for 2,000 homes) and the creation of special services, including housing, to enable people with mental health problems to be able to live in the community.

46. European Expert Group on Transition from Institutional to Community-based Care "Roundtable on the transition from institutional to family and community-based care in Greece in cooperation with the Greek Ministry of Health and the Ministry of Social Security and Social Solidarity & the European Commission" (Athens, 18 May 2016);

47. According to the reply to our survey by the Ministry of Economy and Development: Day Care Centers for People with Disabilities (KDIF) – ESF: estimated at €44 million approx. for six years; "Reconciliation of work and family life: day care centres / centres for recreational activities for children with disabilities" – ESF estimated at €27.5 million approx. for six years; Day Care Centers for the Elderly (KIF) – The allocated ESF co-funded budget by the 13 ROPs is estimated at €26 million approx. for three years in total.

48. According to the Long-term concept on deinstitutionalisation for the term 2017-2036 (Government Decree 1023/2017), available in Hungarian at: <http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1ll%C3%A1st%C3%B1%20sz%C3%B1%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse>;

49. see information on Human Resources Development Operational Programme, available in Hungarian at: <https://www.palyazat.gov.hu/node/61491/revisions/70551/view>

50. ESIF (including €47 million ESF and €44 million ERDF), State budget and other institutional donors have been allocated to implement deinstitutionalisation plans. Information available at <http://www.openingdoors.eu/wp-content/uploads/2018/02/country-fiche-Latvia-2017.pdf> and Action Plan for Implementation of Deinstitutionalisation 2015-2020, available at http://rvc.gov.lv/image/catalog/dokumentai/Implementation_of_Deinstitutionalisation_2015-2020.pdf

51. <http://latlit.eu/about-the-programme/>

52. As stated by the Lithuanian Disability Forum in the 2016 Survey, saying this figure was given by relevant Ministries

53. According to the Operational Programme for the European Union Funds Investments in 2014-2020: - Specific Objective 8.1.1. – Increase the share of community-based social services through transition from institutional to community-based services (ERDF) to include projects such as:

§ The increase in the number of community-based children care homes and children day centres. Planned financing: €14 million (ERDF and national co-financing). Planned project duration: 2019–2022.

§ The expansion of infrastructure for people with mental disability. Planned financing – €24.5 million (ERDF and National Co-financing). Planned project duration: 2019–2022.

- Specific Objective 8.4.1. – Improve access to and quality of community-based services, develop services for families (ESF) to include actions such as: Support for the development and provision of non-institutional and community-based services to ensure availability of alternatives to institutional care (including services relevant for the deinstitutionalisation process) and services for people receiving care in families so that their care-givers are offered better opportunities to gain or improve a professional qualification and/or participate in the labour market. Support will be provided for the provision of "protected housing", social rehabilitation, psycho-social assistance, social competences formation, temporary "respite", day-care, personal social worker ("escort"), family counselling, integrated assistance at home, crisis management and other social services.

Country	Amount (€)
Poland	<p>€883 million⁵⁴</p> <p>Budgeted activities include: care services and specialist care services in the place of residence; services in support centres; home and care services in family-support houses or social welfare homes for up to 30 people; residence; rental of care and support equipment; transportation to the workplace or support centre;; development, testing and implementation (including dissemination) of service standards, including verification of staff training standards for assisting and caring services for older people.⁵⁵</p>
Romania	<p>€285.86 million⁵⁶</p> <p>Budgeted activities include: development of day care services in the community, recovery centres, day centres for the development of independent life skills, counselling centres for children and young people, youth assistance programmes, support for access to or maintenance on the labour market.⁵⁷</p>
Slovakia	<p>€230 million⁵⁸</p> <p>Budgeted activities include: support of home care services for older people; developing human resources for the deinstitutionalisation of people with disabilities; and improving the infrastructure of community-based services. €8 million were allocated to a national deinstitutionalisation project, but it has yet to start implementation.⁵⁹</p>
Slovenia	<p>€45 million⁶⁰</p> <p>The Slovenian Ministry of Health is implementing several projects that focus on deinstitutionalisation and tackling inequalities in health, totalling approximately €45 million. Although considered to have fully fulfilled ExAC 9.1 since the adoption of the Partnership Agreement, Slovenia has yet to launch any calls for proposals in support of deinstitutionalisation.⁶¹</p>

54. According to Ministry of Investment and Economic Development: €815 million allocated to ROPs and 290

55. According to Ministry of Investment and Economic Development: ESF funds are allocated within the framework of the National Operational Programme Knowledge Education Development (OP KED) as well as 16 regional operational programs (ROPs). Intervention under OP KED primarily consists in developing tools and model solutions supporting deinstitutionalisation of services. In ROP, managed by local governments, support is direct and can be implemented as part of projects responding to the specific needs of people with disabilities and their families. The catalogue of available services differs slightly depending on the records of a given ROP and includes mainly:

- care services and specialist care services in the place of residence
- assistant services
- services in support centers (including daytime help houses, community self-help houses, clubs) self-help)
- home and care services in family support houses or social welfare homes for up to 30 people
- services in protected and assisted housing: including training apartments, in which residents gain competence to live independently and housing supported by permanent or 976 775.76 PLN (85% ESF) (€68 million) – indicative amounts, no possibility to isolate the amount solely for deinstitutionalisation.

56. This amount is available under the Regional Operational Programme, co-funded by the ERDF and the Operational Programme Human Capital, co-funded by the ESF to support the transition from institutional to community-based care of children, people with disabilities and older persons; see National Reform Programme (government of Romania) pp 57-58 available: <https://ec.europa.eu/info/sites/info/files/2017-european-se-mester-national-reform-programme-romania-en.pdf>

57. Reply from Ministry of European Funds to 2018 survey.

58. World Health Organisation. (2017). Mental health, human rights and standards of care Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region, p. 160; Transition from institutional to community-based care (deinstitutionalisation) is an explicit national priority mainly embodied into two operational programmes, namely: Operational Programme Human Resources (within the ESF) and its priorities to co/fund: a1) deinstitutionalisation of residential care facilities for disabled people with regards to support human resources for the deinstitutionalisation. Estimated allocation of €7.9 million a2) support of home care services, mainly for care dependent older persons (in years 2016–2017 allocation almost €49.9 million) and Integrated Regional Operational Programme (within the ERDP) and one of its priority to co/fund improvement of infrastructure of the DI (<http://www.mpsr.sk/index.php?navID=1124&navID2=1124&sid=67&id=11593>)

59. Cangár, M. (2018). Prechod z inštitucionálnej na komunitnú starostlivosť v Slovenskej republike. available at: https://www.socia.sk/wp-content/uploads/2018/04/Prechod-z-in%C5%A1titucion%C3%A1lnej-starostlivos%C5%A1ti_nahlad.pdf

60. Emonicum Institute- for projects implemented by the Ministry of Health, focusing on deinstitutionalisation and tackling inequalities in health; no data has been identified for other projects, many of which have not started yet.

61. http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

Increasing evidence of calls for proposals to support the transition

The majority of the 12 Member States have launched calls for proposals which support the transition from institutional to family and community-based living. They were generally launched within the 'Human Resources Development' or the 'Regions in Growth' Operational Programmes.

Operational Programmes are detailed plans in which Member States set out how money from the ESIF will be spent during the programming period. They can be drawn up for a specific region or a country-wide thematic goal. The fact that Programmes focus on deinstitutionalisation illustrate that Member States are moving forward in the transition process, taking steps towards ensuring the right to family and community-based living. 2018 has seen many Member States launch new calls for proposals.

ESIF programmes are impacting on the number of people in institutions

Evidence highlights that ESIF have been used to reduce the number of people in institutions in some countries. Evidence points to a reduction in the numbers of people in large-scale institutions, however, there is a lack of information on the outcomes of transition for those affected. In addition, it is not always clear what alternatives to institutions have been supported, which gives rise to concerns, for example, of an over-reliance of residential care and insufficient investment in community services to make a meaningful transition to independent community living.

- **Bulgaria:** The number of children placed in large-scale institutions has decreased by 86%, from 6,730 children in 2009 to 906 children at the end of 2017.⁶² However, there are concerns with the overuse of 'Family-Type Placement Centres'.⁶³ It is likely that some of the children and adults placed in these centres could live with families or independently in the community, with some support. Regular reviews of placements should be mandatory, and efforts should continue to be made to reunite children with their family, including the provision of support services to birth and extended families. Reports suggest that current services are underfunded. In some cases, there are insufficient staffing levels, staff do not have the training and support needed, and children and adults would benefit from further assistance and alternative models of care.
- **Croatia:** The number of children living in institutions decreased by 50.7% between 2015 and 2017 (from 2,873 to 1,459).⁶⁴ Programmes are now in place that offer support to 2,301 children separated from their parents, who are now living in foster care. Since 2011, 717 adults with disabilities have moved from large scale institutions to supported living arrangements (group homes of up to 20 residents).⁶⁵ According to the Ministry for Demography, Family, Youth and Social Policy, out of 32 institutions in Croatia, 29 are in the process of transformation– 15 homes for persons with disability and all 14 homes for children and youth.⁶⁶
- **Czech Republic:** has invested 2014–2020 ESIF to support the deinstitutionalisation of residents from 47 institutional care homes. This led to the development of new residential services with a total capacity of 996 beds, to day care centres with a total capacity of 143 places and to 10 institutions for adults with disabilities being closed. Since 2014, 1,563 people with disabilities have been moved out of large institutional care services.⁶⁷ Efforts need to be continued, as approximately 16,000 persons with disabilities and 8,000 children remain in institutions.⁶⁸
- **Estonia:** During the 2007–2013 programming period, a total of 550 service places in 'care villages' for people with intellectual disabilities and mental health conditions.⁶⁹ Another 1,400 service places in care villages, as well as in other types of service units (e.g. shared flats) are to be created by 2023.⁷⁰ It has been argued that 'care villages' replicate an institutional culture and do not fulfil the criteria for community-living. Moreover, 1,068 children remain in institutions, out of which 45 are under the age of 3.⁷¹

62. Council Ref: Bulgaria: Lumos calculation based on data sourced from the Agency for Social Assistance and the Ministry of Health. Government of the Republic of Bulgaria. (2009–2018). [Number of children in institutions]. On file with Lumos.

63. National Network for Children & the "Childhood 2025" Coalition. (2016). At the crossroads: DI in Bulgaria. Position Paper:

64. <http://www.openingdoors.eu/wp-content/uploads/2018/02/country-fiche-Croatia-2017-2.pdf>

65. Reply to our survey by Croatian Ombudswoman for persons with disabilities.

66. <https://www.openingdoors.eu/care-reforms-in-croatia-bridge-funding-with-expertise-say-campaigners/>

67. According to Ministry of Labour https://eustrukturalfondswatchdotcom.files.wordpress.com/2016/08/1sverepa_progress-and-opportunities.pdf

68. http://lip.cz/wp-content/uploads/JDI_SituaceRizikaDI_EN.pdf

69. Ministry of Finance of the Republic of Estonia s. 2.2. Available at http://www.struktuurifondid.ee/public/EE_OP_EN_2_12_2014.pdf

70. Atonen (2016), 'Erihoolekande taristu arendamine (Developing the infrastructure for special care)' Sotsiaaltöö 1/2016). Available at: http://www.tai.ee/images/ST1_2016_sisu_Atonen.pdf 11

71. <https://www.openingdoors.eu/where-the-campaign-operates/estonia/>

3.4 The role of ESIF in driving promising practices

Promising practices have been developed across all 12 Member States. Many of these projects contribute to the development of services which enable thousands of children, adults with disabilities and older people to live in families and communities, rather than going to or remaining in institutions.

Promising practices identified include developing campaigns to change attitudes towards marginalised groups, planning for the long-term sustainability of services, and using ESIF to support the design and implementation of the transition process.

ESIF have been used to plan and design the transition process

Member States have used ESIF to carefully plan the transition process, such as through creating methodologies and analytical materials.

- **Czech Republic:** The Czech Ministry of Labour and Social Affairs is implementing 'Life as any other' which focuses on providing methodological support for deinstitutionalisation (budget €1.57 million). Both the Ministry and civil society report that it has helped create a complex range of methodological materials which can be used to support the deinstitutionalisation of social care.⁷²
- **Romania:** ESIF were used to develop a comprehensive plan for the transition from institutional to community-based care for children.⁷³ The aim of the project was "to achieve common procedures and methodologies at the level of the central and local public administration authorities in order to make their activity more efficient in ensuring the transition from the institutional care of children to their care in the community".⁷⁴

Evidence demonstrates that ESIF are being used to design new services to support family and community-based living

Member States have used ESIF to design and develop new services that aim to prevent institutionalisation and support the transition of people in institutions back to their families and communities. This includes the development of community-based services, such as day care and respite services, in addition to strengthening alternative care in the country.

Day care:

- **Estonia:**⁷⁵ With ESIF support, the Estonian Agrenska Foundation established 13 respite services for people with severe intellectual disabilities and improve services in eight day care centres where people receive training in developing life skills. This supports young adults with disabilities to remain at home, with the possibility, when needed, for 24-hour care. The programme also provides respite care for families. The total budget is €518,824 – €441,000 through ERDF and state co-funding, with municipalities and organisations covering the remainder (€77,824).

Foster care:

- **Bulgaria:** Operation Foster Care makes ESIF available to Social Assistance Agencies to support the development of sustainable models of substitute family care for children placed in specialised institutions, particularly children at risk and children with disabilities. One example is project 'Accept me 2015', which received BGN 51,600,000 (approx. €26.3 million).⁷⁶ The project aimed to improve and expand the scope of foster care; developing specialised foster care for children with disabilities, children who are refugees, victims of violence or trafficking and other children at risk. The main target group of the project were children up to three years old.⁷⁷

72. In replies to our 2018 survey and file:///C:/Users/Oana/Downloads/JDI_SituaceRizikaDI_EN.pdf

73. P. 27

74. Operational Programme Administrative Capacity 2014-2020 (POCA), Project: "Elaboration of the DI plan for children in institutions and ensuring the transition of their care in the community – SIPOCA 2 Code" awarded to National Authority for the Protection of Child's Rights and Adoption. Start date: 31 March 2016, implementation period: 30 months, Total amount: 13,503,126.00 Lei. (of which 11,346,946.84 financial contribution from the European Union and 2,156,179.16 own contribution of the Beneficiary).

75. From reply to 2018 survey by the Estonian Chamber of Disabled People- one of their members is involved in the implementing of this particular project

76. was funded under the Human Resources Development Operational Programme, through the European Social Fund and run by an Agency for Social Assistance in Sofia - Agency for Social Assistance, 2 Triaditsa Str., 1051 Sofia, ok@asp.government.bg

77. https://www.eufunds.bg/images/eu_funds/files/OP_Human_Resources_2014_2020/Contracts/%D0%98%D0%BD%D1%84%D0%BE_%D0%B4%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D1%80_%D0%9F%D1%80%D0%B8%D0%B5%D0%BC%D0%B8_%D0%BC%D0%B5_2015.pdf

Home and community-based support:

- **Croatia and Slovenia:** CROSSCARE⁷⁸ aims to develop cooperation between Croatian and Slovenian services, to ensure an integrated approach to domiciliary care that includes medical and social care services. The project is based on partnership and cooperation between local authorities. It will be underpinned by the transfer of knowledge, practices, approaches and methods. The programme will involve eight local authorities cross-border, with a view to: upskilling the workforce (153 employees), increasing resources and delivering high-quality medical and social care. It is funded through ERDF and national funds (total €1,095,401 (931,091 ERDF + 164,310 national)).
- **Slovakia:** Support of Home Care Services ran between November 2015 and April 2018, as a continuation of activities developed in 2014–2015 (funded with ESIF 2007–2013). The project was run by the Implementation Agency of the Ministry of Labour, Social Affairs and Family of the Slovak Republic. It received €49.9 million and aimed to increase the availability of home-based care for more care-dependent persons; to sustain and support their independence within familiar community-based settings and prevent their placement into residential care facilities; and to increase sustainable employment in the sector.⁷⁹
- **Hungary:** The National Federation of Disabled Persons' Associations (MEOSZ) is implementing a €2.2 million project aimed at facilitating the social inclusion of people with reduced mobility by providing access to Augmentative and Alternative Communication (AAC) tools – such as laptops, tablets, alternative mouse switching devices etc and a nation-wide network of support for AAC.⁸⁰ The Hungarian Association of People with Intellectual Disabilities is also currently running a €2.6 million project aimed at providing support for 1,200 people with intellectual disabilities in using AAC, including through teaching users how to use various tools, supporting them to find what best suits them and how to renting devices.⁸¹
- **Poland:** The Safe Future project aims to improve the range and quality of activities for adults with intellectual disabilities (OzNI) and to increase their safety by developing a comprehensive environmental support model based on support circles. The project received €100,000 over a four-month period.

Inclusive Education:

- **Slovakia:** The Ministry of Education launched a call for proposals to provide subsidies for teaching assistants to support inclusive education.

Czech Republic: the Esprit Club

The Esprit club was founded two years ago originally using Norway Grants and funding from the City of Chomutov. It is now funded by ESIF, providing an example of how ESIF are used to continue supporting practices which have been proven to successfully contribute the transition process.⁸²

Most of the project's clients are people suffering from depression combined with anxiety and schizophrenia. Clients may attend a variety of activities (including art therapy, music therapy, memory training, swimming and support groups).

Monika (42) had been refusing help for a long time. *“I was one of those sensitive children – I worried about everything, very often, even about other people's problems”*. After problems in her marriage and tragic events in her family, she attempted suicide. She was dealing with mood swings and was diagnosed with bipolar disorder. Once she started attending activities at the Esprit Club, her condition improved significantly, and she found a job. She is now a peer consultant for the club and gives lectures to schools about her life story and her fight against mental illness.

78. Lead partner: Ljubljana Home Care Institution; 00386 1 23 96 502; liljana.batic@zod-lj.si

79. (source: <https://www.ia.gov.sk/nppos/en/home/>)

80. For more information see [in Hungarian] <http://www.meosz.hu/blog/efop-1-1-5-projekt/>

81. For more information see [in Hungarian] <http://efoesz.hu/efop-1-1-5-17-2017-00003/>

82. Project number CZ.03.2.60/0.0/0.0/15_022/0000856; more information available at https://www.esfcr.cz/detail-clanku/-/asset_publisher/BBFAoaudKGfE/content/i-feel-better?redirect=https%3A%2F%2Fwww.esfcr.cz%2Fvyledavani%3Fp_auth%3DvOxpdkKq%26p_p_id%3DPortalSearchPortlet_WAR_esfportalportletapplication%26p_p_lifecycle%3D1%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-1%26p_p_col_count%3D1%26_PortalSearchPortlet_WAR_esfportalportletapplication_filteredTags%3Dbest_practise%26_PortalSearchPortlet_WAR_esfportalportletapplication_start%3D0%26_PortalSearchPortlet_WAR_esfportalportletapplication_query%3Dlife%2Bas%2Bany%2Bother%26_PortalSearchPortlet_WAR_esfportalportletapplication_searchType%3DALL%26_PortalSearchPortlet_WAR_esfportalportletapplication_end%3D30%26_PortalSearchPortlet_WAR_esfportalportletapplication_javax.portlet.action%3Dportalsearch

Inclusion in the labour market:

- **Latvia and Lithuania:** Through a cross-border cooperation programme, both countries have invested €700,000 in a project called SalesLabs to develop employability skills.⁸³ The overall objective is to improve how skills are matched to labour market needs. The project includes supporting people with disabilities to intergrate into the labour market.

Member States are taking steps to change attitudes towards everyone's right to family and community-based living

During the transition process from institutional to family and community-based living, it is important to raise awareness and change the attitudes of professionals (such as social workers, health care workers), and the general public about the right to family and community living. There is often widespread stigma, long-held beliefs and societal norms surrounding children and adults who have been living in institutions, as well as their ability, and the ability of older people, to live in communities.

Civil society in some countries has recognised an increase in societal awareness about the right to family and community living, and a shift in the attitudes of some professionals, decision-makers and communities.

- **Bulgaria:** civil society reported that, although there are still difficulties, support for deinstitutionalisation has grown significantly since the beginning of the process among staff, decision makers and others due to EU financial support, guidance and technical assistance.⁸⁴

Member States are using ESIF to ensure that sustainable services are developed

To ensure that the transition towards family and community-based living continues to move forward, it is essential to ensure that ESIF supported projects are sustainable in the long-term. Promising practices from some Member States highlight measures taken to develop sustainable programmes, such as preparing financial allocations from the state budget and amending relevant bylaws.

- **Latvia:** To ensure that community-based social services will continue post-2020, Latvia amended its Law on Social Services and Social Assistance, with the State providing municipalities with financial support for community-based social services for adults with mental health problems. The financial resources for such support are currently lacking, but solutions are expected to be found over the next year.⁸⁵
- **Bulgaria:** ESIF from the Human Resources Development Operational Programme 2014–2020 were allocated to ensure the continuation of the Early Childhood Services procedure (planned budget for 2016–2018: €15.5 million) and the Accept Me 2015 procedure to develop foster care. The development of the latter was meant to finish in 2018 but was extended to 2020. The preliminary planned budget was €26.3 million and was raised to €70 million to include more services.

83. For more information see <https://www.keep.eu/keep/project-ext/44535/SalesLabs%20for%20employability%20competencies%20development>

84. National Network for Children & the "Childhood 2025" Coalition. (2016). At the crossroads: DI in Bulgaria. Position Paper: Attitudes towards institutionalised children, as well as children with disabilities and children from different ethnic backgrounds, remain negative. They are frequently subjected to discrimination based on their social status and remain highly vulnerable to social exclusion and isolation. The same survey by the SACP that is mentioned above also found that 65% of parents do not want their child to attend school with a child with an intellectual disability, 42% are negatively disposed towards children from minority backgrounds and 20% have a problem even in relation to children with physical disabilities.

85. [in Latvian] Third Audit Department of the State Audit Office. (2018). Deinstitutionalization - A bridge for people with disabilities living in society, p. 10.

4. Challenges to maximising the impact of the ex-ante conditionality

4.1 The use of EU funds to reorganise or downsize institutions, rather than transition to family and community-based living

Evidence highlights that some Member States are using ESIF to ‘reorganise’ institutional care, reduce the size of institutions, and create a system that over relies on residential care

Evidence demonstrates inconsistencies in how countries interpret and apply the definition of an ‘institution’ in their transition plans. Examples highlight that seemingly arbitrary caps are applied on the size of an ‘acceptable’ institution and where prioritisation has taken place – such as starting a reform process targeting institutions with over 50 residents – it is not supported by a plan for transitioning from smaller institutions to family and community-based living.

The development of small high-quality family-like residential care, such as small group homes, can play a constructive role in a care system. However, it is vital to ensure that this form of care is in a person’s best interest, regular reviews of placements take place to ensure they are for a limited period of time and that every effort has been made to place the person into a family or to live independently in the community.

Evidence highlights that States are providing group homes in situations where children and adults could have been moved to their families or independent living if support had been provided. The overuse of group homes – particularly for children and adults with disabilities, who are disproportionately placed in residential care – risks scaling-down the size of institutions and replicating harmful institutional characteristics.

Many examples exist of children with higher support needs being transferred to smaller institutions rather than family and community-based living. For adults with disabilities, the transition process has been described as “deceptive”, as it can consist of moving “large cohorts of people from large residential facilities to small group homes with no significant difference in the provision of care”.⁸⁶

While many States have made a commitment to supporting the deinstitutionalisation of children and people with disabilities, many are in favour of continuing to provide institutional services to older people.

- **Estonia:** The Estonian Special Care Development Plan for 2014–2020 froze the number of large institutions and gave preference to community-based solutions. However, many residents are now being moved from large dormitories to smaller units, which have been criticised as constituting institutional settings.⁸⁷ Estonia is planning to reorganise or close long-stay residential institutions for adults with intellectual disabilities and mental health conditions by 2023;⁸⁸ and to reduce the number of residents in all units to a maximum of 30 residents by 2023.⁸⁹
- **Hungary:** While acknowledging that a network of community-based services must be developed and that such services are preferable to institutions,⁹⁰ Hungary is currently only launching projects aimed at reducing the number of beneficiaries of large-scale institutional social care, with more than 50 residents.⁹¹ In 2016, a call for proposals was held where only residential institutions with more than 50 residents were eligible to apply.⁹²
- **Romania:** The Romanian Programme of National Interest on DI for people with disabilities⁹³ aims to replace social care institutions of more than 120 places with smaller-scale services. As a result, 300 adults with disabilities will move out of institutions, and 75 protected houses, 76 day-care centres and eight new respite/crisis centres will be established. However, this means that large social care institutions with a capacity under 120 will continue to exist. In addition, in 2018 €19.8 million was made available for the deinstitutionalisation of centres for adults with disabilities with more than 50 residents. A similar approach was also applied to institutions for children, with a call for proposals targeted at 50 large-scale institutions.⁹⁴

86. Kukova, Slavka (2017) Country report on the European Semester 2016/2017 (Academic Network of Disability Experts).

87. please see European Network on Independent Living. 2017. So close, yet so far.

88. The Estonian Special Care and Welfare Development Plan for 2014–2020.

89. See Welfare Development Plan for 2016–2023, p. 35.

90. National Disability Programme between 2015 and 2018 (no: 1653/2015. (IX. 14.), available in Hungarian at http://njt.hu/cgi_bin/njt_doc.cgi?docid=177684.298372

91. Paragraph 7 (5) Long-term concept on deinstitutionalisation for the term 2017–2036 (1023/2017

92. Tender under the *Human Resources Development Operational Programme*.

93. Programme of National Interest. Available: <http://anpd.gov.ro/web/despre-noi/programe-si-strategii/programe-de-interes-national>

94. <http://www.fonduri-ue.ro/presa/noutati-am-oi/details/6/407/spre-consultare,-ghidul-pocu-%E2%80%9Cservicii-sociale-%C8%99i-socio-profesionale-la-nivelul-comunit%C4%83%C8%9Bii-pentru-copii-%C8%99i-tineri%E2%80%9D>

- **Czech Republic and Romania's plans for older people:** The Czech National Action Plan for Positive Aging, while underlining the importance of creating community-based support, does not include the closure of institutions.⁹⁵ In Romania, the National Strategy for Promotion of Active Aging and Protection of Elderly Persons 2015–2020⁹⁶ underlines the necessity to ensure community living, but continues to allow the provision of institutional residential services for older persons.
- **Bulgaria:** has created a large number of small residential units called family-type placement centres – 140 units housing almost 2,000 children.⁹⁷ These are usually small houses where up to 12 children live together – supported mainly by social workers. Such settings were financed from the beginning of the 2014–2020 funding period and continue to be funded.⁹⁸

ESIF have been made available for maintaining institutions

The ex-ante conditionality is clear that Member States are prohibited from using ESIF on the renovation of institutions. Despite this commitment, there is evidence that some States have proposed the use of ESIF towards institutions.

- **Croatia:** In 2016, a call for proposals was launched with the stated purpose to “support the deinstitutionalisation process and the system of social services provision through infrastructural investment in conversion and equipping of institutions”. Eligible activities included extending current buildings, reconstruction and adjustment of institutions and centres for supported living units. The call suggests that funding was available for the maintenance of institutions, which is ruled out under ExAC 9.1, as well as arranging community-based services in former buildings of institutions, which is not in line with the spirit of family and community-based living. This particular call for proposals was generally unsuccessful.⁹⁹

Funds from other Operational Programmes have been used to invest in institutions

Evidence highlights that EU funding streams are not working in harmony, with funding from other Operational Programmes – notably Environment – being used to renovate institutions.

- **Czech Republic:** ESIF worth 14,280,000 CZK (€570,000), channelled through the Operational Programme Environment, has been spent on improving the energy efficiency of the buildings of four institutions for children.¹⁰⁰
- **Hungary:** Funding through Environment was used to improve the energy efficiency at the Tophaz institution. Severe levels of abuse in Tophaz were recently exposed by civil society, which led to plans for its closure.¹⁰¹

95. See National Action Plan for positive aging for the period 2013-2017, pp. 42-44, available at https://www.mpsv.cz/files/clanky/21727/NAP_EN_web.pdf

96. <https://servicii-sociale.gov.ro/ro/politici-si-strategii/strategia-nationala-pentru-promovarea-imbatraniirii-active-si-protectia-persoanelor-varstnice-pentru-perioada-2015-2020>

97. Available at <http://www.asp.government.bg/>

98. One example of such a project includes the project entitled „Chance for the Children – Establishment of 13 Family-type Accommodation Centres for Children and Youth, 2 Transitional Houses and 1 Protected House in the Municipality of Sofia” under Component 2 of the Human Resources Development Operational Programme, which was funded through the European Social Fund and amounted to BGN 2 177 956,50 (approx. 1.100.000 EUR). This project led to the closure of 4 large institutions (Care Home for Children with Mental Disabilities “Rainbow”; Care Home for Children Deprived of Parental Care “Asen Zlatarov”; Care Home for Children Deprived of Parental Care based in Dragalevtsi District; Care Home for Children Deprived of Parental Care “P. R. Slaveikov”), but many of the transferred children might have been victims of re-institutionalisation. The project started on 01 August 2014 and ended on 30 November 2015. (More information at https://www.sofia.bg/en/social-protection-programms-projects/-/asset_publisher/YKjyJWGqoTHw/content/-proekt-podkrepa-za-deinstitutionalizacia-na-socialni-institucii-predlagasi-uslugi-za-deca-v-risk-?inheritRedirect=false); Another such project is Establishment of infrastructure for providing specialised health and social care for children with disabilities, which lead to the building of 5 Centres for specialised health and social care for children with high-risk behaviour and need for special care. They were built to house 6 to 8 children, with a maximum of 2 persons per room, being aimed at children who require permanent medical care and children with high-risk behaviour. More information at <http://2020.efunds.bg/en/0/0/Project/Details?contractId=g6cnmQ%2BFqck%3D>

99. The number of contracted projects within the closed Calls for proposals is as follows:

Infrastructure development for community-based social services for people with disabilities for the purpose of supporting deinstitutionalisation – phase 1 – 2 projects (contracted amount: 16.574.757,65 KUNA- approx. 2,236,440 EUR); Infrastructure development for community-based social services for children and youth for the purpose of supporting deinstitutionalisation – phase 1 – 2 projects (contracted amount: 16.348.809,27 KUNA- approx. 2,205,952 EUR); Infrastructure development of social welfare centers for the purpose of supporting deinstitutionalisation – phase 1 – 5 projects (contracted amount: 8.281.356,82 KUNA- approx. 1,117,557 EUR).

100. Lumos calculation based on data published in the List of Operation available here: http://strukturalni-fondy.cz/getmedia/7cd5a476-0ec1-4e59-b461-c07682055ebe/M023a-Seznam-operaci_-_List-of-operations_180501.xls.aspx?ext=.xls [accessed 03 Jul 2018].

101. <https://www.bbc.com/news/world-europe-39803483>

4.2 Designing transition strategies and plans

Transition strategies and plans are leaving some groups behind

Some Member States that have no strategy or plan in place to support the transition of certain groups from institutions to family and community-based living. Evidence highlights that this commonly includes children and adults with disabilities – particularly those with higher support needs, children in conflict with the law, older people and unaccompanied refugee children.

- **Estonia** has no strategy for children, with or without disabilities.¹⁰² Hungary has no transition strategies for children without disabilities. Its strategy solely covers children and adults with disabilities.¹⁰³
- **Poland** has a strategy focusing on psychiatric care,¹⁰⁴ but no transition strategies for children and adults outside the psychiatric care system.
- In **Bulgaria**, children in conflict with the law and children with delinquent behaviour held in special facilities are not seen as in institutions and are not included in deinstitutionalisation policies.¹⁰⁵
- **Croatia**¹⁰⁶ and **Slovakia's**¹⁰⁷ strategies only marginally cover people with mental health difficulties.
- While **Bulgaria** has made notable progress in transitioning children to family and community-based living, evidence suggests that children with disabilities – particularly those with higher support needs – have been placed in small group homes which have the potential to replicate an institutional culture.¹⁰⁸
- **Refugee and asylum seekers** across the EU are often held in settings which have all the characteristics of an institution but are usually not covered by transition strategies. For example, 3,250 unaccompanied and separated migrant children in Greece are currently living in shelters for unaccompanied children, police departments, reception centres, safe zones or temporary accommodation sites.¹⁰⁹

Many transition strategies are not supported by clear plans that outline key objectives, standards and milestones

Although there are many examples of strategies that commit to general principles of reform, they tend not to be supported by clear, measurable and achievable objectives, timeframes and milestones, which result in implementation challenges and the absence of metrics to hold States to account.

- **Hungary:** Initially committed to achieving full deinstitutionalisation in 30 years, however, after heavy criticism, the target was reduced to 25 years.¹¹⁰ Hungary committed to deinstitutionalising all children under six by 2014,¹¹¹ but, as of 31 December 2016, 541 children under the age of three still live in institutions.
- **Lithuania:** The current Deinstitutionalisation Action Plan¹¹² outlines a series of indicators, including: decreasing the number of adults with disabilities entering institutions by 40%; reorganising five social care institutions; establishing 70 new community-based services; and developing specific services for people with disabilities including day care centres and personal assistant services. However, there are no details on the timescale, quality standards or monitoring of these services.

102. Its strategic documents only cover adults: Special Care and Welfare Development Plan for 2014–2020 available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalhoolduskeskuste/Inimetele/special_care_2014-2020.pdf; Welfare Development Plan for 2016–2023 available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/welfare_development_plan_2016-2023.pdf

103. Long-term concept on deinstitutionalization for the term 2017–2036 (Government Decree 1023/2017), available in Hungarian at: <http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1lt%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse>

104. National Mental Health Reform Plan (<https://www.gov.pl/zdrowie/narodowy-program-ochrony-zdrowia-psychicznego>)

105. National Network for Children & the "Childhood 2025" Coalition. (2016). At the crossroads: DI in Bulgaria. Position Paper

106. Plan of Transformation and Deinstitutionalization of Social Welfare Homes and Other Legal Entities Performing Social Welfare Activities in the Republic of Croatia for the Period 2011–2016 (2018)

107. World Health Organisation. (2017). Mental health, human rights and standards of care Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region, p. 160

108. in a letter addressed to the Minister of Labour and Social Policy, Ms Zornitsa Rusinova by the National Network for Children.

109. <http://www.openingdoors.eu/wp-content/uploads/2018/02/country-fiche-Greece-2017-2.pdf>

110. See [Long-term concept on deinstitutionalization for the term 2017–2036](http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1lt%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse). Available in Hungarian at: <http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1lt%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse>

111. According to the the Hungarian Act XXXI of 1997 on the Protection of Children and Guardianship

112. Plan 2014–2020 for Transition from Institutional Care to Family and Community-based Services for People with Disabilities and Children left without Parental Care, Order No. A1-83 of the Ministry of Social Security and Labour of the Republic of Lithuania.

Strategies are not always accompanied by necessary amendments to legal frameworks and bylaws

It is vital that transition strategies and plans are underpinned by relevant amendments to legal frameworks to facilitate the reform process and, importantly, ensure that funding in the institutional system is ringfenced and reinvested in new services. Without necessary changes in legislation, incentives that drive people into institutions remain which can mean that, despite the development of new services, admissions to institutions do not reduce at the necessary rate.

- **Romania:** Policies outline deinstitutionalisation as a priority, however the legislation that frames how community-based services are delivered needs to be developed. Without this legislation, people who have been transferred to the community still need to adhere to the same rules as those living in institutions. For example, providing housing and part-time support in a flat is hard to fit into the existing legal framework related to social services, which establishes mandatory safeguards based on the institutional model. Beneficiaries cannot choose what and when they want to eat¹¹³ and are obliged to live with the same strict set of rules and rigid routine.¹¹⁴
- **Croatia:** Following a similar pattern to Romania, people with disabilities who have moved into the community might not, for example, be allowed to have keys to their apartment, or they may have to ask for permission each time they want to go out.¹¹⁵
- In many States, such as **Estonia**, institutions receive State funding per resident,¹¹⁶ so it is in the interest of residential institutions to have as many residents as possible. The more children they have, the more funding they are allocated, resulting in residential institutions discouraging the reunification of children with their families.

Insufficient investment in family and community-based services

A core component of the transition from institutions to family and community-based living is the development of community-based services. Putting in place adequate measures to strengthen families – such as parenting support or providing benefits – can prevent family separation and institutionalisation. Services are also needed in the community, such as accessible health and education, to ensure that children, adults and older people – with and without disabilities – have access to the support they need to live in the community, independently. The establishment of community-based services is a key element in preventing institutionalisation and also creates the necessary foundations to support people to leave institutions and return to their families and the community.

It is clear that this is still an area in need of further development, as highlighted in a 2017 study by the World Health Organisation which found that in all the 12 Member States there is a lack of community services for adults with psychosocial and intellectual disabilities.¹¹⁷

- **Hungary:** There are a lack of community based-services, especially in rural, remote and poor areas.¹¹⁸ Supported living is being established and is currently provided to nearly 400 people, but there are some concerns that it constitutes another form of re-institutionalisation as the units provided may end up operating as smaller institutions.
- **Croatia:** Community-based services are unequally distributed across the country and they do not always reach those in need.¹¹⁹
- **Latvia:** In 2017, there were no mobile units or community mental health teams, club houses, peer support networks, or organisations of ex-users and survivors of mental health services.¹²⁰

113. Order no. 67 of 21 January 2015 on the approval of minimum quality standards for the accreditation of social services for adults with disabilities, p. 38) (ORDIN Nr. 67 din 21 ianuarie 2015 privind aprobarea Standardelor minime de calitate pentru acreditarea serviciilor sociale destinate persoanelor adulte cu dizabilități, available at http://www.mmuncii.ro/j33/images/Documente/Legislatie/Asistentia-sociala-2018/Ordin_67_2015_la_18012018.pdf)

114. Order no. 67 of 21 January 2015 on the approval of minimum quality standards for the accreditation of social services for adults with disabilities, p. 69.

115. http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

116. For example in Estonia institutions receive €1200 per month for those of 0 to 3 years of age and €850 per month for a non-disabled child of school age.

117. World Health Organisation. (2017). Mental health, human rights and standards of care Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region, p. 2, available at http://www.euro.who.int/__data/assets/pdf_file/0017/373202/mental-health-programme-eng.pdf?ua=1

118. Reply to 2018 survey from Hungarian civil society.

119. ENIL. Briefing on the Use of EU Funds for Independent Living (2018), available at http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

120. Ibid, pp. 127- 128.

4.3 Implementing transition strategies and plans

Member States are experiencing delays in launching calls for proposals and implementing plans

Many Member States have experienced delays in launching calls for proposals and implementing projects, including Croatia, Czech Republic, Greece, Latvia,¹²¹ Romania, Slovakia and Slovenia.

By the end of 2018, States must demonstrate that they have met a series of intermediate performance indicators. The achievement of these indicators is a prerequisite for the allocation of ESIF. Therefore, States may lose access to planned ESIF, which will need to be covered through national budgets.

Many States are reporting delays in achieving the objectives they committed to in their strategies and plans. This suggests that political support and/or resourcing has changed over time, or there is a lack of capacity to undertake reform, together with concerns about how realistic the initial implementation plans were.

Eligibility conditions are often too restrictive. NGOs and other service providers, who may have relevant practical experience, are being excluded from the start of the process.¹²² This means that valuable expertise is lost and in practice it has led to a low uptake of funds. The complexity of the application process and project requirements are reported as barriers to accessing funds. NGOs and other providers also report the timescale for the submission of applications is often too short.¹²³

- **Croatia:** Implementation of the deinstitutionalisation strategy¹²⁴ has been significantly delayed due to difficulties encountered during the process, such as the lack of eligible applicants for calls for proposals.
- **Latvia:** Civil society has raised serious concerns that large and disproportionate amounts of funding are being spent on repeated needs assessment, the creation of long-term management plans, and sourcing good practice, which significantly reduced and delayed the funding available for the actual implementation of services.
- **Greece:** There is no national deinstitutionalisation strategy in place. As a strategy is a pre-condition for the start of deinstitutionalisation actions co-funded by ESIF, EU money has yet to be awarded specifically for deinstitutionalisation projects. If a strategy had been in place, significant financial resources – estimated to be up to €235 million¹²⁵ – could have already been used to support reform across the country.

Member States sometimes struggle to coordinate strategy and implementation across national, regional and local governments

Member States face challenges coordinating and integrating their strategy and activities across national, regional and local government. As measures for the transition to community-based care often span various legislative frameworks, strategies and plans – ensuring uniformity in the interpretation of norms and distribution of resources can be complicated in practice.

- **Estonia:** The country has over 200 municipalities. When it comes to decisions relating to children, the full responsibility of deciding the best interests of the child in each municipality is placed on a social worker. Due to the lack of relevant common standards or tools, practice is inconsistent. To combat this, the State has initiated a standardisation programme.¹²⁶

121. [in Latvian] Third Audit Department of the State Audit Office. (2018). Deinstitutionalization - A bridge for people with disabilities living in society, p. 10.

122. This has been reported in countries including Bulgaria, Latvia and Romania.

123. For example Igalė Lapsele Pere from Estonia reported that 3 weeks was not sufficient for them to manage to file an application.

124. Plan of Transformation and Deinstitutionalization of Social Welfare Homes and Other Legal Entities Performing Social Welfare Activities in the Republic of Croatia for the Period 2011–2016 (2018)

125. At a 2016 roundtable event in Greece on the transition from institutional to family and community-based care, a representative of the European Commission advised that “€235 million are available to promote independent living for children (foster care) and adults (apartments).” - European Expert Group on Transition from Institutional to Community-based Care “Roundtable on the transition from institutional to family and community-based care in Greece in cooperation with the Greek Ministry of Health and the Ministry of Social Security and Social Solidarity & the European Commission” (Athens, 18 May 2016).

126. Replies to our survey.

Challenges in creating high-quality new services

Concerns have been raised about the quality of newly developed services designed to replace institutions. In some cases, incidents of abuse and neglect¹²⁷ have been reported in newly developed services.

In a monitoring report on community-based services, often ESIF-funded, in Bulgaria, the Czech Republic and Hungary, there was evidence of institutional culture, such as treating children as one whole group instead of as individuals, lack of recognition of children's preferences regarding their physical appearance, overuse of medication, restraint, staff violence towards residents and violence among peers, and emotional neglect and neglect of psychological well-being.¹²⁸

- **Bulgaria:** While there has been notable growth in the capacity of the foster care system, reports suggest that high-risk families have been recruited as foster carers, and some children are facing multiple placements as they move from one failed placement to another.¹²⁹
- **Estonia:** Issues have been raised relating to the well-being of some beneficiaries of the transition process. It has been noted that the settings they have been placed in are not always adequately equipped and staff are not adequately trained and supported, especially at dealing with specific needs of beneficiaries, such as supporting trauma survivors.¹³⁰

4.4 The monitoring process

Targets typically focus on numbers to be 'transitioned' not on quality-of-life outcomes

Common targets outlined in plans tend to focus heavily on 'outputs'. For example, the number of new services developed, or number of people to be 'transitioned'. Targets do not adequately outline the desired outcomes of transition and how this will be evaluated, this can mean that the quality of reform does not become a key performance metric when considering both the design of services and how they are evaluated.

- **Estonia:** Targets to reduce the number of people in institutions have been met,¹³¹ however it has been reported this has been part-achieved through deconstructing large institutions into 'family units'. A 'family unit' houses eight children and are typically located in one house, with four so-called 'family units' in each house, taking the capacity to 32. It has been reported that staff have been transferred from institutions to family units without the training needed to prevent an institutional culture being perpetuated.¹³²

127. See European Network of National Human Rights Institutions. The Human Rights of Older Persons in Long-term Care in Europe; Sarah Wooding. (2017). Findings from monitoring visits: Bulgaria, Czech Republic, Hungary and the United Kingdom, available at <http://mdac.info/en/charm-toolkit>; Adrian Vasile Rus. (2012). Child abuse in residential care institutions in Romania, available at https://repository.tcu.edu/bitstream/handle/116099117/4430/Rus_tcu_0229D_10291.pdf?sequence=1; submissions by civils society and Human Rights Institutions to the UN CRPD Committee available at https://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en

128. See Sarah Woodin. (2017). Findings from monitoring visits: Bulgaria, the Czech Republic, Hungary and the United Kingdom, pp. 56-65, available at http://mdac.org/sites/mdac.info/files/final_report_en.pdf

129. At the crossroads: DI in Bulgaria. Position Paper, op. cit.

130. <http://www.openingdoors.eu/wp-content/uploads/2016/12/estonia-1.12.pdf>

131. According to the Estonian Ministry of Social Affairs reply to our 2018 survey, this process has been quite successful. The ratio of special care service places to services that support independent living and twenty-four-hour institutional care services was to increase from 1.2 in 2014 to 1.6 in 2017 and 2.5 in 2020. That was achieved and even slightly exceeded the prognoses every year. The prognosis for the 2017 target was 1.6 supporting services users per one 24-hour institutional care service user. The actual target level is now 1.7. The percentage of persons on twenty-four-hour services, living in service units housing more than 30 people, of the total number of persons on these services was to drop from 69% in 2014 to 60% in 2017 and 40% in 2020. This prognosis was also exceeded. The actual level for 2017 is not yet known, but for 2016 the prognosis was 69% and the actual level 65%. It is also foreseen that the new ESF special care services reorganisation round will contribute to the achievement of the target levels in 2020-2022.

132. Replies from civil society to our survey.

5. Implementation of the European Code of Conduct on Partnership

There are a number of legal requirements in place to ensure active stakeholder participation in the use of ESIF.

Article 5 of Regulation (EU) No 1303/2013, highlights that States must ensure stakeholder involvement in, and access to, the preparation, implementation, monitoring and evaluation of ESIF. This requirement is reiterated in the Commission Delegating Regulation as of 7 January 2014 on the European Code of Conduct on Partnership in the framework of the European Structural and Investment Funds. This lays the foundations and principles of involving all partners in the design, implementation, monitoring and evaluation of Operational Programmes over the period 2014–2020.

Some States have made notable progress towards respecting these standards. Many working groups and committees have been created across countries, which have invited civil society to participate.

However, despite important achievements, concerns have been raised by civil society relating to transparency in selection procedures, underrepresentation of some groups, a ‘tick-box’ approach rather than genuine involvement, and a lack of support to civil society to access resources they need to enable involvement.

Working groups and committees where civil society has been invited to participate have been created across Member States

Member States have created working groups which include the participation of civil society to support developing strategies and drafting Partnership Agreements and Operational Programmes. In addition, there are a number of examples of Monitoring Committees which include representatives from a broad range of stakeholders, including trade unions, academia and civil society.

- **Croatia:** The working group to develop a strategy to combat poverty included civil society members.¹³³ In addition, calls were launched for public debate on the draft strategy.¹³⁴
- **Bulgaria:** During the programming period 2007–2013, NGOs were only allowed to participate as ‘observers’ without the right to vote. However, for the 2014–20 programming period, a specific application procedure was developed for civil society organisations.¹³⁵

Selection procedures in committees and working groups are not always transparent

Concerns have been raised about the selection processes for members of groups working on ESIF. NGOs reported that selection processes were not clear and, even when information requests were submitted to relevant Ministries, answers were not provided.¹³⁶ There were also reports that membership lists were published with no clear description of the selection procedure and concerns that key NGOs were not included.¹³⁷

133. Decision on establishment of: Government decision, Class: 022-03713-04/112, Reg.no: 50301-04/04- 13-2, 21 March 2013, can be obtained at: https://vlada.gov.hr/UserDocsImages//Sjednice/Arhiva//81_%20-%202022. And https://razvoj.gov.hr/UserDocsImages/arhiva/EU%20fondovi/HR_PA_FINAL_ADOPTED_30_10_2014.pdf, p. 301

134. See for example the Croatian Call for public debate on draft strategy: http://www.mspm.hr/novosti/vijesti/poziv_na_javnu_raspravu_o_prijedlogu_strategije_borbe_protiv_siromastva_i_socijalne_isključenosti_u_republici_hrvatskoj_2014_2020; and the Public Debate on Draft Call for Proposals for Outbound Grant Grants Promotion of Infrastructure for Providing Community Social Services in Support of the DI Process, more info available at <https://strukturfondovi.hr/u-zagrebu-odrzana-usmena-javna-rasprava-o-nacrtu-poziva-na-dostavu-projektnih-prijedloga-u-otvorenom-postupku-dodjele-bespovratnih-sredstava-unapredivanje-infrastrukture-za-pruzanje-socijalnih-usluga/>

135. Council of Ministers (2014), Decree No. 79 of the Council of Ministers from 10.04.2014 for the creation of committees for the monitoring of the Partnership Agreement of the Republic of Bulgaria and the programmes, co-financed by the ESIF for the 2014-2020 programme period, available in Bulgarian at: <http://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=104808>.

136. For example SOS Children's Village in Estonia

137. For example the Economic and Social Committee- Decision 273/2018 of the Prime Minister regarding the modification of the Annex to Decision 219/2015 on the appointment of representatives of civil society within the Economic and Social Council was adopted as a matter of urgency, without prior notification of the existing representatives which had been named one year in advance for a 3 years mandate.

Furthermore, it has been highlighted that not all target groups are represented. For example, in Bulgaria it was reported that, while the Roma community and children's rights organisations are well represented in working groups, it is not the case for people with intellectual and psychosocial disabilities and for people living in poverty.¹³⁸

Civil society organisations are concerned they are only nominally involved in decision making

Many civil society organisations reported a lack of meaningful involvement in ESIF, with their opinions not taken into consideration and their suggestions often ignored. Many complained about tight deadlines given for comments and feedback on important documents or operations.

- **Lithuania:** It was reported that many directors of institutions are members of inter-ministerial working groups for deinstitutionalisation and leading the reform processes in regions. This can result in the process being dominated by one group as opposed to having a more balanced group of stakeholders meaningfully engaged in the process.¹³⁹

Civil society faces challenges in accessing resources it needs to participate in decision making

NGOs cited a **lack of capacity and resources** they can allocate towards participation in ESIF processes. For example, they are invited to join committees, but receive no remuneration, even though the preparation needed is often extensive.

This has a significant impact on civil society's ability to meaningfully contribute and collaborate, which can mean that the expertise and experience they can offer is lost.

In some countries, such as **Bulgaria** and **Latvia**, calls for proposals targeted central or regional authorities. NGOs and other service providers with relevant experience could only get involved in the process after the distribution of ESIF, if they managed to develop agreements with the authorities that obtained funding. This led to the exclusion of organisations with relevant experience, but also to a low uptake of funds, as municipalities and other authorities are not always eager to apply for this funding. In Bulgaria, the Ministry of Labour and Social Policy has tried to mitigate these risks and is planning to organise an eight-month campaign with community meetings in 18 municipalities to encourage greater involvement of stakeholders.



¹³⁸. Replies to our survey

¹³⁹. Mental Health Perspectives. (2017). Independent Living and Community Inclusion Monitoring Implementation of UN CRPD Art. 19 in Lithuanian Social Care Institutions, available at http://perspektyvos.org/images/failai/dei_report_3.pdf

6. Conclusions and recommendations

6.1 Conclusions

ESIF and the regulations governing their use are **playing a pivotal role in supporting Member States to accelerate and enable the transition from institutional to family and community-based living**. This report highlights that many Member States have **national strategies and plans in place**, approximately **€2.7 billion has made available to support the reform process**, and many examples of positive, promising practices exist.

It is commendable that all 12 Member States have taken steps towards the fulfilment of ex-ante conditionality 9.1, with evidence demonstrating that **significant amounts of ESIF are supporting the transition from institutional to community-based living**, which are starting to impact on the way national care and support systems operate and the number of people in institutions.

While strong practice is emerging, it is not consistent within or between countries. The ex-ante conditionality 9.1 applies to the situation of children, children and adults with disabilities and older people – yet practice in country does not always reflect the need to transition for all groups.

It is evident that **countries are taking steps towards reform, and that momentum is shifting from policy to practice**. As the process starts to move from strategy development, to planning and implementation, it is clear that further support is needed to ensure that new services are effectively designed and delivered. **This process requires clearer prioritisation** – such as who is being included, the development of meaningful targets, how the process will be monitored. The current focus of ‘success’ is heavily weighted towards numbers – such as the number of people transitioned, or the number of new services implemented. It is vital that **outcomes remain at the core of the reform process** to ensure that the transition truly realises people’s right to family and community-based living.

It is crucial that Member States are clear on what is meant by family and community-based living, and retain the ambition and drive needed to fully transform their systems of care and support to transition away from institutions.

This research highlights that, while committing to ‘transition’, some States are focusing on reducing the capacity of institutions, creating smaller institutions, or over-relying on smaller ‘group home’ models of care. While, in some cases, this constitutes progress, and a movement towards family and community-based living, it **risks re-institutionalising people, with significant investment in smaller scale models of institutional care acting as a barrier to further reform**, continuing to deny people their rights.

Promising practice exists across Member States of civil society’s involvement in designing, monitoring and implementing ESIF projects. However, it is clear that obstacles remain that prevent full, meaningful engagement of civil society in the process – such as restrictive calls for proposals and complex application processes. Greater involvement of civil society, including those run by, and supporting, children, people with disabilities and older persons, will help ensure that the projects designed through ESIF factor in the needs of those they are seeking to support.

6.2 Recommendations

Based on the findings set out in this report, a number of recommendations are provided to support the European Union and Member States to meet their obligations to respect, protect and ensure fundamental rights, particularly the right to family and community-based living, for all children, persons with disabilities and older people.

The European Commission, the European Parliament and the Council of the EU:

- Ensure that **EU funds are not used for the maintenance of institutional care under the 2014–2020 ESIF Regulations.**
- Investments under **all ESIF thematic objectives should be aligned to ex-ante conditionality 9.1** to ensure coherence and consistency across EU funding instruments.
- Ensure that the financial regulations for the next programming period 2021–2027 explicitly exclude investment in institutions. **Maintain and strengthen the fulfilment criteria on the transition from institutional to community-based care** under the enabling condition that requires a national strategic policy framework for social inclusion and poverty reduction.
- Ensure that **the transition from institutional to family and community-based care is included in the 2021–2027 Regulation on the ERDF.** ESF are mostly used for development related to human capital, but with many EU Member States still at an early phase of reform, continuing ERDF investments in the transition from institutional to community-based care beyond 2020 is vital. Ensuring explicit reference to transition to community-based care in the Regulation on ERDF will further embed this principle and proactively support against funds being used to maintain institutions.
- Ensure that **civil society is meaningfully involved in the design, implementation, monitoring and evaluation** of the operational programmes.
- **Implement the European Ombudsman’s recommendation** that *“the Commission should launch an online platform where civil society, particularly small organisations which do not easily come into contact with the Commission, could report abuses of funds and Charter violations and submit complaints and shadow reports on complaint-handling mechanisms and Member States’ compliance with the European Code of Conduct on partnership”*.¹⁴⁰
- **Maintain and strengthen the Partnership Principle** and its meaningful and effective implementation during the next programming period 2021–2027.

The European Commission:

- As more Member States have strategies in place, it is **crucial to provide technical assistance to put strategy into practice; guiding the planning, implementation, monitoring and evaluation of the transition process.**
- Support Member States to ensure that access to care and family and community-based services is increased during the transition.
- **Leave no one behind**, ensure that Member States have strategies in place that address all groups – children, people with disabilities and older people. Five years after the introduction of the ex-ante and some countries still do not have strategies and plans in place, indicating that the **ex-ante conditionality is not fulfilled**. Member States must demonstrate progress in this area or face **suspension of interim payments**.
- Address inconsistencies in how the ex-ante conditionality 9.1 is interpreted and applied across different Member States. Provide greater clarity on the role of residential care in the transition process. Ensure that Member States’ plans are monitored to ensure that **institutional care is not replicated on a smaller scale**.
- A common mistake during the transition process is to focus on the provision of alternative care services. ESIF-funded programmes should ensure that **community-based services that prevent the separation of people from their families and communities and promote reintegration of those in institutions are developed** at the same time as alternative care services. Official guidance for ESIF regulations should emphasise the importance of investing in human resources, social infrastructure and technology in order to secure the necessary conditions for family and community-based living.
- Support Member States to undertake a **thorough needs analysis to ensure that strategy and actions are underpinned by a clear understanding of the needs and rights that the ESIF are responding to**. This will help the European Commission to better understand and assess the appropriateness and relevance of proposed measures in Member States.

¹⁴⁰ Decision of the European Ombudsman closing her own-initiative inquiry OI/8/2014/AN concerning the European Commission, (European Ombudsman, 2015) p. 8.

- Support and encourage Member States to **develop their legislative and policy framework**, focusing on Member States that are yet to adopt strategies and action plans.
- **Strengthen monitoring of the ex-ante conditionality**, with updated guidelines which should include:
 - indicators to track the transition process, including relevant measures of success that include a focus on improvements in quality of life and outcomes for beneficiaries, not only the number of people included in programmes
 - a transparent tracking progress, such as annual reports on achievements and challenges which include updates on the number of people in institutions and the outcomes of those who have transitioned to family and community services.
- Provide **regular capacity building and technical support to country desk officers** on the transition from institutional to family and community-based living.
- Actively **involve representative organisations of children, persons with disabilities and older people, including those in institutions**, throughout the design, implementation, monitoring and evaluation of regulations governing the management and distribution of ESIF throughout the programming cycle, through transparent, accessible and inclusive procedures.

Member States:

- Ensure strategies are in place to support the transition from institutions to family and community-based living for children and adults with disabilities and older people that they envisage increased access to care and family and community-based services during the transition.
- Undertake a thorough needs analysis to **ensure that transition strategies include all relevant sectors – such as health, education and social services – needed to achieve family and community-based living.**
- Involve a broad range of relevant stakeholders, including civil society, the European Commission and other Member States with experience to **develop realistic and achievable action plans, based on best practice.** It is crucial that legislation is adapted to facilitate and enshrine the transition process.
- Ensure the sustainability of new services is built into their design; **undertake financial analysis and modelling of the current system, transition process, and new system;** and **ensure that funds from the institutional system are ringfenced and reinvested in new services.**
- Develop **meaningful indicators to track the transition process**, including a focus on improvements in quality of life and outcomes for beneficiaries.
- Where needed, **request technical assistance from the European Commission** and other relevant bodies, such as the UN Committee on the Rights of People with Disabilities, to develop implement and monitor ESIF programmes.
- Use technical assistance budget to **strengthen the capacity of civil society so they can play a meaningful role in the design, monitoring, implementation and evaluation of the transition process.**
- **Improve access to ESIF for civil society** by including NGOs and service providers among eligible applicants, removing excessive co-financing burdens and providing support for submitting project applications.
- Actively **involve children, persons with disabilities and older people, including those living in institutions and their representative organisations throughout the design, implementation, monitoring and evaluation of deinstitutionalisation strategies and action plans**, as well as regulations governing the management and distribution of ESIF and their programming cycle.

Annex

Key ESIF Regulations

- Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006 (OJ L 347, 20.12.2013, p. 320–469) available: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013R1303>
- Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repealing Council Regulation (EC) No 1081/2006 (OJ L 347, 20.12.2013, p. 470–486) available: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2013.347.01.0470.01.ENG
- Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006 (OJ L 347, 20.12.2013, p. 289–302) available: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013R1301>
- Commission Delegated Regulation (EU) No 240/2014 of 7 January 2014 on the European code of conduct on partnership in the framework of the European Structural and Investment Funds. (OJ L 74, 14.3.2014, p. 1-7) available: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.074.01.0001.01.ENG
- 2014/99/EU: Commission Implementing Decision of 18 February 2014 setting out the list of regions eligible for funding from the European Regional Development Fund and the European Social Fund and of Member States eligible for funding from the Cohesion Fund for the period 2014-2020 (notified under document C(2014) 974) OJ L 50, 20.2.2014, p. 22–34 available: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.050.01.0022.01.ENG
- Proposal for a Regulation of the European Parliament and of the Council on the European Regional Development Fund and on the Cohesion Fund, COM/2018/372 final - 2018/0197 (COD), available at <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2018%3A372%3AFIN>
- Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL laying down common provisions on the European Regional Development Fund, the European Social Fund Plus, the Cohesion Fund, and the European Maritime and Fisheries Fund and financial rules for those and for the Asylum and Migration Fund, the Internal Security Fund and the Border Management and Visa Instrument, COM/2018/375 final - 2018/0196 (COD), available at <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2018%3A375%3AFIN>

Key ESIF Guidance

European Commission:

- Internal Guidance on ex-ante conditionalities for the European Structural and Investment Funds Version 2.0: August 2014, Part I, available: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/eac_guidance_esif_part1_en.pdf
- Guidance on ex-ante conditionalities for the European Structural and Investment Funds Part II (13th February 2014) available: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/eac_guidance_esif_part2_en.pdf
- Draft Thematic Guidance Fiche for Desk Officers Transition from Institutional to Community-Based Care (Deinstitutionalisation) Version 2 – 27/01/2014. Available: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/guidance_deinstitutionalisation.pdf
- Draft Guidance Fiche for Desk officers Programming of Technical Assistance at the Initiative of the Member State, Version 2- 25/06/2014, available at http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/guidance_technical%20assist.pdf

- Guidance on ensuring the respect for the Charter of Fundamental Rights of the European Union when implementing the European Structural and Investment Funds (“ESIF”) C/2016/4384 (OJ C 269, 23.7.2016, p. 1–19) available: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2016.269.01.0001.01.ENG&toc=OJ:C:2016:269:TOC
- Thematic ex ante conditionalities for thematic objectives 8 to 11 and general ex ante conditionalities 1 to 3 - Overview comments/questions MS on ex-ante conditionality, available at http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/7_thematic_eac8-11_gen_eac1-3.pdf
- Commission notice — Guidance on ensuring the respect for the Charter of Fundamental Rights of the European Union when implementing the European Structural and Investment Funds (“ESI Funds”) C/2016/4384, available at [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52016XC0723\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52016XC0723(01))
- European Expert Group on the Transition from Institutional to Community-based Care:
- Common European Guidelines on the Transition from institutional to Community Based Care and Toolkit on the use of European Union Funds for the Transition from Institutional to Community-based Care (Revised version 2014) both documents available: <http://www.deinstitutionalisationguide.eu>
- “Structured Dialogue with European Structural and Investment Funds’ partners group of experts”, formally established through Commission Decision C (2014) 4175 off 26 June 2014 see: http://ec.europa.eu/regional_policy/en/policy/communication/structured-dialogue-with-partners
- From Institutions to Community Based Living – Parts 1-3 European Union Agency for Fundamental Rights, 2017 <http://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living/publications>
- Relevant International and EU law, policy and standards
- Council Decision (EC) 2010/48 of 26 November 2009 concerning the conclusion, by the European Community, of the United Nations Convention on the Rights of Persons with Disabilities OJ L 23/35.
- EU Legislative Acts which refer to matters governed by the UN Convention on the Rights of people with Disabilities in European Commission “Progress Report on the implementation of the European Disability Strategy 2010-2020” SWD (2017) 29 final (Brussels, 2.2.2017) Annex 5.
- EUROPE 2020 A strategy for smart, sustainable and inclusive growth, COM (2010) 2020 final, Brussels, 3.3.2010).
- Communication From The Commission To The European Parliament, The Council, The European Economic And Social Committee And The Committee Of The Regions - Europe 2020 Flagship Initiative - Innovation Union, COM (2010) 546 final, Brussels, 6.10.2010.
- European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe, COM (2010) 636.
- Charter of Fundamental Rights of the European Union (2007/C 303/01) OJEU C 83/391, 30 March 2010.
- UN Convention on the Rights of the Child (1989).
- UN Guidelines for the Alternative Care of Children (2009) A/HRC/11/L.13.
- EU “Agenda for the Rights of the Child” (2011).
- Commission Recommendation of 20.2.2013 Investing in Children; breaking the cycle of disadvantage C (2013) 778 final (Brussels, 20.2.2013).
- Council of the European Union “Revision of the EU Guidelines for the Promotion and Protection of the Rights of the Child (2017) – Leave No Child Behind”, adopted by the Council at its 3525th meeting (Brussels, 6 March 2017).
- Council of the European Union conclusions on “The European Pact for Mental Health and Well-being: results and future action” 3095th Employment, social policy, health and consumer affairs Council meeting (Luxembourg, 6 June 2011).
- Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward, 17468/12, Brussels, 7 December 2012.
- United Nations Principles for Older Persons, Adopted by General Assembly resolution 46/91 of 16 December 1991.
- Political Declaration and Madrid International Plan of Action on Aging, Second World Assembly on Aging, Madrid, Spain 8-12 April 2002.
- Office of the High Commissioner for Human Rights, Normative standards in international human rights law in relation to older persons - Analytical Outcome Paper, August 2012.

- Recommendation CM/Rec(2014)2 of the Committee of Ministers to Member States on the promotion of the human rights of older persons (Adopted by the Committee of Ministers on 19 February 2014 at the 1192nd meeting of the Ministers' Deputies).
- Council of the European Union "EU Action Plan on Human Rights and Democracy 2015-2019 adopted by the Council on 20th July 2015" 10897/15 RC/oza (Brussels, 20 July 2015).

Annex 2: Transition approaches from institutional care to family and community-based living

Country	Strategic documents and action plans related to deinstitutionalisation (divided by target group)		
	Children	Adults with disabilities	Older persons
Bulgaria	<p>National Strategy Vision for DI of Children in Bulgaria (2010–2025)¹⁴¹</p> <p><i>National strategy for children with and without disabilities.</i></p> <p><i>Aims for no child to be in an institution by 2025.</i></p> <p><i>The Action Plan for the Implementation of the Vision¹⁴² is financed by the state budget and through ESF and ERDF.¹⁴³</i></p>	<p>National Strategy for Long-term Care, adopted in 2014.¹⁴⁴</p> <p><i>Envisages building a network of accessible and high-quality services in the community and at home to prevent older people and people with disabilities entering institutions, and support those in institutions to transition to community-living.</i></p> <p><i>The Action Plan for the Implementation of the National Strategy for Long-term Care (2018–2021).¹⁴⁵ is financed by the state budget and by two operational programmes.¹⁴⁶</i></p> <p><i>Supporting this strategy is the National Concept Paper for Active Life of Elderly People in Bulgaria (2012–2030).</i></p>	
Croatia	<p>Master plan 2011–2016 (2018) – Plan of Transformation and DI of Social Welfare Homes and Other Legal Entities.¹⁴⁷</p> <p><i>Targets children without parental care, children and youth with behavioural difficulties, children with disabilities and persons with disabilities.</i></p> <p><i>According to survey respondents and independent reports,¹⁴⁸ its progress has been slow due to a lack of sufficient funding and political will.</i></p> <p><i>ESIF were allocated for its implementation, but little has been distributed to date.</i></p>		<p>Strategy of Social Welfare for Elderly Persons in Croatia for the Period 2017–2020.</p> <p><i>Most older people are also covered by the general deinstitutionalisation strategy (Master plan 2011–2016 (2018))</i></p>
Czech Republic	<p>No national deinstitutionalisation strategy currently in place, although one is being drafted.</p> <p><i>Other relevant documents include:</i></p> <ul style="list-style-type: none"> - <i>Strategy for Reform of Psychiatric Care 2014–2020</i> - <i>Action Plan for the Implementation of the National Strategy of Protection of Children's Rights, 2012–2015</i> - <i>Action Plan for the Development of Social Services for the Period 2017–2018.</i> - <i>National Action Plan for Positive Aging.¹⁴⁹</i> 		

141. Council of Ministers (2010), National Strategy "Vision for DI of Children in Bulgaria" (2010–2025), adopted on 24.02.2010, available in English at: <http://www.strategy.bg/FileHandler.ashx?fileId=9433>.

142. Council of Ministers (2016), "Action Plan for the Implementation of the Vision for Deinstitutionalisation of Children in Bulgaria for the period 2016 – 2020", adopted in October 2016, available in Bulgarian at: <http://www.strategy.bg/FileHandler.ashx?fileId=9276>.

143. According to the reply at the 2018 survey from the Ministry of Labour: (the Operational Programme 'Regions in Growth' (OPRG), the Operational Programme 'Science and Education for Smart Growth' (OPSESG) and Operational programme "Human Resources Development" (HRD OP)

144. Council of Ministers (2014), National Strategy for Long-term Care, adopted on 07.01.2014, available in English at: <http://www.strategy.bg/FileHandler.ashx?fileId=9432>.

145. Council of Ministers (2018), the Action Plan for the Implementation of the National Strategy for Long-term Care (2018–2021), available in Bulgarian at: https://www.mlsp.government.bg/ckfinder/userfiles/files/politiki/socialni%20uslugi/deinstitutionalizacij%20na%20grijata%20za%20vuzrastni%20hora%20i%20hora%20s%20uvrejdaniq/Plan_LTC.pdf.

146. Operational Programme "Human Resources Development" and Operational Programme "Regions in Growth" (OPRG) (According to the 2018 reply to our survey by the Ministry of Labour)

"Plan on the DI and transformation of social care homes and homes established by other legal entities carrying out social care activities in the Republic of Croatia for the period between 2011 and 2018", p. 3, http://www.mspm.hr/content/download/6087/47360/file/plan_DEINSTTUCIJALIZACIJE.pdf

147. See for example European Network on Independent Living. Croatia: Community for All or the Chosen Few? Available at <http://enil.eu/news/croatia-community-for-all-or-the-chosen-few/>

148. See National Action Plan for positive aging for the period 2013–2017, pp. 42–44, available at https://www.mpsv.cz/files/clanky/21727/NAP_EN_web.pdf

<p>Estonia</p>	<p>No deinstitutionalisation strategy for children, with or without disabilities.</p> <p>The Green Paper on Alternative Care (adopted 2014), does not explicitly mention deinstitutionalisation, but provides a basis for some relevant services, such as alternative care and support services.</p>	<p>Special Care and Welfare Development Plan for 2014–2020¹⁴⁹.</p> <p>Welfare Development Plan for 2016–2023¹⁵⁰.</p> <p><i>States that long-stay residential institutions for adults with intellectual disabilities and mental health conditions receiving 24-hour service will be reorganised or closed by 2023.</i></p> <p><i>Includes measures to shift from mental health long-term care homes into smaller units. All units above 80 will be reduced and target number are homes up to 30 residents.</i>¹⁵¹</p>	<p>Older people may be covered under the strategy targeting adults with disabilities if they fulfil specific conditions.</p>
<p>Greece</p>	<p>No national deinstitutionalisation strategy is currently in place, although one is being drafted.</p> <p>Other relevant documents include:</p> <ul style="list-style-type: none"> - <i>Strategy for Social Integration and Combating Poverty</i>¹⁵² - <i>National Action Plan Psychargos C – psychiatric reform.</i> - <i>Two pilot projects for people with disabilities: one at a state level (Attica) and one targeting a particular institution. These are financed through state funding (Ministerial Decision, published on 15 December 2017).</i> 		
<p>Hungary</p>	<p>There is no strategy for children without disabilities.</p> <p>Children with disabilities are targeted by the Long-term Concept on Deinstitutionalisation for the term 2017–2036.¹⁵³</p>	<p>Long-term concept on deinstitutionalisation for the term 2017–2036 (Government Decree 1023/2017).¹⁵⁴</p> <p><i>Targets children and adults with disabilities.</i></p> <p><i>It only covers ‘nursing/caring institutions’, and institutions with more than 50 residents.</i>¹⁵⁵</p>	<p>N/a</p>
<p>Latvia</p>	<p>Guidelines on Development of Social Services 2014–2020, approved by Order No.589 of 4 December 2013 of the Cabinet of Ministers.</p> <p>Action Plan for Implementation of DI 2015–2020, approved by Order No.63 of 15 July 2015 of the Minister for Welfare.</p> <p><i>Projects are being implemented in all regions of Latvia, with 115 (out of 119) local governments participating.</i></p> <p><i>EU funding is being used in this process but is not available to NGOs.</i></p>		<p>N/a</p>

149. Available at http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalhoolekanne/Puudega_inimetele/special_care_2014-2020.pdf

150. http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/welfare_development_plan_2016-2023.pdf

151. See Welfare Development Plan for 2016–2023, p. 35

152. <http://www.pepattikis.gr/ftwxeia/>

153. Available in Hungarian at: <http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1ll%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse>

154. Available in Hungarian at: <http://www.kormany.hu/download/c/23/f0000/kiv%C3%A1ll%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf#!DocumentBrowse>

155. http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

Lithuania	<p>Strategic guidelines for deinstitutionalisation of social care homes for children with disabilities, children deprived of parental care and adults with disabilities.¹⁵⁶</p> <p>The strategy is accompanied by the 2014–2020 Action Plan.¹⁵⁷</p> <p>Other relevant documents include:</p> <ul style="list-style-type: none"> - Order No. A1-271 of the Minister of Social Security and Labour of the Republic of Lithuania of 5 May 2015 on the Approval of the List of Institutional Social Care Establishments and Homes for Infants with Developmental Disorders Selected for Reorganisation - Action Plan 2014–2020 on Enhancement of Social Inclusion¹⁵⁸ - (Vilnius) Children Care Reform Action Plan for years 2015–2020, approved by Vilnius City Municipality Council on 29 July 2015.¹⁵⁹ 		
Poland	<p>No national deinstitutionalisation strategy currently in place.</p> <p>Other relevant documents include:</p> <ul style="list-style-type: none"> - <i>National Mental Health Reform Plan¹⁶⁰ (for people in psychiatric institutions)</i> - <i>Act on Family Support and the System of Foster Care</i> - <i>Guidelines for the implementation of projects in the area of health using the resources of the European Social Fund 2014–2020</i> - <i>Document/instruction from the Ministry of Development and Finance (24 October 2016)</i> - <i>Internal instruction on implementation of activities with use of ESF and ERDF which mentions DI and gives instructions on which projects should be financed</i> <p>There are also relevant regional strategic programmes such as the Strategic Programme for Health Protection of the Lubelskie Voivodeship for 2014–2020. This is aimed at ensuring access to community-based mental health care, providing a holistic approach to medical care for the elderly performed by the reorganised care for older persons and creating conditions that enable people with disabilities to join or completely return to active life.</p>		
Romania	<p>The National Strategy for the Protection and Promotion of the Rights of the Child 2014–2020.</p> <p><i>Targets children without disability only. Children with disabilities are covered by the National Strategy A barrier-free society for people with disabilities 2016–2020¹⁶¹.</i></p>	<p>National Strategy: A barrier-free society for people with disabilities 2016–2020¹¹².</p> <p><i>This strategy targets children and adults with disabilities. It states that the deinstitutionalisation of people with disabilities, alongside the development of measures to prevent institutionalisation and to support social inclusion, are priorities for Romania. It states that the Romanian government plans to extend the infrastructure that supports people with disabilities to live in the community, resourcing it with both state funding and ESIF.</i></p>	<p>National Strategy for Promotion of Active Aging and Protection of Elderly Persons 2015–2020¹⁶³</p> <p><i>While discussing the necessity to ensure community living, this strategy is in favour of maintaining residential services for older people.</i></p>
Slovakia	<p>Strategy of Deinstitutionalisation of the System of Social Services and Substitute Care in the Slovak Republic.¹⁶⁴</p> <p><i>This strategy is the conceptual document for the process of deinstitutionalisation, providing basic terms and definitions, stating priorities and activities that need to be taken within the process. It targets groups of all ages who are in care because of disabilities, unfavourable health conditions or older age, as well as children in need of family care.</i></p> <p><i>It is accompanied by the National Action Plan for Transition from Institutional to Community-based Care in the Social Services System for 2016–2020, which plans measures and activities in accordance with the deinstitutionalisation process and also the implementation of the so-called national projects of deinstitutionalisation funded by ESIF.</i></p>		

Slovenia	<p>No national deinstitutionalisation strategy currently in place.</p> <p><i>Other relevant documents include:</i></p> <p><i>Resolution on the National Social Assistance Programme for the period 2013–2020 (ReNPSV13-20)</i>¹⁶⁵</p> <p><i>Resolution on the National Programme for Mental Health 2018–2028 (ReNPDZ18-28)</i>¹⁶⁶.</p>
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156. <https://www.e-tar.lt/portal/lt/legalAct/TAR.529536C2C2A8>

157. Action Plan 2014–2020 for Transition from Institutional Care to Family and Community-based Services for People with Disabilities and Children left without Parental Care, Order No. A1-83 of the Ministry of Social Security and Labour of the Republic of Lithuania of 14 February 2014, available at <https://www.e-tar.lt/portal/lt/legalAct/c90d41f097de11e3bdd0a9c9ad8ce1bf>

158. http://www.socmin.lt/public/uploads/233_veiksmu_planas_2014-2020_bendras.pdf

159. http://www.vilnius.lt/lit/DeL_pritarimo_vaiku_globos_sistemas_pert/8/40953099/12095132 (last accessed at 10.08.2015)

160. <https://www.gov.pl/zdrowie/narodowy-program-ochrony-zdrowia-psychicznego1>

161. Available in Romanian at <http://www.anpd.gov.ro/web/wp-content/uploads/2016/09/MO-nr-737Bis-din-22-septembrie-2016.pdf>

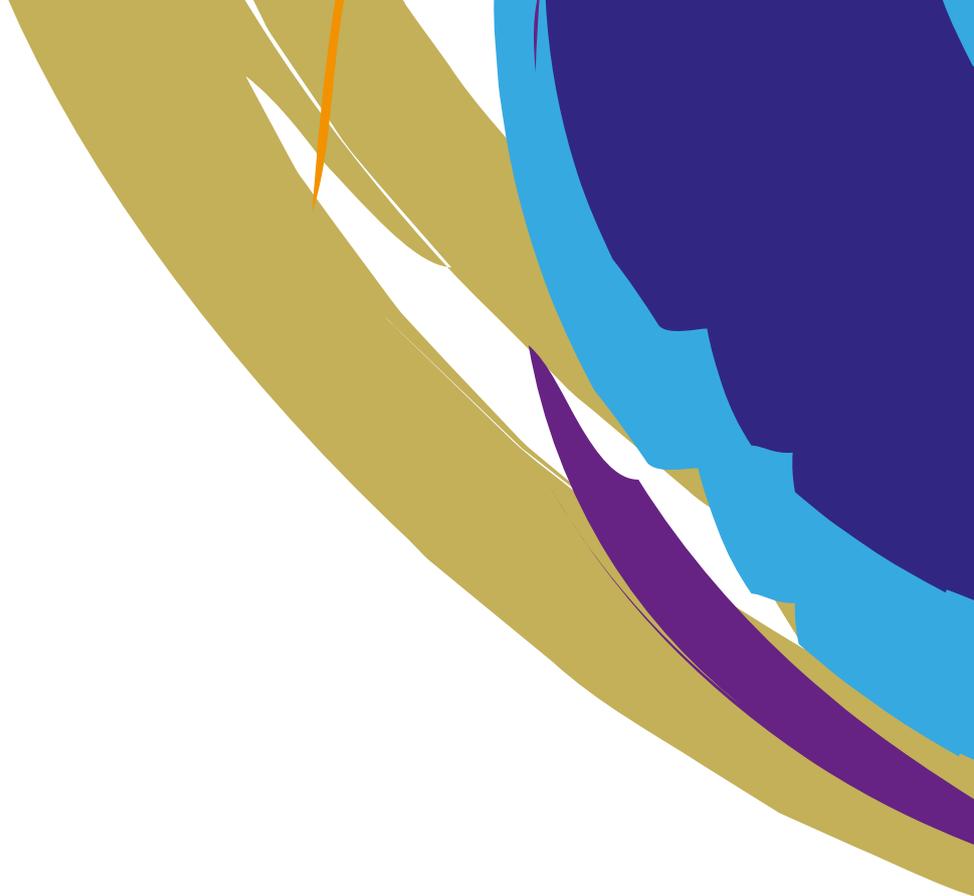
162. Available in Romanian at <http://www.anpd.gov.ro/web/wp-content/uploads/2016/09/MO-nr-737Bis-din-22-septembrie-2016.pdf>

163. <https://servicii-sociale.gov.ro/politici-si-strategii/strategia-nationala-pentru-promovarea-imbatrarii-active-si-protectia-persoanelor-varstnice-pentru-perioada-2015-2020>

164. Slovakia, Ministry of Labour, Social Affairs and Family of the Slovak Republic (Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky) (2011), 'Stratégia deinštitucionalizácie systému sociálnych služieb a náhradnej starostlivosti v Slovenskej republike'; available at: <http://www.employment.gov.sk/files/legislativa/dokumenty-zoznamy-pod/strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-1.pdf>.

165. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=NACP68>

166. <http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO120>



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