

# ***European Expert Group***

## ***on the Transition from institutional to community-based care***

### **Dismantling the Remaining Barriers**

The EU must concretely promote and support  
the transition from institutional to community-based care

### **EEG Statement**

**10 December 2014**

Hundreds of thousands of children, young people, people with disabilities, people with mental health problems, older people and homeless people are still segregated in institutions across the EU and suffer the life-long impact of institutionalisation. Alternatives can and must be developed which provide quality family and community-based support which respond to the needs of each individual, comply with established social care values, meet high level social care standards and international human rights treaties. There is still a long way to go before we reach this objective.

The European Expert Group (EEG) has developed Guidelines on the Transition from Institutional to Community-Based Care, which set out the key elements of moving away from institutional care to family-based and community-based alternatives. Together with the Toolkit on the use of EU Funds, they can be used by the Member States and the European Commission to implement and monitor system reforms.

Some Member States have engaged constructively in the reforms and a positive framework has been created by the new European Structural and Investment Funds 2014-2020 (ESIF), which contain an unprecedented set of provisions to support and promote the development of quality community-based services and de-institutionalisation (DI) policies and programmes as part of social inclusion policies. Despite this progress, there are still challenges ahead that will need to be tackled by all relevant stakeholders in line with their respective areas of responsibility and expertise. In particular, there is still a lack of understanding of what successful DI, based first and foremost on the needs and preferences of the people concerned and including the development of quality personalised community-based services, really implies for the different target groups. Some reforms have been undertaken with the best intentions, but they have not resulted in the best possible outcomes or been applied in line with human rights obligations. Sometimes this is due to a lack of meaningful consultation with the parties concerned, lack of available expertise and training, difficulties to change the social and cultural environment,

resistance to change. However all too often there is insufficient political commitment to the cause or understanding of what true deinstitutionalisation involves.

With this statement, the EEG therefore calls for continued and active work at the EU level to dismantle the many remaining barriers. The EEG stands ready to work with the EU to achieve this aim.

The new European Commission as well as the newly elected European Parliament has a unique opportunity to make further steps towards DI within the EU during their mandate. The EEG urges these institutions to make use of all the available political and financial instruments to ensure that this process continues and is actively promoted. This is particularly important in the current context of financial austerity, which has seen the process slow down or even go into reverse in a number of European countries.

Whilst the responsibility for implementing DI in practice mainly lies at the national, regional and local levels, the EU still has a number of tools to support and promote the implementation of meaningful, quality, sustainable and successful processes across its Member States. **The EEG requests the European Commission within their mandate 2014-2019 to:**

- Ensure that the commitments to transition from institutional to community-based care are clearly described in the **Partnership Agreements and Operational Programmes of all Member States**. Those agreements should support the implementation of the Europe2020 targets which include poverty reduction. Deinstitutionalisation is an essential means of poverty reduction and social inclusion.
- Ensure that implementation of these commitments is **effectively monitored** at the national level and by the European Commission, with a meaningful involvement of all the relevant stakeholders in line with the European Code of Conduct on Partnership.
- Ensure that the **Country Specific Recommendations (CSR)** based on National Reform Plans are consistently used as instruments to achieve the relevant objectives outlined in the new regulations.
- Guarantee that the ex-ante conditionality on transition from institutional to community-based services, found in the Regulations governing the ESIF is fully implemented in all Member States and that the principles it contains are fully applied across all applicable EU policies and funding streams.
- Recognise that countries that benefit less from the ESIF, including those in Western Europe, also need to work towards DI reform. The need to start or continue DI reforms must also be highlighted as a priority in the EU accession process for future EU Member States.
- Continue to support transnational exchange and sharing of expertise and best practice.
- Include the transition from institutional care to family-based and community-based alternatives more clearly in the **Horizon 2020 research framework objectives**. Research is needed to facilitate and promote knowledge and expertise in this area. Research could, for example, explore the link between quality of life experienced and quality of services.
- Eurostat should develop specific **indicators** to monitor more precisely the situation of people living in institutions.

As a means to respond to these demands, the EEG proposes that the European Commission adopts a **Recommendation on the transition from institutional to community-based care**. We believe that a Recommendation from the new European Commission would pave the way for policies truly in line with the EU's international human rights obligations, which would respond to the needs of each individual, and comply with social care values and high level social care standards. Such a Recommendation would declare a clear commitment and provide useful guidance to Member States and help to clarify the issues at stake and the steps ahead. The recommendation should be prepared in close collaboration with all relevant stakeholders including the EEG.

The EEG also **asks the new European Parliament to stand up for their constituents** across the EU who are still victims of segregation and deprivation of their fundamental human rights, by declaring their political support to the efforts made by the European Commission, Member States and civil society. **We call for the adoption of a declaration**, which explicitly highlights this commitment in favor of the transition from institutional to community-based care. We also invite the European Parliament to regularly host hearings where both progress and concerns related to DI in Europe could be shared.

The EEG remains convinced that the structured dialogue within the framework of the EEG/EC Joint Meetings is essential for the progress of DI in the EU and stresses the need to take this collaboration even further. Platforms need to be set up at many levels providing opportunities for discussion, both internally and externally, among all stakeholders, including regional and local authorities, users' organisations, service providers and civil society. The EEG calls for a renewed dedicated funding programme (such as the previous Joint Action on the transition from institutional to community-based care) to enable regular meetings between the EC and the EEG, the organisation of national seminars and follow-up meetings and to provide structural support for the work of the EEG.

### ***Information about the European Expert Group on the Transition from Institutional to Community-based Care (EEG)***

*The European Expert Group on the transition from institutional to community-based care, formerly known as the Ad Hoc Expert Group on the transition from institutional to community-based care, was convened in February 2009 by the then European Commissioner for Employment and Social Affairs Vladimir Špidla in order to address the issues of institutional care reform in the European Union.*

*The EEG is a broad coalition gathering stakeholders representing people with care or support needs including children, people with disabilities, people experiencing mental health problems, families, people experiencing homelessness; as well as service providers, public authorities and intergovernmental organisations.*

*The Group aims to serve as an informal advisory body in relation to institutional care reform, encompassing children, people with disabilities, including people with mental health problems, elderly and families. It has published two reference documents: a set of 'Common European Guidelines on the Transition from Institutional to Community-based care' and a 'Toolkit on the use of European Union Funds'*

The EEG consists of the following organisations: COFACE (Confederation of Family Organisations in the EU), EASPD (European Association of Service Providers for People with Disabilities), EDF (European Disability Forum), ENIL/ECCL (European Network on Independent Living/European Coalition for Community Living), ESN (European Social Network), Eurochild, FEANTSA (European Federation of National Organisations Working with the Homeless), Inclusion Europe, Lumos, Mental Health Europe, as well as the United Nations' Office of the High Commissioner for Human Rights - Regional Office for Europe and the UNICEF.

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The EEG is comprised of the following entities:

UNICEF

