COVID-19 RECOVERY AND THE EU BUDGET: INFLUENCING THE PROCESS

The European Expert Group on the transition from institutional to community-based care

Brussels
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THE EUROPEAN EXPERT GROUP ON TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE (EEG)

• Ad Hoc Expert Group convened in 2009 by the then European Commissioner for Employment and Social Affairs Vladimir Špidla

• Broad coalition of stakeholders representing people with care or support needs and their families, including children, people with disabilities, homeless people, and people experiencing mental health problems; as well as service providers, public authorities and UN organisations.

• Informal advisory body to European institutions and Member States

More here: [https://deinstitutionalisation.com/](https://deinstitutionalisation.com/)
On 24th April 2020, the EEG called on EU leaders to ensure its response to COVID-19 takes into consideration persons living in institutions in Europe. Children, older people, persons experiencing homelessness, persons with disabilities and mental health problems who are segregated in short-term and long-term residential institutions are now more vulnerable than ever to human rights violations.

They face increased risks of infection, abuse, neglect, lack of care, health issues and mental distress, denial of medical treatment and more. More adequate funding to the social and care sector is needed, as well as support to families and carers. This can prevent an increase in institutionalisation and prevent the worsening of the conditions of those who are living in residential segregating settings.
**Common Provisions Regulation** (CPR)

- The CPR sets out a series of common general objectives and general principles for the 2021-2027 EU budget such as partnership and multi-level governance, monitoring, evaluation, and more.
- It includes clear conditionalities for the use of the funding or today called “enabling conditions”. Recital 17 + Article 11
- Horizontal conditionalities (Annex III CPR – implementation Charter of Fundamental Rights + UNCRPD)
- Thematic conditionalities (Annex IV CPR - explicit references to the transition from institutional to community-based care under the Social Europe priority).
European Social Fund Plus (ESFPlus)

• Recital 28: “The ESFPlus must also promote the transition from residential/institutional care to family and community-based care, in particular for those who face multiple discrimination. The ESF+ should not support any action that contributes to segregation or to social exclusion.”

• Article 6 (2). “The Member States and the Commission shall also support specific targeted actions to promote the principles referred to in paragraph 1 within any of the objectives of the ESF+, including the transition from residential/institutional care to family and community-based care.”

• See also the Annexes to the ESFPlus which mention the output indicators and target groups: persons with disabilities, homeless people, long-term unemployed, third country nationals.
ENABLING CONDITIONS AS MECHANISM TO MOVE AWAY FROM INSTITUTIONS

• Conditions are fewer, more focused on the goals of the fund concerned and – in contrast to the 2014-2020 period – monitored and applied throughout the period. Member States will not be able to declare expenditure related to specific objectives until the enabling condition is fulfilled. This will ensure that all co-financed operations are in line with the EU policy framework. These need to be maintained throughout the 2021-2027 implementation period. See Recital 17 CPR + Article 11 CPR for more.

• But risk that institutions still funded through other non-social policy frameworks like energy efficiency or digital connectivity, to mention examples. Need to be vigilant and ensure institutions are not supported through other frameworks. For example: are long-stay residential institutions targeted for energy efficiency or as part of digitalization and e-governance measures?
Each Member State shall organise a partnership with the competent regional and local authorities. That partnership shall include at least the following partners:
(a) urban and other public authorities;
(b) economic and social partners;
(c) relevant bodies representing civil society, environmental partners, and bodies responsible for promoting social inclusion, fundamental rights, rights of persons with disabilities, gender equality and non-discrimination.

Using the 2014 regulation as starting point: European code of conduct on partnership
The purpose of this EEG checklist is to ensure EU funds in the 2021-2027 programming period contribute to independent living and inclusion in the community. More specifically, the checklist supports monitoring of consistency of the measures with the legal and policy frameworks in the fields of:

• Transition from institutional to family-based and community-based services for children, persons with disabilities, persons with mental health problems and elderly persons
• Development of quality family-based and community-based services
• Prevention of separation of children, including with disabilities, from their families
• Prevention of segregation and institutionalisation of children, persons with disabilities, persons with mental health problems, older people and homeless people, regardless of the residence status.
EU budget negotiations still ongoing, but in parallel also preparation of the partnership agreements with different regions across Europe. **Now** is the time to contact your [ESF authorities](#) to:

- Provide them with data on the DI needs in your community;
- Ask to be part of the regional/national dialogue on implementation of the ESF and other funds in line with the UNCRPD and the Partnership principle;
- Use the EEG checklist to assess if policy objectives directed at independent living, to assess the target groups, ensure funding of range of services in the community, identify unwelcome measures;
- Mention the work of your European umbrella organization and counterparts in other countries
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Further information

www.deinstitutionalisation.com

Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services