



Position Paper on the Action Plan of the European Pillar of Social Rights

European Expert Group on the Transition from institutional to Community-based Care

What is the EEG?

The [European Expert Group on the Transition from Institutional to Community-Based Care \(EEG\)](#) is a coalition representing children and their families, people with disabilities and their families, homeless people, people experiencing mental health problems, service providers, public authorities and UN organisations. The EEG members come together because we believe the segregation and institutionalisation of all people must end.

Institutional care refers to any residential care where residents are isolated from the broader community and/or compelled to live together. Residents do not have enough control over their lives and over decisions that affect them. Requirements of the organisation itself tend to take precedence over the residents' individual's choice, preferences and support needs.

Both the EU and all Member States are bound by the UN Convention on the Rights of Persons with Disabilities (CRPD) according to which both independent living and being included in the community refer to life settings outside residential institutions of all kinds. It is estimated that over one million people in the EU currently live in institutions.

How the Action Plan of the EU Pillar of Social Rights can bring people out of institutional care

The proposed list of actions within the Action Plan of the EU Pillar of Social Rights offers many opportunities to further the transition away from institutional care towards family- and community-based services. Investment in alternatives to institutional care should be central to any responses coming under a number of the Social Pillar's 20 principles. The issue touches particularly on **Principle 1 on Education, training and lifelong learning; Principle 3 on Equal Opportunities; Principle 4 on Active support to employment; Principle 9 on Work-life balance of parents and carers;**

Principle 11 on Childcare and support to children; Principle 17 on Inclusion of persons with disabilities; Principle 18 on Long-term care, Principle 19 on Housing and assistance for the homeless, and Principle 20 on Access to essential services.

The plan should translate into concrete targets and timelines, and clearly outline how the 20 principles of the Pillar will be implemented at every level of governance. In this short document, we will outline the concrete ways in which the EU Pillar of Social Rights can pave the way for a future in which people in the EU are no longer placed in institutional care settings.

National deinstitutionalisation strategies

To continue the processes of transition from institutional to family and community-based support, the Action Plan should ensure the development of national deinstitutionalisation strategies as part of the enabling condition 4.3 of the Common Provisions Regulation 2021-27. That requires a national strategic policy framework for social inclusion and poverty reduction to be in place and include measures for the shift from institutional to community-based care. These measures should be developed in collaboration with different levels of governance and in consultation with stakeholders (civil society, services providers, person with disabilities and their families, etc.) and be accompanied by awareness-raising efforts to drive the societal shift needed for the success of the deinstitutionalisation process.

Reinforced Youth guarantee

The Commission's communication around the Action Plan focuses heavily on supporting young people into work through a reinforced Youth Guarantee. While it is clear that we need to see the Youth Guarantee being inclusive of young people from different backgrounds, particularly those most commonly cut off from the labour market (such as people from immigrant backgrounds, Roma and persons with disabilities), it is also essential to focus on another element when talking about the work placements being offered to young Europeans. It is of paramount importance that no work placements supported by this EU initiative are in institutional care settings, or indeed any setting that, through its existence, furthers the exclusion and isolation of people from their communities.

Child Guarantee

The Child Guarantee for Vulnerable Children has the potential to greatly reduce the number of children living in institutional care, not least children with disabilities. Children with disabilities worldwide are [17 times more likely to live in institutional care than children without disabilities](#). They are also more likely to stay in institutions on a long-term basis, often indefinitely. Hence, the Action Plan must strengthen and expand investment in deinstitutionalisation reforms by setting up community-based care infrastructure in line with the UNCRPD.

The Child Guarantee should have a very clear focus on the role of community-based services in reducing poverty and social exclusion among children. This is to say, the funding for this initiative should go towards ensuring that vulnerable children have access to the services they need within their community, that these services be affordable and available in the area they live without need to travel too far, and that these services are inclusive and adaptable to the needs of children with various needs, including children with disabilities. For examples of such services and community-based approaches, see our [checklist jointly developed with Hope and Homes in 2019](#).

Investment in essential services for children, including early childhood development and care, and preventative services, is also an investment in family support and the potential for parents to more easily reconcile their work and family life, in line with Principle 9 on work-life balance. This is particularly the case for women who are more likely to take on roles of informal carers, without adequate support, and forego job opportunities, with consequences for their health, pension rights and more. Actions include full transposition of the EU work-life balance directive and social recognition of family carers to ensure they benefit from the support needed (e.g. training, respite, flexible work arrangements).

Investment in services also means investing in the people who deliver services, the service providers, through national solidarity mechanisms to support independent living for all. This is beneficial to both society and the economy. EU investment should be made to make employment in this sector attractive, as well as to recruit, train and retrain the workforce on inclusive practices in line with the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child.

As concerns **Principle 1**, the Action Plan should ensure access to education, in inclusive settings, for all children, including children in alternative care. Indeed, to give all children the best chance of escaping poverty, quality inclusive education from a young age is key. In particular, attention must be paid to inclusive early childhood education and care, the accessibility and inclusivity of physical settings and digital tools, as well as to building the capacity of educational professionals to support children with special educational needs. With regard to **Principles 19** and **20**, the Action Plan should provide housing to families at risk of extreme poverty and homelessness. Emphasis should go towards supporting families to find a place to live and to remain together in order to avoid placing children in alternative care.

Disability Strategy

One of the key action points of the Action Plan for the EU Pillar of Social Rights will of course be the new Disability Strategy. In this strategy, it is absolutely crucial that enabling children and adults to move out of institutional, into family- and community-based care and support, to enjoy their right to independent living and being included in the community, is made a priority. The new Disability Strategy should ensure that community-based services are available at all stages of life, from early childhood to older age.

Practically speaking, the EU added-value for making this a reality should be the strategic use of EU funds such as the European Social Fund Plus and the Regional Development Fund, to invest urgently in community-based services that are in line with the CRPD. These services, which are centred around the desires and needs of the person and which offer the greatest level of independence, need to be readily available as an alternative for people currently living in institutions. The Disability Strategy should also foresee extensive monitoring activities for the implementation of the Regulations governing the use of these funds, to ensure that no money goes towards restoring existing institutions, of any size, or building new ones.

Homelessness

The Action Plan should make it a priority to support Member States to curb the EU's growing number of people experiencing homelessness. It should do this namely through the creation of a European Collaboration Platform on Homelessness that focuses on access to housing, with support if needed, as the principled solution to homelessness. This action plan should include the possibility for Member States to request technical assistance on specific issues in relation to homelessness and ensure that ongoing COVID-19 response and recovery plans include measures to protect people experiencing and at risk of homelessness, notably by providing access to housing. The Collaboration Platform should strengthen a DI approach to homelessness, by promoting Housing First as an effective solution for homeless people with complex needs and ensuring that nobody becomes homeless after being released from an institution.

COVID-19

The ongoing pandemic has shed light on the dangers faced by people living in institutions in cases of *force majeure*. There has been an unprecedented loss of life in institutional care settings because of COVID-19, particularly among older people¹. The congregated environment in care facilities exposes older people, children, persons with disabilities and workers to a high risk of virus transmission. Those with disabilities and underlying health conditions are at particular risk of severe symptoms and dying.

The crisis has also deepened inequalities and worsened pre-existing risks of poverty and social exclusion. Additionally, the pandemic further revealed the challenges that existing services face. Lack of funding, increased expenditure, staff shortages are only a few to mention. Challenges which further put at risk the continuity and sustainability of the service provision.

We need to be clear that the solution is not to invest more money into making institutions “stronger” but to invest actively in making community and family-based

¹ For example, data available indicates that people in institutional settings were facing, and continue to face, the highest rates of infection and mortality from COVID-19. In Slovenia, for instance, 81% of the COVID-19 deaths was among care home residents. Source: A. Comas-Herrera et al., “Mortality associated with COVID-19 outbreaks in care homes: early international evidence” (May 2020)

services available. This means investing in services ensuring access to person-centred and empowering support in the community, in line with the requirements of the UN CRPD and the principles of the EU Pillar of Social Rights. The new EU Recovery and Resilience Facility has great potential to make the provision of these kinds of services a reality. We must make no mistake about this; the answer to the tragedies we saw in institutions during the pandemic is to invest in transitioning away from the existence of this type of care in the EU altogether. We urgently need to set up new care and support infrastructure, investing in the services of tomorrow. The future is now.

Improve EU data collection on people in institutions

Eurostat data on issues such as risk of poverty and social exclusion, employment levels and educational attainment, exclude people living in institutions, as the data only covers people living in households. There is a severe lack of data collection on people, including children, living in institutional care throughout the EU, to the extent that even today we cannot say with certainty exactly how many adults and children are in institutions.

The Action Plan on the EU Pillar of Social Rights should address this issue. It is important to have a clearer understanding of how many people are currently living in institutions, who these people are and what their living conditions are. Data should be disaggregated by age, gender and type of disability, as well as whether the person belongs to a minority group such as the Roma community. Only when we have reliable data on this can we accurately monitor whether the EU Member States are fulfilling their obligations to phase out institutional care and hold them accountable for doing so.

Review the social scoreboard

Disability remains absent from the [Social Scoreboard](#), the tool used to measure the implementation of the EU Social Pillar. It seems logical, given that one of the Pillar's 20 Principles focuses on the inclusion of persons with disabilities, that there should be a way of measuring if the Pillar is having an impact in this particular area.

The Commission should also set up a renewed Social Scoreboard characterised by more child-specific indicators and apply it rigorously in the European Semester process to increase Member States' commitment and action on social inclusion. We should, therefore, see in the action plan a point to specifically address the shortcomings of the Social Scoreboard and a proposal from the Commission to set up a renewed version of this instrument.

This renewed Scoreboard should contain a Deinstitutionalisation index to measure progress in the shift from institutional to community-based settings, and the EEG is ready to work with the EU institutions to develop such an index.

Partnership as a key principle in implementing & monitoring

The Action Plan should put a stronger emphasis on citizen and civil society engagement and empowerment. There is a need to continue to invest in strengthening civil society's capacity to independently monitor progress within Member States and to ensure a voice for people who might not otherwise be heard. All relevant stakeholders (service providers, social partners, civil society, etc.) should be involved in implementing and monitoring the Action Plan.



EUROPEAN EXPERT GROUP ON THE TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE

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