



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

The EU must prioritise social inclusion in its COVID-19 Recovery

Urgent call for targets and safeguards for investments in social inclusion and the shift from institutional to community-based support

The European Expert Group on the Transition from Institutional to Community-based Care (hereinafter: the “EEG”) is concerned that the EU Recovery Funds and the adapted European Semester process will not sufficiently deliver on social inclusion of those who have been most affected by the pandemic. The focus on the economic recovery, including the post-COVID-19 labour market, risks leaving behind those most affected. The EEG urges the EU to invest in social inclusion and into fair economic and social reforms.

On 17 September 2020, the European Commission published the Annual Sustainable Growth Strategy (ASGS) for 2021. In previous years, the ASGS was the guide for the European Semester process. This year, the European Commission launched a new tool together with the ASGS – the Recovery and Resilience Facility (RRF).

After a period of economic stagnation, the objective to invest in economic recovery seems good. 37% of the investment will also be done in “green transition” and 20% will stimulate the “digital economy”. What is **missing**, however, are targets for investments in **social inclusion** or **protection mechanisms to avoid**, for example, **investments in institutional care facilities**. This is not coherent with the EU’s commitment towards the deinstitutionalisation process in recent years. In 2013, the EU introduced an ex-ante conditionality on social inclusion 9.1. in the ESIF for the 2014-2020 programming period, with a dedicated investment priority on the transition from institutional to community-based care.¹ This commitment has been further reaffirmed with the introduction of enabling conditions in the draft Common Provisions Regulations (CPR) for the 2021-2027 programming period² and by identifying

¹ [Common Provisions Regulation, Regulation \(EU\) No 1303/2013](#)

² [Proposal for a Common Provisions Regulation, COM/2018/375 final](#), Article 11

deinstitutionalisation among the priorities for investments in Cohesion Policy Funding 2021–2027 in the 2019 country reports (annex D).³

However, with no such criterion existing for the RRF, there is a clear danger social inclusion and protection will be overlooked, and even of funds directly contributing to segregation. The refurbishment or renovation of “care institutions” may be viewed by some as suitable under “green transition” and receive EU funding. The resulting harm to peoples’ lives and rights would be a clear violation of fundamental EU values.

While the [guiding text](#) around the RRF makes reference to the [EU Social Pillar](#) as a compass, there are no strong safeguards to ensure all investments are in line with the Pillar, or with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Monitoring the process will also be difficult, because unlike the Country Reports in the European Semester process, the Member States can now freely decide if they make their National Recovery and Resilience Plans (NRRP) public or not. Moreover, participation of civil society is encouraged, but not enforced by the application of the partnership principle.

Even though the European Semester remained largely an economic/budget instrument, which also enabled austerity in the social sector, the EEG and other NGOs in the sector worked hard to encourage the EU to make the European Semester “**more social**” over the years and with moderate success.

Although the setup of the RRF is less focused on a balanced budget than the original Semester, it looks like it aims to once again take away the targets and safeguards for investments in social inclusion and the deinstitutionalisation process. However, following the findings of the EEG members, people most susceptible to social exclusion, including children and adults with disabilities and their families and children in alternative care system, have been hard hit by the pandemic. Institutions have become hot spots of infection, in addition to being incompatible with Member States’ obligations under international and EU law.

Moreover, during the pandemic, many social services faced significant challenges, such as increased expenditures in parallel with unstable or decreased funding, and staff shortages, which put at risk the continuity and sustainability of support. The RRF needs to respond to these challenges and provide guarantees to ensure access to person-centred and empowering services in the community in line with the principles of the UN Convention on the Rights of Persons with Disabilities and the European Pillar of Social Rights. Therefore, all reasonable investment must be channelled towards the **development and strengthening of family- and community-based services, including preventative services to keep children and their family together, and the promotion of independent living.**

We will continue to follow up on the developments of the RRF process and review whether the NRRPs respect the Member States’ obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the UN Convention on the Rights of the Child (UNCRC) and other human rights laws and policies, such as the upcoming EU Disability Rights Strategy 2021-2030. We are asking the European Union and the Member States not to waste this important opportunity and to ensure the people most hit by the crisis are at the core of the recovery. Together, let us build a more sustainable, social and fair Europe.

³ European Commission (2019) [2019 European Semester: Country Reports](#)

“Institutional care is a contradiction in terms”, [stated Commissioner Dalli at a conference last year](#).
“We want to empower people and foster independence.” We call on Member States and on the EU to make good on this promise.