



Impacts on the process of transition from institutional to family and community-based care in light of the Common Provisions Regulations, the European Regional Development Funds, and the European Social Funds + (2021-2027)

During the funding period 2014-2020, EU funds have played a crucial role in bringing persons with disabilities, children, older people and homeless people out of institutions. Despite this advances, progress still must be made, since there have been cases reported where the [principles of deinstitutionalisation](#) have not been respected and where money was invested in building or refurbishing institutional care settings.

In order to ensure EU funds are not used to promote institutionalisation in EU Member States, the EEG and its member organisations have advocated to influence the wording in the texts of the **Common Provisions Regulation (CPR)**, the **European Regional Development Funds (ERDF)** and the **European Social Fund Plus (ESF+)**.

The aim of this article is to highlight the successful advocacy work done by the EEG and its members, which were taken into account in the final texts of the CPR, the ERDF and the ESF+ and to point out some of the articles that are particularly relevant to the EEG.

[What are the CPR, the ERDF, and the ESF+](#)

The **Common Provisions Regulation (CPR)** is a piece of over-arching legislation that applies to various EU funding programmes, including the European Social Fund + (ESF+) and the European Regional Development Fund (ERDF). It outlines rules that must be followed for the use of funds. It also outlines the criteria by which projects must adhere to be eligible for EU funding. The CPR sets out common provisions for seven shared management: the Cohesion Fund, the European Maritime funds and Fisheries Fund, the European Regional Development Fund, the European Social Fund Plus, the Asylum and Migration Fund, the Border Management and Visa Instrument and the Internal Security Fund.

The **European Regional Development Fund (ERDF)** invests in infrastructure, innovation and research, the digital agenda, support for small and medium-sized enterprises (SMEs) and the low-carbon economy. The aim is to strengthen economic and social cohesion in the European Union by correcting imbalances between its regions.

As for the **European Social Fund plus (ESF+)**, this is Europe's main instrument to invest in people. The aim of the fund is to support jobs, help people get better jobs and ensure fairer job opportunities for *all* EU citizens. The ESF+ finances the implementation of the principles from the [European Pillar for Social Rights](#) through actions in the area of **employment**,



education & skills and social inclusion.¹ The fund is committed to building a socially inclusive society.

In 2018 the European Commission released its proposal for a new CPR, ERDF and ESF+ covering the period 2021-2027. In December 2020/January 2021 an agreement was reached between the European Parliament and the Council on the final wording of the Regulations.

The EEG and its members advocated extensively for the Regulations to include a number of provisions that would result in the Regional Development Fund being used more effectively for accessibility and deinstitutionalisation for persons with disabilities.

Relevant achievements to the EEG

We summarised the main advocacy achievements in the final texts of the CPR, the ERDF, and the ESF+. We will show you excerpts of the regulations to explain what the texts now look like. Writing in bold and italic indicated where new text has been added since the Commission's original proposal was released. Where you see text in bold with a strike through, this shows text that used to exist but has been removed from the final version.

Common Provisions Regulation (CPR)²

➔ **Article 67, on the selection of operations by the managing authority**, outlines the ways in which managing authorities shall go about selecting EU funded operations.

The final text states that the criteria and the procedures should be non-discriminatory. After advocacy work from the EEG, it also states clearly that the criteria and procedures must “ensure accessibility to persons with disabilities” as well as gender equality. This means that for all funding covered by the CPR, managing authorities must consider the impact it will have on accessibility for persons with disabilities and systematically turn away anything that perpetuates barriers. This is important because ensuring community living and inclusion means ensuring infrastructure and processes are accessible to all.

Final text of Article 67:

1. For the selection of operations, the managing authority shall establish and apply criteria and procedures which are non-discriminatory, transparent, ensure **accessibility to persons with disabilities**, gender equality and take account of the Charter of Fundamental Rights of the European Union and the principle of sustainable development and of the Union policy on the environment [...]

¹ <https://ec.europa.eu/esf/main.jsp?catId=62&langId=en>.

² Available at: <https://data.consilium.europa.eu/doc/document/ST-6180-2021-INIT/en/pdf>.



➔ **Article 6 on partnership and multi-level governance** explains how different stakeholders are included in selecting and monitoring how funds are used. It explains that this process should include “relevant bodies representing civil society, such as environmental partners, non-governmental organisations, and bodies responsible for promoting social inclusion, fundamental rights, rights of persons with disabilities, gender equality and non-discrimination”.

The EEG also successfully advocated for the article to mention that funds should be allocated towards capacity building for these stakeholders. This will mean that money should be able to be allocated to civil society organisations that want to be part of the partnership and multi-level governance process in their Member State, and to help them be better prepared for playing an active role.

Final text of Article 6:

1. ***For the Partnership Agreement and each programme***, each Member State shall organise ***and implement a comprehensive partnership in accordance with its institutional and legal framework and taking into account the specificities of the Funds with the competent regional and local authorities***. That partnership shall include at least the following partners:

(c) relevant bodies representing civil society, such as environmental partners, non-governmental organisations, and bodies responsible for promoting social inclusion, fundamental rights, rights of persons with disabilities, gender equality and non-discrimination.

2. ***The partnership established under paragraph 1 shall operate*** in accordance with the multi-level governance principle ***and a bottom-up approach***. The Member State shall involve those partners in the preparation of Partnership Agreements and throughout the preparation ***and***, implementation ***and evaluation*** of programmes including through participation in monitoring committees.

In that context, Member States shall, where relevant, allocate an appropriate percentage of the resources coming from the Funds for the administrative capacity building of social partners and civil society organisations. For Interreg programmes, the Partnership shall include partners from all participating Member States.

4. At least once a year, the Commission shall consult organisations which represent partners at Union level on the implementation of programmes, ***and shall report to the European Parliament and Council on the outcome.***

➔ **Recital 5**, at the beginning of the Regulation, gives an overview of the **horizontal principles of how the funds covered by the CPR should be used**. The Commission’s



original proposal already stated that Member States should “respect the obligations of the UN Convention on the Rights of Persons with Disabilities and ensure accessibility in line with its article 9 and in accordance with the Union law harmonising accessibility requirements for products and services.” This has been retained in the final wording.

To this the co-legislators agreed to add the importance of respecting the UN Convention on the Rights of the Child. For persons with disabilities, the most significant additions were the mention that **“the Funds should be implemented in a way that promotes the transition from institutional to family and community-based care”** and that, when financing infrastructure, the funds “should ensure accessibility for persons with disabilities”.

Final text of Recital 5:

(5) Horizontal principles as set out in Article 3 of the Treaty on the European Union ('TEU') and in Article 10 of the TFEU, including principles of subsidiarity and proportionality as set out in Article 5 of the TEU should be respected in the implementation of the Funds, taking into account the Charter of Fundamental Rights of the European Union. Member States should also respect the obligations of ***the UN Convention on the Rights of the Child and of the UN Convention on the Rights of Persons with Disabilities*** and ensure accessibility in line with its article 9 and in accordance with the Union law harmonising accessibility requirements for products and services. ***In that context, the Funds should be implemented in a way that promotes the transition from institutional to family and community-based care.*** Member States and the Commission should aim at eliminating inequalities and at promoting equality between men and women and integrating the gender perspective, as well as at combating discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. The Funds should not support actions that contribute to any form of segregation ***or exclusion, and, when financing infrastructure, should ensure the accessibility for persons with disabilities.***

➔ Final text of the “Thematic Enabling Conditions” (Annex IV)

Policy objective	Specific objective	Name of enabling condition	Fulfilment criteria for the enabling condition
4 - A more social Europe by implementing the European	ERDF: 4.3 increasing the socioeconomic integration of marginalised communities,	National strategic policy framework for social inclusion and poverty reduction	A national strategic policy framework for social inclusion and poverty reduction is in place that includes: (...) 3. Measures for the shift from institutional to community-based care



Pillar of Social Rights	migrants and disadvantaged groups, through integrated measures including housing and social services (...)	(...)	4. Arrangements for ensuring that its design, implementation, monitoring and review is conducted in close cooperation with social partners and relevant civil society organisations. (...)
4 - A more social Europe by implementing the European Pillar of Social Rights	ERDF: 4.4 ensuring equal access to health care through developing infrastructure, including primary care (...)	Strategic policy framework for health. (...)	A national or regional strategic policy framework for health is in place that contains: (...) 3. Measures to promote community-based services, including prevention and primary care, home-care and community-based services. (...)

As laid down in the table above, a more social Europe through the implementation of the European Pillar of Social Rights is one of the policy objectives listed. One of the ERDF specific objectives, it is to increase “the socioeconomic integration of marginalised communities, migrants and disadvantaged groups, through integrated measures including housing and social services”. This shall be done through a national strategic policy framework for social inclusion and poverty reduction in place that includes “3. Measures for the shift from institutional to community-based care”; and “4. Arrangements for ensuring that its design, implementation, monitoring and review is conducted in close cooperation with social partners and relevant civil society organisations”.

Still on the policy objective for a more social Europe through the implementation of the European Pillar of Social Rights, One of the ERDF specific objectives, it is to ensure “equal access to health care through developing infrastructure, including primary care”. This shall be done by a national or regional strategic policy framework for health that, amongst others, contain “Measures to promote community-based services, including prevention and primary care, home-care and community-based services.”

Important to note that table above only contains the most relevant information for the work of the EEG.



European Regional Development Funds (ERDF)³

➔ **Article 2 on Specific objectives for the ERDF and the Cohesion Fund** outlines the objectives for the use of this fund and the Cohesion fund. It is an article of key importance giving direction to how the money will be used in the Member States.

The most crucial amendment the EEG was able to get accepted into the text were the mention of the need to invest in “promoting the transition from institutional to family- and community-based care”.

➔ **Final text of Article 2**

1. In accordance with the policy objectives set out in Article [4(1)] of Regulation (EU) 2018/xxxx[new CPR], the ERDF shall support the following specific objectives:

(iv) ensuring equal access to health care and fostering resilience of health systems, ***including primary care, and promoting the transition from institutional to family- and community-based care;***

➔ **Article 6 on exclusion from the scope of the ERDF and the Cohesion Fund** was one of the key areas of the EEG’s advocacy on the ERDF. One of the biggest issues we have seen with the use of funds over previous funding periods is that money is still invested in renovating and building institutions. In this article on what is excluded from the scope of the ERDF and the Cohesion Fund, we were successful in having a new recital introduced. This recital states that the ERDF should support deinstitutionalisation, prevent funding segregated living conditions and seek to ensure independent living conditions.

➔ **Article 6 final text**

new recital (x) The ERDF should support and promote transition from institutional to community or family-based care through supporting facilities that would seek to prevent segregation from the community, would facilitate the integration of people to the society and would seek to ensure independent living conditions.

³ Available at: <https://data.consilium.europa.eu/doc/document/ST-6181-2021-INIT/en/pdf>.



European Social Funds Plus (ESF+)⁴

The EEG is pleased to see that 2021-2027 funding regulations for the **European Social Fund plus (ESF+)** have recognised the transition from institutional to family- and community-based care as the issue that deserve investments. Moreover, the ESF+ will become one of the main tools to trigger investments to tackle child poverty and social exclusion.

The greatest achievement among all, is the Council Recommendation establishing the **European Child Guarantee**. The agreement foresees that 5% of this budget will be used to tackle child poverty. This means that EU member states with an average of EU child poverty higher than the EU average of 23.4% will have to allocate at least 5% of their ESF+ financial resources to fight child poverty and social exclusion. Children in institutions, children with disabilities and homeless children are among the main target groups.

Although we have advocated for higher percentage the European Social Fund plus should invest **25%** of its resources **for social inclusion** as indicated in **Article 7 on thematic concentration**:

➔ **Final text of Article 7 (3) – Consistency and thematic concentration**

3. Member States shall allocate at least 25% of their ESF+ resources under shared management to the specific objectives for the social inclusion policy area set out in points (vii) to (x) of Article 4(1), including the promotion of the socio-economic integration of third country nationals.

Article 7, (3) is an important progress since no ring-fencing of ESF for social inclusion was in 2014-2020 funding period.

Finally, meaningful involvement of civil society in programming, implementation, and evaluation of ESF+ is key to deliver the best possible outcomes. Therefore, we are pleased to see that partnership is reiterated (Article 8) as well as support for capacity building of stakeholders including CSOs by 0,25% of ESF+ resources:

➔ **Final text of Article 8 – Partnership**

1. Each Member State shall ensure adequate participation of social partners and civil society organisations in the delivery of employment, education and social inclusion policies supported by the ESF+ strand under shared management.
2. Member States shall allocate an appropriate amount of ESF+ resources under shared management in each programme for the capacity building of social partners and civil society organisations, including in the form of training, networking measures, and strengthening of the social dialogue, and to activities jointly undertaken by the social partners.

⁴ Available at: <https://data.consilium.europa.eu/doc/document/ST-6182-2021-INIT/en/pdf>.



When capacity building of social partners and civil society organisations is identified by a relevant country-specific recommendation adopted in accordance with Article 121(2) TFEU and Article 148(4) TFEU, the concerned Member State shall allocate an appropriate amount of at least 0.25% of ESF+ resources for that purpose.

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