



# De-institutionalisation in the EU context

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## Why De-institutionalisation (DI)?

- *Political and legal commitments (UN Convention on the Rights of a Child, UN Convention on the Rights of Persons with Disabilities, Charter of Fundamental Rights of the EU, ...)*
- *Human rights (right to live in society/family)*
- *Quality of life: Frequent neglect and abuse in institutions; negative impact of the institutional set-up on clients (especially on the development of children)*
- *Economic arguments (institutional care can be considered more costly when quality is taken into account; investment in prevention and community based care brings better results in longer term)*

# The story of Vyšší Hrádek: 2006

- *18th century castle in the Czech Republic.*
- *90 women with mental disabilities in big dormitories, up to 7 in one room. Isolation rooms, cage beds. Locked doors.*
- *Nearly all on psychiatric medication.*
- *Strict regime when to wake up, eat, when to wash.*
- *Every client was fully incapacitated.*
- *Some of clients never crossed a doorstep of the institution (alive).*

# The story of Vyšší Hrádek: 2014

- *Building closed.*
- *All clients left institution and are living individually or in a small groups (about 3-4) in rented apartment, few individuals to other institutions.*
- *Some are living in a small group houses (up to 6).*
- *Half of the former staff works in field services, half left.*
- *Most clients gain back their legal capacity (fully or partially).*
- *20 of clients are employed in different kind of the jobs.*

# United Nations Convention on the Rights of Persons with Disabilities (I)

- *European Union is a party since 2011*
- *Article 19 recognizes the right of people with disabilities to live independently in the community*
- *European Disability Strategy 2014-2020 sets agenda to implement the Convention at EU level*
  - *Addresses accessibility, participation, equality, employment, education/training, social protection, health and EU external action*
  - *Some actions are for the Commission; others require agreement of Parliament and Council, while for others implementation is shared with Member States*

# United Nations Convention on the Rights of Persons with Disabilities (II)

- *Implementation of the Convention and the Strategy regularly discussed at EU level (High Level Group on Disability, Work Forum)*
- *EC Inter-service group on Disability – mainstreams disability issues in EC's initiatives and legislative proposals; raises awareness of the Convention among staff*
- *Currently, European Union is being reviewed by the UN concerning the implementation of the Convention (dialogue with the UN in August, recommendations in September)*
- *EC's initiatives - impact assessment, including impact on persons with disabilities*

# European Commission Recommendation on Investing in Children (2013)

- *Enhance family support services to prevent institutionalization*
- *Ensure that children removed from parental care grow up in environment that meets their needs*
- *Ensure that poverty is never the only justification for removing a child from parental care*
- *Ensure adequate gatekeeping to prevent children being placed in institutions*
- *Stop the expansion of institutional settings for children*
- *Promote quality, community based care and foster care*
- *Ensure that 2014-2020 Structural Funds support the DI*

# Europe 2020 strategy

- *Europe 2020 – European Union's 10 year strategy for smart, sustainable and inclusive growth*
- *National Reform Programmes 2015:*
  - DI mentioned in National Reform Programmes - LV, BG, RO, PL, SI
- *Country Specific Recommendations:*
  - De-institutionalisation of children – Romania CSR 2014
  - 2015 CSRs on social services or long term care – AT, SI, EE

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

- *Established in 2009 by then Commissioner for Employment and Social Affairs, Vladimír Špidla*
- *Supported by the European Commission (DG EMPL, REGIO)*
- *Includes a wide range of stakeholders (organizations representing children, people with disabilities, people with mental health problems; service providers, public organizations)*
- *Provides training, guidance and tools to EU officials and governments*
- *Toolkit and Guidance translated in 14 languages*

# European Economic and Social Committee

*Opinion on Long-term social care and DI (May 2015):*

- Awareness of the situation of people in institutions
- Austerity (reduced budget for services): trend towards institutionalisation in some MS
- Use ESI Funds for transition to community based care
- DI requires long term political strategy, adequate finances and partnerships with stakeholders
- Develop high quality community based services, adopt European Quality Framework, train professionals
- Access to employment and education to people leaving institutions

# EU Fundamental Rights Agency

*Started a new research and data collection project for 2014-2016 to*

- develop indicators on the right to independent living
- identify gaps and good practice in the Member States
- highlight the drivers of and barriers to the transition from institutional to community-based care



# European Structural and Investment Funds 2014-2020

- Ex ante conditionality: **national strategy for poverty reduction**, which should include **measures for the shift from institutional to community-based care**.
- Ex ante conditionality: The existence of administrative capacity for the implementation and application of the UNCRPD
- ESF regulation:
  - *Preamble (whereas 11): the ESF should promote the transition from institutional to community-based care*
  - *Article 8: specific actions with a view to facilitating the transition from institutional to community-based care*



# European Structural and Investment Funds 2014-2020

Investment priorities under thematic objective "Promoting social inclusion, combating poverty and any discrimination":

- Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and **the transition from institutional to community-based services**. (ERDF)
- Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability. (ESF)
- Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest. (ESF)



# European Structural and Investment Funds 2014-2020

- *Any measures (e.g. renovation of institutions) which may contribute to further institutionalisation should not be supported by ESI Funds*
- *DI as explicit priority in many PAs and OPs (EE, LV, LT, HU, BG, PL, RO)*
- *Partnership principle: Requirement to involve all relevant stakeholders in the monitoring and implementation (e.g. as full members in the Monitoring Committees)*

# Holistic approach to DI

- 1. Availability of needs-based community-based services*
- 2. Gate-keeping, holistic policy approach*
- 3. Focus on individual needs and capabilities*
- 4. Political commitment and stakeholder involvement*

## Message 1: Availability of needs-based community-based services

- *Existence of quality community based services is a precondition for DI. Investment in a new housing infrastructure alone will not lead to DI.*
- *Access to mainstream services (not investing in parallel services), services available not only to ex-clients.*
- *Quality assurance, minimum standards. Tailor the services to the individual needs.*

## Message 2: Gate-keeping (holistic policy approach)

- *Spill-over to related policies*
- *Cooperation of social workers, medical and service providers (early detection).*
- *Services availability is a precondition.*
- *Support to family-based care, separation from family or community is the measure of last resort.*
- *Reducing supply (number of beds), tightening admission criteria. Full admission moratorium.*

## Message 3: Focus on the individual needs and capabilities

- *Right to choose how, where, with whom to live.*
- *Empowerment, preparing clients.*
- *Individuals' needs assessment (covering also areas like training, employment, health, social activity, etc.) at the core of any deinstitutionalisation process. No "one size fits all" approach.*
- *Solutions adapted to individual needs (individual plans).*

## Message 4: Political commitment and stakeholder involvement

- *DI is a reform process – need for continuous political commitment*
- *Debate on best use of public funding*
- *Public support*
- *Support of the management and staff of institutions*

***Thank you for your attention!***

*Tools & funding available, legal commitments in place:  
opportunity to make things happen...*