REVISED EDITION

Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care

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The Toolkit on the Use of European Funds for the Transition from Institutional to Community-based Care and the Common European Guidelines on the Transition from Institutional to Community-based Care are available in English and a number of other languages at **www.deinstitutionalisationguide.eu**. The revised edition of the Toolkit was published in June 2014, in order to take account of the final version of the European Structural and Investment Funds Regulations.

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Design, layout: Judit Kovács l Createch Ltd.

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List of Abbreviations

ECCP	European Code of Conduct on Partnership
ERDF	European Regional Development Fund
ESF	European Social Fund
ESI Funds	European Structural and Investment Funds
EU	European Union
FEAD	Fund for European Aid to the Most Deprived
IPA	Instrument for Pre-accession Assistance
MA	Managing Authority
MC	Monitoring Committee
MS	Member State
NGO	Non-governmental organisation
OP	Operational Programme
PA	Partnership Agreement
SF	Structural Funds
SIP	Social Investment Package
UN CRC	UN Convention on the Rights of the Child
UN CRPD	UN Convention on the Rights of Persons with Disabilities

Checklists, Charts and Tables

Case Studies and Examples

Acknowledgements

The first edition of the toolkit was published in November 2012 and translated into twelve languages.[1] It was written by Silvio Grieco and Ines Bulic as part of a joint project by member organisations of the European Expert Group on the Transition from Institutional to Community-based Care (EEG) and financially supported by Lumos. This revised edition was published in June 2014, in order to take account of the final version of the European Structural and Investment Funds Regulations of December 2013. It was written by Ines Bulic and Javier Guemes, with the financial support of the Open Society Foundations – Mental Health Initiative.

The EEG is a broad coalition gathering stakeholders representing people with care or support needs including children, people with disabilities, people experiencing mental health problems, families, people experiencing homelessness[2]; as well as service providers, public authorities and intergovernmental organisations. The EEG consists of the following organisations: COFACE (Confederation of Family Organisations in the EU), EASPD (European Association of Service Providers for People with Disabilities), EDF (European Disability Forum), ENIL/ECCL (European Network on Independent Living/European Coalition for Community Living), ESN (European Social Network), Eurochild, FEANTSA (European Federation of National Organisations Working with the Homeless), Inclusion Europe, Lumos, Mental Health Europe, OHCHR Regional Office for Europe and UNICEF.

The authors of this toolkit would like to thank all the member organisations of the EEG for their continuous input and guidance throughout the drafting process.

The authors are also extremely grateful to a number of officials of the European Commission from DG Employment, Social Affairs and Inclusion, DG Regional Policy and DG Justice for their invaluable support and advice.

1 The first edition of the toolkit was translated into Czech, Bulgarian, Romanian, Croatian, Lithuanian, Greek, German, French, Polish, Hungarian, Slovak and Russian. All the translations are available at: www.deinstitutionalisationguide.eu

2 For further information, see the ETHOS typology of homelessness and housing exclusion, available at: http://www.feantsa.org/spip.php?article120&lang=en

Purpose of the Toolkit

The purpose of this toolkit is to assist all public authorities in Europe involved in the programming and implementation of EU Structural Funds (and other relevant funds) to make decisions which will help to improve the lives of more than a million European citizens currently living in institutional care; and to modernise care and support systems by ensuring that respect for human rights and equality are at the heart of reforms. Structural Funds have the potential to support the development of quality family-based and community-based alternatives to institutional care, and to ensure that these services are available to all those who need them.

Hundreds of thousands of children, persons with disabilities, persons with mental health problems, homeless people and older people across Europe live in long-stay residential institutions, excluded from the rest of society and facing a life of exclusion, poverty, health inequalities and reduced life chances.[3] In order to ensure that all children have the opportunity to grow up in their families, and that all individuals with support needs can live independently and participate in their communities, countries must move away from institutional care to a system of family and community-based care and support. This is a complex process, which includes the development of quality services in the community, the planned closure of long-stay residential institutions and the transfer of resources from the institutional system to the new services, thus ensuring long-term sustainability. Importantly, it involves ensuring that mainstream services such as healthcare and childcare, labour market services, education and training, housing and transport are accessible and available to everyone. This process is often referred to as "deinstitutionalisation", a term which is also used throughout the toolkit.

This toolkit aims to explain *how* EU funds can support national, regional and local authorities in designing and implementing structural reforms aimed at facilitating the development of quality family-based and community-based alternatives to institutional care. Different phases of the process are described in some detail in the **Common European Guidelines on the transition from institutional to community-based care** (available at www.deinstitutionalisationguide.eu).

3 A selection of reports on the institutionalisation of children and adults in countries accessing the Structural Funds and IPA can be found in Annex 3 of this toolkit.

Relevant funds

The toolkit explicitly targets the programming and implementation of the **European Social Fund (ESF)** and the **European Regional Development Fund (ERDF)**. Nevertheless, with the necessary adaptations due to legal and procedural differences, it aims to apply also to the programming and implementation of the **European Agricultural and Rural Development Fund (EARDF)** and the **Instrument for Pre-accession Assistance (IPA)**. In particular, the EARDF can support deinstitutionalisation in the rural areas of the EU, while the IPA can support the development of alternatives to institutional care in the candidate and potential candidate countries. Furthermore, the principles described in this toolkit can be applied by any other donors, both public and private.

Who should use the toolkit?

The toolkit is addressed to:

- Desk officers and other officials at the European Commission (DG Employment, DG Regional Policy, DG Justice, DG Enlargement, DG Agriculture);
- Managing authorities, intermediate bodies, monitoring committees and project promoters in the EU Member States and in acceding, candidate and potential candidate countries;
- Any other donors investing in services for children, people with disabilities, people with mental health problems, homeless people or older people.

How to use the toolkit

The toolkit consists of **five** main chapters and **three** annexes.

1) **Chapter 1** sets out the main principles and the legal context. It explains *why* it is important that EU funds are used to support the development of family and community-based alternatives to institutional care. It is addressed to all EU and national authorities involved in the programming and future implementation of the period 2014-2020 and in the implementation of the period 2007-2013.
2) **Chapter 2** covers the programming phase. It describes *how* funds can be allocated to support the process of transition towards family and community-based alternatives in the national and regional programming documents for 2014-2020.
3) **Chapter 3** deals with implementation. It sets out indicators for the selection of projects and includes case studies from the current programming period.
4) **Chapter 4** is dedicated to the monitoring and evaluation phases, and includes checklists for the monitoring and evaluation of EU funds.
5) **Chapter 5** covers the Instrument for Pre-accession Assistance (IPA II) and explains how it can be used to support the process of transition from institutional to community-based services in the EU enlargement countries.

– **Annex 1** provides a summary of the key provisions from the Structural Funds regulations for 2014–2020 and their relevance to the process of transition from institutional to community-based services.

– **Annex 2** is a case study of the use of Structural Funds to support the process of transition from institutional to community-based services.

– **Annex 3** gives examples of country and comparative reports that can be used by desk officers of the European Commission to establish the level of need for family and community-based services in the Member States.

CHAPTER 1:

Main Principles and the Legal Context

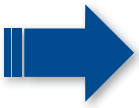
1. What we mean by transition from institutional to community-based care (deinstitutionalisation)

Deinstitutionalisation is a process which includes:

1) the development of high quality, individualised services based in the community, including those aimed at preventing institutionalisation, and the transfer of resources from long-stay residential institutions to the new services in order to ensure long-term sustainability;

2) the planned closure of long-stay residential institutions where children, people with disabilities (including people with mental health problems), homeless people and older people live, segregated from society, with inadequate standards of care and support, and where enjoyment of their human rights is often denied;

3) making mainstream services such as education and training, employment, housing, health and transport fully accessible and available to all children and adults with support needs.



Section III of the Guidelines includes definitions of an institution, community-based services, alternative care and prevention, amongst other key terms.

There is a strong human rights case, as well as theoretical and empirical evidence, in support of the transition from institutional care to family-based and community-based alternatives. These can provide a better quality of life for individuals and their families, improved social inclusion and a better working environment for the staff. Importantly, the cost of services in the community is comparable to those of institutional care if this comparison is made on the basis of comparable needs of residents and comparable quality of care.[4]

4 Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living – outcomes and costs: report of a European Study*. Volume 2: Main Report. Canterbury: Tizard Centre, University of Kent, http://www.kent.ac.uk/tizard/research/DECL_network/documents/DECLOC_Volume_2_Report_for_Web.pdf.

This chapter outlines how the European Structural and Investment Funds (further referred to as the Structural Funds), and in analogy the Instrument for Pre-accession Assistance, can be used to assist this process.

2. Why EU funds should support the development of family-based and community-based alternatives to institutional care

2.1 The human rights argument

The EU Charter of Fundamental Rights

When implementing EU law, the EU institutions and the Member States are bound by the **EU Charter of Fundamental Rights**. This means that **all EU funding should be used to protect and promote fundamental rights** such as: respect for human dignity, the right not to be subjected to inhuman or degrading treatment, the right to liberty and security, the right to respect for private and family life, the right to education, the right to work, the right to health, equality and non-discrimination. Furthermore, the EU Charter explicitly recognises the rights of those commonly placed in institutional care: **children's right** to protection and care according to their best interests (Article 24), **the right of the elderly** to live a life of dignity and independence (Article 25) and **the right of persons with disabilities** to participate in the life of the community (Article 26). **Since people placed in long-stay residential institutions are denied many of these rights, such settings should not benefit from EU funding. Instead, any available funding should be used to support structural reforms aimed at the development of high quality family-based and community-based services, the closure of institutions and on making mainstream services accessible to all.**

The UN Convention on the Rights of Persons with Disabilities

In December 2010, the EU became a party to the **UN Convention on the Rights of Persons with Disabilities (further referred to as "the CRPD").** By ratifying the CRPD, the EU has committed to ensuring that **all relevant EU legislation, programmes and funding shall respect and promote equal opportunities for people with disabilities and the right to live independently and be included in the community (Article 19).** Long-stay residential institutions exclude people with disabilities from society and prevent them from exercising their right to live included in the community. The EU and its Member States, within their respective competencies,[5] have an obligation arising from Article 19 of the CRPD to remedy this situation and Structural Funds should be used as a key tool to comply with this obligation.

In addition to obligations arising from Article 19, the CRPD requires State Parties to ensure that people with disabilities are protected from any form of torture or cruel, inhuman or degrading treatment or punishment (Article 15); and from exploitation, violence and abuse (Article 16). Such treatment is a common occurrence in long-stay residential institutions across Europe.[6] As regards children with disabilities, Article 23 provides that they have equal rights with respect to family life; and where the immediate family is unable to care for them, State Parties shall "undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting."

5 The Structural Funds have been explicitly included as one of the areas of EU competence which are relevant to matters governed by the CRPD. See the Appendix to the Council Conclusion of 26 November 2009 concerning the conclusion, by the European Community, of the United Nations Convention on the Rights of Persons with Disabilities (2010/48/EC), http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:023:0035:0061:EN:PDF

6 See reports in Annex 3.

Use and potential of the Structural Funds

A detailed legal analysis of the implications of the EU conclusion of the CRPD for the current use and the future potential of the Structural Funds is provided in a report commissioned by the Europe Regional Office of the UN Office of the High Commissioner for Human Rights (OHCHR): **"Getting a Life: Living Independently and Being Included in the Community"**.[7] In addition, a report by the Open Society Foundations entitled **"The European Union and the Right to Live in the Community"** looks at Member States' and the EU's obligations to combat discrimination and social exclusion using the Structural Funds.[8] Both reports can be used by the Member States and the European Commission while planning how Structural Funds will be used.

The UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child recognises that children, for the full and harmonious development of their personalities, should grow up in a family environment, in an atmosphere of happiness, love and understanding. The Convention has been ratified by all EU Member States, which are therefore required to take all appropriate measures to ensure, for children temporarily or permanently deprived of their family environment, special protection and alternative care, always taking into account the best interests of the child.

The UNCRC outlines a range of children's rights that, taken together, suggest that most children should live with and be cared for by their birth families (Articles 7 and 9). It is the primary responsibility of parents to raise their children and it is the responsibility of the state to support parents in order that they can fulfil such responsibility (Article 18). Children have the right to protection from harm and abuse (Article 19), to an education (Article 28) and to adequate healthcare (Article 24) but they simultaneously have the right to be raised by their family. Where their family cannot provide the care they need, despite the provision of adequate support by the state, the child has the right to substitute family care (Article 20) which should be subject to periodic review (Article 25).[9]

Chapter 1 of the Guidelines includes a comprehensive list of the relevant legal and policy documents at European and international levels.

7 Office of the United Nations High Commissioner for Human Rights Regional Office for Europe, *Getting a Life – Living Independently and Being Included in the Community* (2012) Available at: http://www.europe.ohchr.org/Documents/Publications/Getting_a_Life.pdf

8 Open Society Foundations, *Structural Funds and the European Union's Obligations under the Convention on the Rights of Persons with Disabilities* (2012) Available at: http://www.soros.org/sites/default/files/europe-community-living-20120507.pdf

9 Mulheir, G. & Browne, K. (2007) *De-institutionalising and Transforming Children's Services. A Guide to Good Practice.* University of Birmingham: Birmingham.

2.2 The cost-benefit argument

Europe 2020 Strategy

The **Europe 2020 Strategy** commits the EU and its Member States to making **the best use of their public funding to support the objective of smart, sustainable and inclusive growth**. The social inclusion objectives of **Europe 2020** – which include reducing poverty, extending employment opportunities, promoting lifelong learning, promoting the active inclusion of the most vulnerable groups, providing decent housing for everyone and overcoming all forms of discrimination – **cannot be achieved without addressing the situation of over 1.2 million Europeans who spend their lives in residential institutions, segregated and excluded from the rest of society**.

This toolkit aims to support the implementation of one of the key initiatives in the **Commission Staff Working Paper[10] accompanying the Communication on the European Platform against Poverty and Social Exclusion,** which is "to promote the targeted use of Structural Funds to support the shift from institutional to community-based care".

Furthermore, the toolkit will support the implementation of other thematic policy guidance contained within the **Social Investment Package**, for example in the Commission Staff Working Documents on Confronting Homelessness in the European Union and the Recommendation Investing in Children.[11]

Better use of taxpayers' money for a more inclusive growth

It is widely accepted that investment in institutional care makes for poor public policy. This is because public funding is going into services that are shown to produce poor outcomes for the people served, while **family-based and community-based care and support systems, when properly set up and managed, deliver better outcomes for the people that use them**.[12]

Importantly, **quality community-based services do not have to cost more**. When compared on the basis of the needs of residents and the quality of care, it has been shown that the costs of institutional care and services in the community are comparable. For example, research into the cost of community-based mental health care versus institutional care has shown that the costs remain broadly the same, while the quality of life of service users and their satisfaction with services are improved.[13] Similarly, preventive services such as early intervention and family support, as well as family re-integration and high quality alternative care can have a very positive long-term impact on children, national finances and society as a whole.

What is important to highlight is that **by investing in community-based services now, countries can make longer-term savings in other policy areas** (see Chapter 3, how Structural Funds should support sustainable reforms). For example, quality services in the community will lead to better health outcomes for individuals, which in turn will reduce their use of health services and the burden on health budgets. With regard to the issue of homelessness, recent research from Canada has shown that the community-based intervention scheme, "Housing First," can generate significant cost offsets as well as better outcomes for homeless people with complex needs related to health, mental health and/or addiction. A national randomised control showed that, for every $10 of investment, "Housing First" generated an average of $9.60 of savings per person in health,

10 See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2010:1564:FIN:EN:PDF

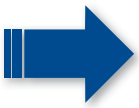
11 See http://ec.europa.eu/social/BlobServlet?docId=9770&langId=en and http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&newsId=1807&moreDocuments=yes&tableName=news

12 AAMR & other (2004) *Community for All Toolkit*, Resources for Supporting Community Living, p.91

13 McDaid, D. &Thornicroft, G. (2005) *Policy brief, Mental health II, Balancing institutional and community-based care*, World Health Organisation, p.10.

social and justice costs for those with significant support needs, and $3.20 for those with moderate needs.[14]

Crucially, using EU funds to support the development of alternatives to institutional care and to improve accessibility of mainstream services will give more people the chance to be included in society and contribute to its social and economic growth. Moreover, investing in family-based care and community-based services, as well as mainstream services, will not only improve the quality of life of those who use them, but also help create more and better jobs in the social, education and health sectors, and in so-doing **contribute to achieving the Europe 2020 objectives of social inclusion, education and employment**.



Chapter 1, section 5: 'Better use of resources' of the Guidelines sets out the economic case for the development of community-based alternatives to institutional care.

3. Coordinating Structural Funds investments with EU policies on social inclusion

3.1 European Semester

The European Semester is a yearly cycle of economic policy coordination among the Member States, set up by the European Commission. Its aim is to help Member States achieve the Europe 2020 targets.

Under the European Semester, Member States submit annual plans, in April each year, for **"reforms and measures to make progress towards smart, sustainable and inclusive growth, in areas such as employment, research, innovation, energy or social inclusion"** (referred to as the National Reform Programmes).[15] These are analysed by the European Commission, which then provides the Member States with recommendations for the next 12–18 months (referred to as the Country Specific Recommendations). The recommendations are formally adopted by the European Council. If a Member State does not implement the recommendations within the given timeframe, the European Commission can issue "policy warnings".

There is a close connection between Structural Funds programming and the European Semester, as the Member States are required to take the priorities established under the National Reform Programmes and in the Country Specific Recommendations into account when drafting the Partnership Agreements.[16]

> The Common Strategic Framework provides that: "To ensure consistency with priorities established in the context of the European Semester, in preparing their Partnership Agreements, Member States shall plan the use of the ESI Funds taking into account the National Reform Programmes, where appropriate, and the most recent relevant country-specific recommendations adopted […]"[17]

14 Mental Health Commission of Canada, *National Final Report Cross-Site At Home/Chez Soi Project* (2014) Available at: http://www.mentalhealthcommission.ca/English/document/24376/national-homechez-soi-final-report?terminitial=23

15 See http://ec.europa.eu/europe2020/making-it-happen/index_en.htm

16 The National Reform Programmes and Country Specific Recommendations for all the Member States are available at: http://ec.europa.eu/europe2020/making-it-happen/country-specific-recommendations/index_en.htm

17 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, Annex I: Common Strategic Framework, Paragraph 2(3), available at: http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R1303&from=EN

3.2 Social Investment Package

The Social Investment Package (SIP) is "an integrated policy framework which takes account of the social, economic and budgetary divergences between Member States"[18]. Its aim is to help Member States **tackle the challenges of the economic crisis and demographic changes**. It is intended to benefit children and young people, people with disabilities, homeless people and older people, among others. The SIP objectives are to: ensure that social protection systems respond to people's needs; achieve simplified and better targeted social policies; and upgrade active inclusion strategies in the Member States. The Commission's Communication on Social Investment for Growth and Cohesion[19], which forms a part of the SIP, gives guidance to Member States on how best to use the ESF to achieve these objectives.

3.2.1 Communication from the Commission: Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014–2020

This Commission Communication includes guidance for the Member States on how to use Structural Funds in 2014–2020 to support the EU's social policy objectives. It states that both the ESF and ERDF (with investments into health, social, childcare, housing and educational infrastructure) can contribute to **"desegregation of educational facilities, the shift to community based care and integrated housing policies."**[20] In order to support Member States in achieving these objectives, the Commission plans to issue operational guidance in the area of child poverty (highlighting, for example, types of interventions required in countries with a large Roma population), innovation, childcare, health, **deinstitutionalisation** and active inclusion.[21]

3.2.2 Commission Recommendation: Investing in Children – breaking the cycle of disadvantage

The Commission Recommendation on Children asks that Member States use Structural Funds to support a number of priorities related to tackling child poverty and social exclusion, and promoting children's well-being, including the **transition from institutional care to community-based services**.[22]

The Recommendation sets out three key pillars, on the basis of which Member States should develop integrated strategies. The three pillars are: (1) Access to adequate resources, (2) Access to affordable quality services, and (3) Children's right to participate. Under the second pillar on access to services, Member States are urged to **"enhance family support and the quality of alternative care settings."** They are required to put in place measures to prevent the placement of children in institutions and to **"stop the expansion of institutional care settings for children without parental care."** Instead, they should develop quality community-based care, including foster care, within family settings and ensure that children and young people without parental care have access to quality mainstream and specialised services (such as health, education, employment, social assistance, security and housing).[23]

The proposed indicator-based monitoring framework, in the Annex to the Recommendation, can be used in the process of monitoring the use of Structural Funds, to establish whether the ESF and ERDF have contributed to achieving the objectives set out in the Recommendation.

18 See http://ec.europa.eu/social/main.jsp?langId=en&catId=1044&newsId=1807&furtherNews=yes

19 See http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&newsId=1807&moreDocuments=yes&tableName=news

20 COM(2013) 83 final, page 16

21 COM(2013) 83 final, page 17

22 C(2013) 778 final, page 12

23 C(2013) 778 final, point 2.2

3.2.3 Staff working documents

The Social Investment Package includes a number of Commission Staff working documents which aid investment into quality community-based care and support in the Member States. They include: "Long-term care in ageing societies – Challenges and policy options"; "Confronting Homelessness in the European Union"; "Investing in Health"; and "Social Investment through the European Social Fund."[24]

Fund for European Aid to the Most Deprived

The new Fund for European Aid to the Most Deprived (FEAD), totalling 3,8 billion EUR for 2014–2020, will be available to all EU Member States in order to support the most deprived in their communities through schemes providing food and material assistance.[25] Its objectives are to promote social cohesion, to enhance social inclusion and ultimately to contribute to the goal of eradicating poverty in the EU, in line with the Europe 2020 targets. The fund should complement the Structural Funds, by supporting social inclusion activities aiming at the social integration of those individuals who are most deprived. Homeless people, children and adults in institutional care, those at risk of institutionalisation and families caring for children with disabilities are often among the "most deprived" persons in society and could, therefore, benefit from this fund.

FEAD can pay for material assistance and accompanying support measures, with a view to developing sustainable pathways out of poverty. It has to be combined with other social inclusion measures, such as guidance and support. It can be used, for example, to buy starter packs of goods for families experiencing poverty or people moving into community-based housing. Such starter packs can include not only food, but also clothing and household items, such as furniture, dishes, cutlery, bedding, curtains, light bulbs, toiletries and cleaning products.

4. The potential for EU funds to support deinstitutionalisation

Supporting structural change in the health and social care systems

The current economic and financial crisis is having a significant impact on the effectiveness and sustainability of different European models of welfare state, including social protection and healthcare systems.

24 See http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&newsId=1807&moreDocuments=yes&tableName=news

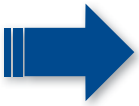
25 For more information, see http://ec.europa.eu/social/main.jsp?catId=1089&langId=en. See also FEANTSA's Toolkit on using FEAD, available at: http://www.feantsa.org/spip.php?article2647&lang=en

Opportunity for structural reform presented by financial crisis

As highlighted in the European Commission Annual Growth Survey 2012,[26] the crisis should be seen by Member States as an opportunity for structural reforms of these sectors, in particular by:

- reform of health systems aiming at cost-efficiency and sustainability;
- developing initiatives that facilitate the development of sectors with the highest employment potential, including health and social sectors; and
- the implementation of active inclusion strategies, and adequate and affordable social services to prevent marginalisation of vulnerable groups.

Transition from institutional to community-based care should be included in the broader context of the on-going or future welfare state reforms in the EU. In fact, the unnecessary institutionalisation of some of the most vulnerable and/or marginalised groups in Europe (children, people with disabilities and mental health problems, dependent older people, homeless people), in addition to violating their human rights, also leads to inefficiencies in the functioning of social and healthcare systems, in particular by placing an excessive burden on the latter.



Chapter 1 of the Guidelines highlights human rights violations that occur in institutional care and the effects of institutionalisation on children and adults.

Structural Funds should therefore be used to tackle these inefficiencies by supporting structural reforms in two directions:

- the shift from overreliance on the social and healthcare systems to mainstreaming, i.e. ensuring that mainstream policies and services respond to the needs of the entire population; and
- within the social and healthcare systems, the shift from institutional care to family and community-based care and support, including a focus on the prevention of institutionalisation. In the case of children, this includes reducing the need for alternative care by preventing unnecessary separation of children from their parents.

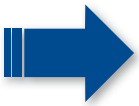
Facilitating the implementation of the European Quality Framework for Social Services

Structural Funds can help improve the quality of care and support services by facilitating the implementation of the **Voluntary European Quality Framework for Social Services**.[27] The Framework was adopted in 2010 by the Social Protection Committee with the aim to develop a common understanding of the quality of social services within the EU. It acknowledges that most social services in Europe are highly dependent on public funding, and that in the present context when public authorities in the Member States are exposed to growing financial constraints, there is a need to prioritise investments that promote continuous development of both the quality and the cost-effectiveness of social service provision. **Structural Funds should be used to boost the development of social services based on quality principles** such as availability, affordability, accessibility, respect for users' rights, good working conditions and adequate physical infrastructure.

26 See http://ec.europa.eu/europe2020/pdf/ags2012_en.pdf

27 See http://ec.europa.eu/social/BlobServlet?docId=6140&langId=en

Furthermore, the European Framework should be used as **a reference to develop specific quality frameworks at national level, which would help measure the impact of the Structural Funds on the quality of services and the quality of life of the service users**.

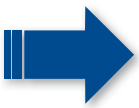


Chapter 9 of the Guidelines discusses ways to define, monitor and evaluate the quality of services.

Combining investments into infrastructure with workforce development and the improvement of mainstream services

During the current and past Structural Funds programming periods it has been shown that multi-dimensional investments, which address the whole spectrum of development needs – including education and training, health, employment, transport and housing – have the highest impact. Therefore, an appropriate combined use of both the ERDF and the ESF can play an important role in supporting Member States' efforts to design and implement structural reforms aimed at facilitating deinstitutionalisation.

- The **ERDF** can support **targeted investments in mainstream health and social infrastructure, education, housing and specialised services where necessary**. This infrastructure can enhance access to high-quality services in the community, with the aim of ensuring individualised care and support, social inclusion and respect for the rights of the service users. **The ERDF should not be used to support the building of new long-stay residential institutions or the renovation and modernisation of existing ones**. A moratorium on the building of new institutions should involve blocking the use of all public funds for these purposes. This moratorium should extend to major renovation projects of existing institutions, which would make it difficult to justify closing the institution in the short term. **Targeted investments in existing institutions can be justified exceptionally with the purpose of addressing urgent and life-threatening risks to residents linked to poor material conditions, but only as transitional measures within the context of a deinstitutionalisation strategy**.
- The **ESF** can support the **development of a range of integrated services** that would enable people to leave residential institutions and live in the community with appropriate support, and prevent placements into institutional care. Such services include early intervention, family support, foster care, personal assistance, rehabilitation, community-based residential support, independent living schemes, housing-related support and supported employment. The ESF can also support investment in the **management of the change process and the development of a sufficiently qualified workforce**, including retraining institutional care staff to work in the new community-based services.



Chapter 5 of the Guidelines lists different types of community-based services for children and their families, adults and older people.

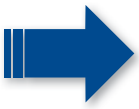
Supporting sustainable reforms

The overall objective of the Structural Funds is to support structural reforms that contribute to the smart, sustainable and inclusive growth of all EU regions, with a particular focus on those regions lagging behind. An important principle to be taken into account for the allocation of the funds is the one of **additionality**, which means that the Structural Funds should not replace the national expenditure by a Member State, but on the contrary be additional to this expenditure, in order to act as leverage for growth. What follows from this principle is that **the Structural Funds should support investments in long-term sustainable reforms**.

In the case of measures to support deinstitutionalisation, a correct implementation of the principle of **sustainability** is crucial. The transition from institutional to community-based care is a complex process which requires additional resources, especially at the beginning of the process and while both systems are running in parallel. As a general rule (subject to adaptation according to the different national/regional contexts):

- the Structural Funds should support investments in the development of the new services;
- the national budget should continue to cover the costs of running the institution until the new services are operating and all the residents have left the institution;
- once the new services are developed and operational, the national budget previously used to run the institution should be transferred to the new services (**ring-fencing of funds**).

In very limited circumstances, when investments into institutions are necessary to save lives, Structural Funds may be used, provided there is a "clearly identified and compelling case to take limited action" and that "their use forms part of a wider strategic programme" to develop family-based and community-based alternatives to institutional care.[28]



Chapter 6 of the Guidelines focuses on the resource implications – financial, material and human – of the transition.

Promoting social innovation

Social innovation can be defined as new responses to pressing social demands, affecting the process of social interactions, with the aim of improving human wellbeing.[29]

Historically, individuals have had to adapt to the services that were available, rather than those services being shaped according to the real needs of the population. Recently, however, there has been a growing trend towards personalisation of support to meet real, as opposed to assumed, needs.[30] Long-stay residential institutions and other segregating settings are being replaced with personalised living and support arrangements, which enable inclusion in society and active citizenship – for children and their families, people with disabilities, people with mental health problems, homeless people and older people. Deinstitutionalisation and the development of family and community-based services should therefore be considered by the EU as means of promoting social innovation in the Member States. The Structural Funds offer the EU and Member States an opportunity to invest in innovative services, which give individuals choice and control over what services are delivered and how. In particular **the ESF can provide funding to pilot different approaches, as well as providing a framework for mainstreaming social innovation**.[31]

It is also important to put deinstitutionalisation – as a means of putting social innovation into practice – in the framework of the current economic crisis in Europe. In the context of limited resources, social innovation offers a way forward by providing new solutions to the needs of the population, while making better use of available resources.

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28 See Open Society Foundations, *The European Union and the Right to Live in the Community*, p.15.

29 See the report, *Empowering people, driving change: Social innovation in the European Union*, http://ec.europa.eu/bepa/pdf/publications_pdf/social_innovation.pdf

30 Power, Andrew (2011) *Active Citizenship & Disability: Learning Lessons in Transforming Support for Persons with Disabilities*. Galway: National University of Ireland Galway, p.1.

31 See the European Platform against Poverty and Social Exclusion, p.15, http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0758:FIN:EN:PDF; and Elements for a Common Strategic Framework 2014 to 2020, p.34, http://ec.europa.eu/regional_policy/sources/docoffic/working/strategic_framework/csf_part2_en.pdf

4. The legal context: EU Structural Funds regulations for 2014–2020

This section provides an overview of the legal provisions relevant to deinstitutionalisation which are included in the Structural Funds regulations for the current programming period 2014–2020.

The Structural Funds regulations for the programming period 2014–2020 entered into force on 21 December 2013, having been agreed by the European Commission, the European Council and the European Parliament. They replaced the previous set of regulations for the programming period 2007–2013.

The Structural Funds regulations consist of the common provisions for the European Regional Development Fund (ERDF), the European Social Fund (ESF), the Cohesion Fund, the European Agricultural Fund for Rural Development (EARDF) and the European Maritime and Fisheries Fund (EMFF) – these funds are jointly referred to as the "European Structural and Investment Funds" (ESI Funds). In addition, there are fund-specific regulations for each fund.

> Quotations from the official legal documents are either placed in green boxes or within quotation marks, while the explanatory text provides an interpretation of the legal provisions, as suggested by the authors of this toolkit.

4.1 Structural Funds Regulations 2014–2020

During the programming period 2007–2013, a number of EU countries have used Structural Funds to strengthen and perpetuate the outdated systems of institutional care.[32] In particular, the ERDF has been used in some countries to support the building of new long-stay residential institutions or to renovate existing ones.

The programming period 2014–2020 offers an opportunity to avoid such misuse of the funds and to more actively support the reform of care and support systems. **A more focused use of the Structural Funds to support the transition from institutional to community-based care is encouraged by a number of provisions included in the legislative package for the EU Cohesion Policy 2014–2020.** Among these are, as detailed below: the concentration of 20% of ESF allocations on the social inclusion thematic objective; easier integrated programming of the different funds; explicit provisions which allow the use of the ESF and the ERDF to promote deinstitutionalisation.

The highlighted provisions will allow the Member States to address the issue in a more systemic way, and to plan structural reforms rather than intervene on an ad-hoc basis. Such structural reforms can be encouraged by the allocation of appropriate resources during the negotiation of the programming documents for the period 2014–2020, as described in Chapter 2. *(A summary of the key provisions, and their relevance to deinstitutionalisation, is available in Annex 1 of the toolkit.)*

Common Provisions Regulation[33]

Article 9 of the regulation featuring common provisions for all Structural Funds sets out eleven main thematic objectives to be supported by the funds. The main objective relevant to the issue of deinstitutionalisation is **Objective 9: "Promoting social inclusion, combating poverty and any**

32 See ECCL Report, op. cit. and European Network on Independent Living, B*riefing on Structural Funds Investments for People with Disabilities: Achieving the Transition from Institutional Care to Community Living* (2013), available at: http://www.enil.eu/wp-content/uploads/2013/11/Structural-Fund-Briefing-final-WEB.pdf

33 Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions of the European Regional Development Fund, the European Social Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1303&from=EN

discrimination." Developing community-based alternatives to institutional care would clearly come under this objective, as a way of addressing social exclusion and combating poverty. Furthermore, Article 6 states that **"operations supported by the ESI Funds shall comply with applicable Union law and the national law relating to its application."** This includes all legal instruments mentioned in part 2.1 of this toolkit. Finally, Article 7 provides that "the Member States and the Commission shall take **appropriate steps to prevent any discrimination (…) during the preparation and implementation of programmes**".

Ex ante conditionalities

An important novelty in the regulations for the programming period 2014–2020 is the provision on "*ex ante* conditionalities". It specifically states that Member States, in order to be able to spend the EU funds on a given priority effectively, must have fulfilled some conditions such as having a proper legislative framework, a strategy or an action plan. The Common Provisions Regulation (Annex XI) establishes **general** and **thematic *ex ante* conditionalities.**

The most relevant **thematic conditionality** for deinstitutionalisation is related to the thematic objective "**Promoting social inclusion, combating poverty and any discrimination".** To be able to spend resources allocated to this objective, Member States will need to have in place a national strategy for poverty reduction that, inter alia, "**depending on the identified needs, includes measures for the shift from institutional to community based care".** The **"identified need"** for deinstitutionalisation has been established by the European Commission in respect of twelve Member States in the Commission position papers on the preparation of the Partnership Agreements and programmes for 2014–2020.[34]

Member States also have to fulfil **general conditionalities** that encompass all thematic priorities. One of those general conditionalities is **"the existence of administrative capacity for the implementation and application of the United Nations Convention on the rights of persons with disabilities."** In addition, the general conditionality on **anti-discrimination** requires that Member States comply with EU anti-discrimination law and policy when allocating Structural Funds.

If *ex ante* conditionalities are not fulfilled during the programming period, the Commission can suspend interim payments to the relevant priorities in the Operational Programme (Article 19.5).

Guidance on Ex Ante Conditionalities[35]

The European Commission has issued Draft Guidance on Ex Ante Conditionalities for the European Structural and Investment Funds – Part I and Part II. The guidance is addressed to geographical units for Structural Funds at the Commission, and aims to provide "a framework for the assessment by the Commission of the consistency and adequacy of the information provided by the Member States on the applicability and fulfilment of ex ante conditionalities" in the Partnership Agreements and Operational Programmes. The guidance can also be used by the Member States, as well as by civil society representatives involved in the programming, monitoring and implementation of Structural Funds.

34 They are: Bulgaria, Czech Republic, Estonia, Greece, Hungary, Lithuania, Latvia, Poland, Romania, Slovenia, Slovakia and Croatia. For further information, see Cohesion Policy 2014–2020 Programming process: http://ec.europa.eu/regional_policy/what/future/program/index_en.cfm

35 Draft Guidance on *Ex Ante* Conditionalities for the European Structural and Investment Funds (ESI) Part I (24 July 2013), available at http://ec.europa.eu/regional_policy/what/future/pdf/preparation/20092013_guidance_part_1.pdf and Draft Guidance on Ex Ante Conditionalities for the European Structural and Investment Funds (ESI) Part II (12 April 2013), available at http://ec.europa.eu/regional_policy/what/future/pdf/preparation/part2_guidance_ex-ante_conditionalities_guidance.pdf

ERDF Regulation[36]

The thematic objectives of the Common Provisions Regulation are "translated" into investment priorities in the fund specific regulations. "**Promoting social inclusion, combating poverty and any discrimination**" is an ERDF investment priority (Article 5), which includes:

> a) 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 transition from institutional to community-based services**.

The preamble (recital 15) states that "in order to promote social inclusion and combat poverty, particularly among marginalised groups," Member States should "improve access to social, cultural and recreational services, through the provision of small-scale infrastructure, taking into account the specific needs of persons with disabilities and the elderly." **Community-based services** are defined as covering **"all forms of in-home, family-based, residential and other community services which support the right of all persons to live in the community, with an equality of choices, and which seek to prevent isolation or segregation from the community"** (recital 16).

ESF Regulation[37]

"Promoting social inclusion, combating poverty and any discrimination" is also a thematic objective for the ESF (Article 3), and it should benefit from **at least 20% of the total ESF resources** in each Member State (Article 4.2). The following actions should be supported, among other, under this thematic objective:

> (i) Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability;
> (ii) Socio-economic integration of marginalised communities such as the Roma;
> (iii) Combating all forms of discrimination and promoting equal opportunities; and
> (iv) Enhancing access to affordable, sustainable and high-quality services including health care and social services of general interest.

The preamble (recital 16) of the ESF regulation states that the ESF can be used to support the following types of services:

> - "affordable, sustainable and high quality services of general interest, in particular in the fields of health care, employment and training services, services for the homeless, out of school care, childcare and long-term care services."
> - "public, private and/or community-based [services] delivered by different types of providers, namely public administrations, private companies, social enterprises, non-governmental organisations."

36 Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1301&from=EN

37 Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repealing Council Regulation (EC) No 1081/2006, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1304&from=EN

Crucially, the preamble (recital 19) explicitly states that "**the ESF should also promote the transition from institutional to community-based care"** and that it **"should not support any action that contributes to segregation or to social exclusion".**

Furthermore, **Article 8 "Promotion of equal opportunities and non-discrimination"** provides that equal opportunities, without discrimination, should be promoted by mainstreaming the principle of non-discrimination through:

> ***"specific actions (…)*** *to combat all forms of discrimination as well as to improve accessibility for persons with disabilities, with a view to improving integration into employment, education and training, thereby enhancing social inclusion, reducing inequalities in terms of educational attainment and health status, and* ***facilitating the transition from institutional to community-based care****, in particular for those who face multiple discrimination."*

The Common Strategic Framework (CSF)

In order to ensure that Structural Funds and other instruments support EU policy commitments in the context of its strategy for smart, sustainable and inclusive growth, the European Commission has developed a Common Strategic Framework (CSF).[38] The CSF aims to **"provide strategic guiding principles in order to achieve an integrated development approach using the ESI Funds coordinated with other Union instruments and policies."**[39] In this respect, coordination and complementarity with the European Development Fund, the Pre-Accession Instrument and the European Neighbourhood Instrument are highlighted as being of particular importance.

The horizontal principles and the cross-cutting policy objectives set out in the CSF include: partnership and multi-level governance; sustainable development; promotion of equality between men and women and **non-discrimination**; **accessibility**; **addressing demographic change**; and climate change mitigation and adaptation.

The CSF makes clear that **all mainstream products, goods, services and infrastructures co-financed by Structural Funds should be accessible to all citizens**, including those with disabilities, in accordance with applicable law. Member States should facilitate access of disadvantaged groups, including people with disabilities, to the "physical environment, transport and ICT," and this should promote their inclusion in society. Furthermore, Structural Funds can be used to make existing buildings and established services accessible.

On account of the challenges arising from ageing populations, the CSF requires that Member States use Structural Funds **"to facilitate inclusion of all age groups, including through improved access to education and social support structures."** With this in mind, Member States are asked to identify and take the following measures:

> (a) […] better conditions for families and an improved balance between working and family life;
>
> (c) focus on the adequacy and quality of education, training and social support structures, as well as where appropriate, on the efficiency of social protection systems;
>
> (d) promote cost-effective provision of health care and long-term care including investment in e-health, e-care and infrastructure.

38 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, Annex I Common Strategic Framework, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R1303&from=EN

39 Common Strategic Framework, *Introduction*

The European Code of Conduct on Partnership[40]

The Regulation on the European Code of Conduct on Partnership (ECCP) provides Member States with a **framework for involving partners in the programming, implementation and monitoring and evaluation of Structural Funds in 2014–2020**.

> "Partnership implies close cooperation between public authorities, economic and social partners and bodies representing civil society at national, regional and local levels throughout the whole programme cycle consisting of preparation, implementation, monitoring and evaluation." (Recital 2)

ECCP requires that partners are selected by means of a **transparent** procedure and that they are most **representative** of the relevant stakeholders. They should include, in particular, "groups who may be affected by programmes but who find it difficult to influence them, in particular the most vulnerable and marginalised communities, which are at highest risk of discrimination or social exclusion, in particular persons with disabilities" (Recital 4).

Selection of partners – Articles 3 and 4

The process for the selection of partners differs in relation to Partnership Agreements (PAs) and the Operational Programmes (OPs). Partners relevant to all Structural Funds should be involved in the drafting of PAs, whereas only those relevant to each OP should be involved in the drafting of the respective programmes. For both the PAs and the OPs, bodies representing civil society, such as NGOs and **bodies responsible for promoting social inclusion and non-discrimination** should be involved. ECCP also requires that **organisations or groups affected by the implementation of Structural Funds**, especially groups at risk of discrimination and social exclusion, should be involved (Articles 3 and 4).

Ensuring meaningful involvement in the drafting of Partnership Agreement and Operational Programmes – Article 5

Member States and managing authorities should consult the relevant partners in the process and timetable of the drafting of PA and OPs. They are required to keep the partners **fully informed of their content, and to make them aware of any changes made**. In order to ensure that the partners' involvement is meaningful, as opposed to tokenistic, MS and MAs should ensure that:

- information is sent to the partners well in advance and is easily accessible;
- sufficient time is given to the partners to comment on the draft PA and OPs;
- partners are able to ask questions and are informed as to how their proposals have been taken into account;
- partners are informed about the outcome of the consultation.

Drafting of the Partnership Agreement – Article 6

ECCP set out **areas where the partners' input is of particular importance**. These areas include:

- the analysis of needs;
- summaries of the ex ante conditionalities (general and thematic);

40 Commission Delegated Regulation (EU) No …/.. of 7.1.2014 on the European code of conduct on partnership in the framework of the European Structural and Investment Funds, available at: http://ec.europa.eu/regional_policy/what/future/pdf/preparation/da_code_conduct_en.pdf

- the selection of the thematic objectives, indicative allocations of Structural Funds and their main expected results;
- the list of programmes and mechanisms for ensuring coordination between Structural Funds (such as between ERDF and ESF) and with other EU and national funding instruments;
- ways of ensuring that the specific needs of geographical areas most affected by poverty and/or target groups at the highest risk of discrimination or exclusion are addressed;
- implementation of the non-discrimination principle (as defined in Article 7 of the Common Provisions Regulation).

Information about the involvement of partners in the drafting of the Partnership Agreement – Article 7

At a minimum, the Member States are required to provide **the following information about the involvement of partners** in the drafting of the PA:

- the list of partners;
- actions taken to ensure their active participation, including what they did to ensure that consultations are accessible to persons with disabilities;
- the role of the partners;
- the results of the consultation and the added value of involving partners in the drafting process.

Drafting of the Operational Programmes – Article 8

ECCP sets out **areas where the partners' input is of particular importance** when drafting the OPs. They are:

- the analysis and identification of needs;
- the selection of priorities and related objectives;
- the allocation of funding;
- the definition of indicators;
- the implementation of the non-discrimination principle (as defined in Article 7 of the Common Provisions Regulation);
- the composition of the monitoring committee.

Information about the involvement of partners in the drafting of the Operational Programmes – Article 9

At a minimum, the Member States are required to provide **the following information about the involvement of partners** in the drafting of the OPs:

- the actions taken to involve the relevant partners and the amendments which have been made to the OPs as a result of their involvement;
- actions planned to ensure participation of partners in the implementation of the OPs.

Monitoring committees – Article 19

In order to ensure meaningful involvement of partners in the work of the MCs, MS should consider whether all members should have **voting rights** (as opposed to partners having the status of observers). Furthermore, it is important that all MC members are informed of the meetings well in advance and that they are provided with all the documents at least 10 working days before the

meeting. Preparatory documents, as well as meeting minutes, should be accessible to all members of the MCs. Finally, MS should consider establishing working groups under the MCs and should define what tasks they will have.

Involvement of partners in monitoring and evaluation – Articles 12–16

According to the ECCP, the relevant partners should be involved in the preparation of **progress reports** on the implementation of the PA, in particular in assessing the role of the partners in the drafting and implementation of the PA. Partners should also be involved in the **evaluation** of OPs, within the framework of the MCs, and should be consulted by the managing authorities for the ERDF and the ESF when preparing reports summarising the findings of evaluations.

Capacity building – Article 17

MS can use **technical assistance to build the capacity of NGOs** in order that they can "effectively participate in the preparation, implementation, monitoring and evaluation of programmes." This can be done through workshops, training sessions, supporting networking structures (such as coalitions) and by contributing to the **cost of participating in meetings**.

5. Overview of different stages (Programming, Implementation, Monitoring and Evaluation)

The management of the Structural Funds is a complex process composed of a number of different stages:

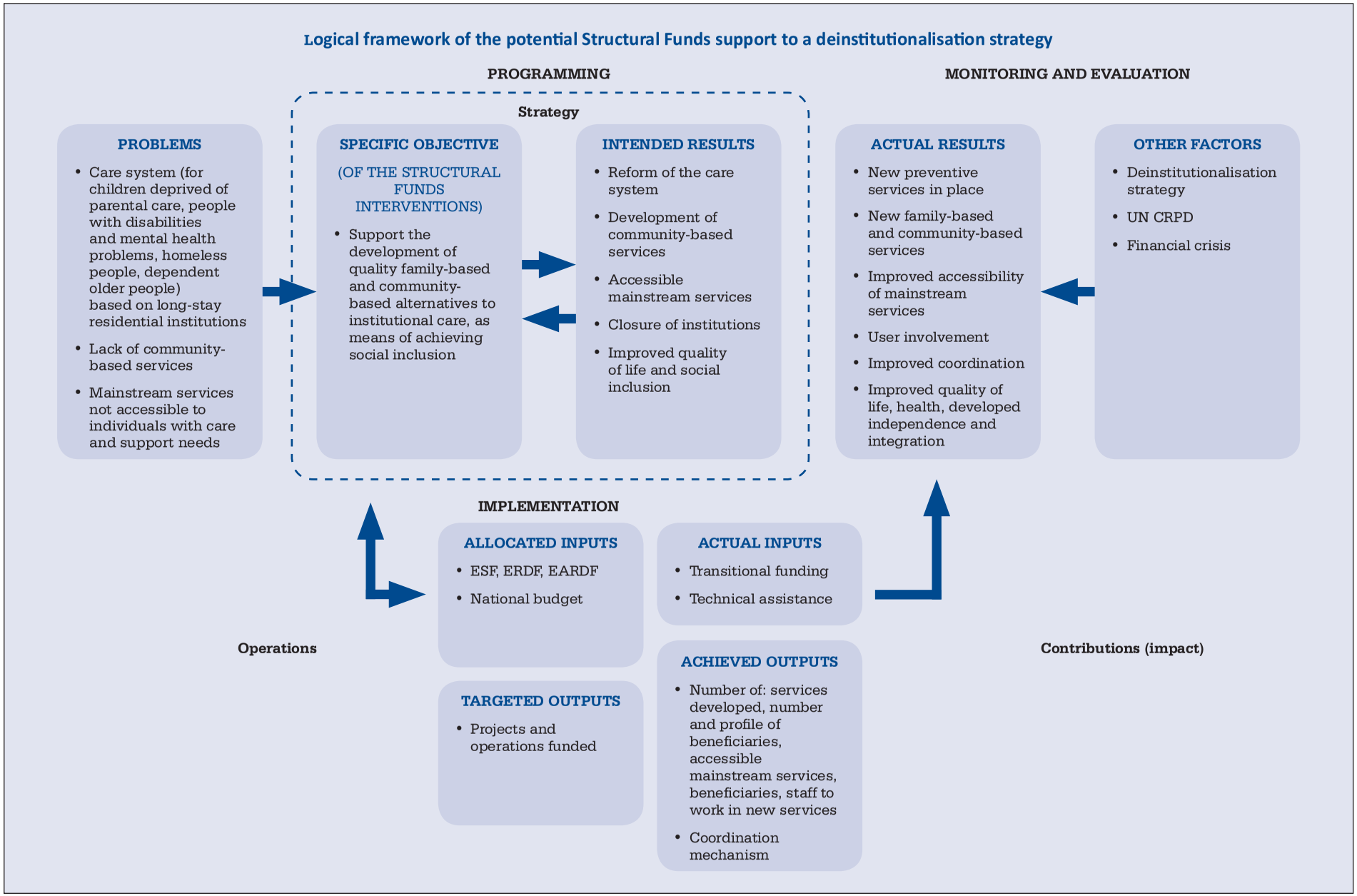
a. **Programming** – involves the negotiations between the European Commission and the Member States' national and regional authorities on the planning documents and the allocation of funds among priorities for a period of seven years;

b. **Implementation** – consists of the allocation and spending of the funds, normally through the selection and execution of projects;

c. **Monitoring and Evaluation** – these run in parallel with the first two stages, with the aim to ensure their quality, effectiveness and consistency.

The chart on the next page illustrates **the logical framework of the potential Structural Funds support to a deinstitutionalisation strategy**.

The following chapters describe how to plan, implement, monitor and evaluate deinstitutionalisation reforms supported by the Structural Funds. This process requires the involvement of a number of actors: the European Commission, Member States' national and regional authorities, economic and social partners and non-governmental organisations (NGOs). For the successful implementation of any deinstitutionalisation programme **it is crucial that service users and their representative organisations are meaningfully involved and consulted through all stages of the process,** in line with the European Code of Conduct on Partnership.


Logical framework of the potential Structural Funds support to a deinstitutionalisation strategy
PROGRAMMING
MONITORING AND EVALUATION
Strategy
PROBLEMS
• Care system (for children deprived of parental care, people with disabilities and mental health problems, homeless people, dependent older people) based on long-stay residential institutions
• Lack of community-based services
• Mainstream services not accessible to individuals with care and support needs
SPECIFIC OBJECTIVE
(OF THE STRUCTURAL FUNDS INTERVENTIONS)
• Support the development of quality family-based and community-based alternatives to institutional care, as means of achieving social inclusion
INTENDED RESULTS
• Reform of the care system
• Development of community-based services
• Accessible mainstream services
• Closure of institutions
• Improved quality of life and social inclusion
ACTUAL RESULTS
• New preventive services in place
• New family-based and community-based services
• Improved accessibility of mainstream services
• User involvement
• Improved coordination
• Improved quality of life, health, developed independence and integration
OTHER FACTORS
• Deinstitutionalisation strategy
• UN CRPD
• Financial crisis
IMPLEMENTATION
ALLOCATED INPUTS
• ESF, ERDF, EARDF
• National budget
ACTUAL INPUTS
• Transitional funding
• Technical assistance
Operations
Contributions (impact)
TARGETED OUTPUTS
• Projects and operations funded
ACHIEVED OUTPUTS
• Number of: services developed, number and profile of beneficiaries, accessible mainstream services, beneficiaries, staff to work in new services
• Coordination mechanism

CHAPTER 2:
Programming

1. Partnership Agreements

As outlined in the previous chapter, the transition from institutional to community-based services has been identified by the ERDF Regulation as one of the investment priorities under the thematic objective "promoting social inclusion, combating poverty and any discrimination". The Partnership Agreements should include under this thematic objective a **strategic vision** of how individual Member States are going to use the relevant EU funds, in particular the ESF, the ERDF and the EARDF, to support the transition.

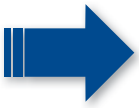
Article 15 of the Common Provisions Regulation sets out the main elements in relation to the content of the Partnership Agreements. The paragraphs below provide guidance on how to include the transition from institutional to community-based services in all relevant parts of the Agreements.

When drafting the Partnership Agreements and the Operational Programmes, **technical assistance** can be used to ensure that the authorities in charge and those involved under the partnership principle have the necessary capacity (Article 58 – 59 of the CPR and Article 17 of the ECCP). Training on how to use EU funds to support the process of transition from institutional to community-based services should be organised together with the relevant stakeholders, mainly those groups affected by the implementation of Structural Funds and their representative organisations, but also their families, service providers and local and regional authorities.

Problem analysis – Article 15 (a)(i)

The strategic vision of how to develop a range of family-based and community-based alternatives to institutional care should be based on an **assessment of the needs of the population and the available services in the country**. This should include information about the number and range of services provided in the community (including preventive services); the financial, material and human resources; disaggregated data about individuals with support needs living in the community and individuals living in long-stay residential institutions; access of children and adults with support needs to mainstream services; and so on. The problem analysis should identify the underlying causes of institutionalisation of children, adults and older people which may include poverty, lack of services in the community, migration, stigma and professional attitudes.

Where relevant, the problem analysis should take account of issues related to the transition from institutional to community-based services identified under the European Semester, in the National Reform Programme and the Country Specific Recommendations. Other relevant Council recommendations in respect of the particular Member State should also be considered.

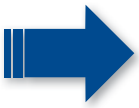


Chapter 2 of the Guidelines focuses on different types of assessment, which can be used to formulate a deinstitutionalisation strategy.

Expected results – Article 15 (a) (iii)

The Partnership Agreements should include, for each thematic objective, a summary of the main results expected for each of the ESI Funds. **Development of community-based alternatives to institutional care should be included as one of the main results expected for the objective of "promoting social inclusion, combating poverty and any discrimination"**, for the ESF, the ERDF and where relevant the EARDF. The main principles for the strategic use of the funds to achieve this result should be outlined here:

- The Funds **cannot be used to build or renovate long-stay residential institutions**, regardless of their size. All investments in health and social infrastructure and services should prevent institutionalisation of children and adults, and support the transition from institutional to community-based services;
- The Funds must be allocated in a **strategic, forward-looking manner**. All investments should be based on one or more (depending on the national context) strategic documents setting out a clear vision of the future care and support system, based on the principles and values enshrined in the international human rights standards, such as the UN Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities;
- All the relevant key actions under other thematic objectives (in particular "education" and "enhancing institutional capacity of public authorities and stakeholders and efficient public administration"), which can contribute to inclusion of different groups in the society and access to adequate support services should be planned within an **integrated approach** (see below);
- **Users of services** (including potential service users) and their representative organisations, as well as service providers and other stakeholders, should be consulted throughout the entire process of programming and implementation of the Funds.



Chapter 5 of the Guidelines lists the key principles for the development of community-based services.

Integrated approach – Article 15 (2) (a) (iii)

According to Article 15 (2) (a) (iii) of the Common Provisions Regulation, an integrated approach is needed, "where appropriate", to address "the specific needs of geographical areas most affected by poverty or of target groups at highest risk of discrimination or social exclusion, with special regard to marginalised communities, persons with disabilities, the long term unemployed and young people not in employment, education or training." People placed in institutional care and those who are at risk of institutionalisation are one of the main target groups covered by this article. The Partnership Agreements should therefore identify **the development of family-based and community-based alternatives to institutional care as an area of intervention where the ESF, the ERDF and the EARDF should work together** in a complementary manner. This can be achieved either by close coordination of programming under different mono-fund programmes, or by including transition from institutional to community-based services in multi-fund programmes.

CASE STUDY: SLOVAKIA – Example of an integrated approach[41]

Tasks and measures contained in the National Action Plans for the transition from institutional to community-based care in the social service system and alternative care of children are implemented through projects funded by the ESF (1.05 MEUR) and the ERDF (20 MEUR).

The main activities funded by the ESF during the programming period 2007–2013 are:

Activity 1
Mainstreaming deinstitutionalisation activities – training and courses for social service managers, professionals and clients (change management, individual planning, etc.), monitoring and supervision.

Activity 2
Architectural support for deinstitutionalisation of social services (application of universal design).

Activity 3
Developing programmes and activation of labour market inclusion.

Activity 4
Support for the systemic extension/dissemination and follow up of the deinstitutionalisation process in Slovakia.

As part of the same project, the ERDF is funding seven pilot projects aimed at the deinstitutionalisation of social services and seven projects for the alternative care of children.

This activity is coordinated by the National Committee of deinstitutionalisation experts, consisting of a section for social services and a section for alternative care of children. The National Committee is tasked with reaching out to all the key sectors, and is in charge of the supervision and monitoring of compliance with DI principles in all stages of the process.

Fulfilment of *ex ante* conditionalities – Article 15 (b) (iii)

— National strategic and policy framework for poverty reduction

The Partnership Agreements should provide information "on the fulfilment of applicable *ex ante* conditionalities in accordance with Article 19 and Annex XI at national level, and in the event that the applicable *ex ante* conditionalities are not fulfilled, of the actions to be taken, the bodies responsible and the timetable for implementation of those actions." The most relevant *ex ante* conditionality to deinstitutionalisation relates to the thematic objective "promoting social inclusion, combating poverty and any discrimination." It requires putting into place and implementing a **national strategic policy framework for poverty reduction,** which should include, amongst others, **"depending on the identified needs, measures for the shift from institutional to community-based care".**

Drawing on the specific national contexts and based on a needs assessment, the anti-poverty strategies should include **a timetable** and some **key principles to guide the reforms** towards

41 Submitted by Maria Nadazdyova, former Director General, Social and Family Policy Section, Ministry of Labour, Social Affairs and Family of the Slovak Republic.

the development of community-based services and inclusive mainstream services, which would facilitate social inclusion and eliminate the need for long-stay residential institutions or, in the case of children, reduce the need for placement into alternative care. The strategy can also ensure that the reform is implemented in a co-ordinated and systemic way.

As the next step, it is important that the key principles set out in the national anti-poverty strategies are further elaborated. In particular, **specific national and/or regional strategies and action plans on deinstitutionalisation should be designed**. An **inter-ministerial steering group** should be created to coordinate and monitor the implementation of the strategies and action plans (see below, Chapter 3). Depending on the needs assessment and the national context, deinstitutionalisation strategies and action plans can concern all groups (children, persons with disabilities and mental health problems, homeless people or older people) together or separately.

The relevant Operational Programmes should describe how Structural Funds will support the implementation of deinstitutionalisation strategies and action plans (see next section).

Example of a collaborative exercise

In early 2009, the European Commission (DG REGIO and DG EMPL) launched a collaborative exercise with the Bulgarian Government, in consultation with civil society representatives, which brought about the adoption of a national Action Plan establishing that both the ERDF and the ESF should invest to support the process of de-institutionalisation in Bulgaria. This has allowed investments to be made in both the infrastructure (funded under the ERDF) and in the training of staff who will work in the newly-established services (funded under the ESF).

Chapter 3 of the Guidelines explains the necessary components of national deinstitutionalisation strategies.

— **UN Convention on the Rights of Persons with Disabilities**

According to Annex XI of the Common Provisions Regulation, the Partnership Agreements should also provide information on the fulfilment of the general conditionality requiring "the existence of administrative capacity for the implementation and application **of the United Nations Convention on the rights of persons with disabilities."**

Common Provisions Regulation, Annex XI

Criteria for fulfilment of the ex-ante conditionality:

- "Arrangements […] for the consultation and involvement of bodies in charge of protection of rights of persons with disabilities or representative organisations of persons with disabilities and other relevant stakeholders throughout the preparation and implementation of programmes";
- "Arrangements for training for staff of the authorities involved in the management and control of the ESI Funds in the fields of applicable Union and national disability law and policy, including accessibility and the practical application of the UNCPRD […]";
- "Arrangements to ensure monitoring of the implementation of Article 9 of the UNCRPD in relation to the ESI Funds throughout the preparation and the implementation of the programmes".

— Anti-discrimination

In addition to the general ex ante conditionality on the UN CRPD, the Partnership Agreements should also demonstrate the fulfilment of the conditionality on non-discrimination. In this respect, Member States have to show that they have "administrative capacity for the implementation and application of **Union anti-discrimination law and policy** in the field of ESI Funds." At the moment, the relevant anti-discrimination legislation includes the gender equality, the race equality and the employment equality framework directives. A proposed directive on protection against discrimination outside employment and occupation could potentially be included among the relevant laws, if adopted during the programming period 2014–2020.

Indicative checklist for the Partnership Agreements

The following checklist aims to help the negotiating authorities of the Partnership Agreements (European Commission and Member States) to ensure that all the main elements of a strategic vision for the use of the ESI Funds to support the transition from institutional to community-based care are included in the Partnership Agreements.

Problem analysis		
Key information on the care/support system	*This will help establish where investments are needed and where the reform should start.*	
Assessment of the risk of poverty and social exclusion of people with care or support needs living in the community		
Key information on children and adults in institutional care/other forms of care		
Expected results		
The transition from institutional to community-based care is included as one of the main results expected for the objective "promoting social inclusion, combating poverty and any discrimination"	*This will help ensure that the projects funded are part of a wider reform, that the ESF and the ERDF are used in a combined way, that attention is given to making mainstream services accessible, and that service users are consulted throughout the process.*	
Explicit ban on the use of Structural Funds for building new institutions, and renovating or resizing old ones, is included		
Reference to current or planned deinstitutionalisation strategies		
Integrated approach with desegregating actions in the field of education, health care, employment, transport and housing		
Integrated approach with key actions in the field of institutional capacity		
Mechanisms to ensure the involvement of users, their representative organisations and service providers		
Integrated approach		
The specific needs of children and adults in institutional care, as a target group exposed to discrimination and social exclusion, are identified	*This will help ensure that alongside infrastructure, funding is provided for staff training, management of the process, employment initiatives and so on.*	
Deinstitutionalisation is identified as an area of intervention where the ESF, the ERDF and the EARDF should work together in a complementary manner		
Coordination of programming under different mono-fund programmes		
Inclusion of deinstitutionalisation in multi-fund programmes		
Fulfilment of the *ex ante* conditionality		
Existence and implementation of a national strategy for poverty reduction	*This will help ensure that deinstitutionalisation is a part of a wider anti-poverty strategy and that the process is properly planned, with a clear timetable and a budget.*	
Inclusion of deinstitutionalisation, with key principles and a timetable, in the national strategy for poverty reduction		
If the national strategy for poverty reduction is not yet in place, timetable for the preparation and implementation; instead, reference is made to other deinstitutionalisation strategies or action plans		
Reference to the implementation of the UN Convention on the Rights of Persons with Disabilities		

2. Operational Programmes

The overall strategy set by the Partnership Agreements will be developed in the Operational Programmes (OPs). The OPs can be regional or national, mono-fund or multi-fund. They should set out priority axes corresponding to thematic objectives and should comprise one or more of the investment priorities.[42] **The Structural Funds regulations for 2014–2020 have also introduced the possibility of multi-fund programmes, which will allow for a single strategic document to combine the ESF and ERDF support.**

The transition from institutional to community-based care/services has been identified as a key action under the thematic objective "promoting social inclusion, combating poverty and any discrimination" for both the ESF and the ERDF. The following paragraphs will provide guidance on how to develop this key action in ESF and ERDF Operational Programmes, which include a priority axis corresponding to the anti-poverty objective and to tackling social exclusion.

2.1 ESF and ERDF Operational Programmes

Identification of needs – Common Provisions Regulation, Article 96

This first part of an **ESF OP** should look at the situation of those groups in society experiencing (or at risk of) poverty and social exclusion, especially those in institutional care or at risk of being institutionalised. While the problem analysis in the Partnership Agreements should provide information on the national context, this section of the Operational Programmes should focus on the specific regional situation (or sectoral situation in the case of national thematic OPs).

Information should be provided on, among other things:

- Types of services provided and the number of beneficiaries (including institutional care, other forms of alternative care for children and services in the community, living situations of people with support needs)
- People in need of care or support who are living in the community
- Human resources, i.e. the number and profile of staff working in community-based services and long-stay residential institutions
- Residents of institutions (children, people with disabilities including people with mental health problems, homeless people and older people): including disaggregated data such as age, gender, primary disability, length of stay in the institution etc.
- Legal and regulatory framework (to ensure services meet certain quality standards)
- Resources allocated to the institutional care and to community-based services
- Access to mainstream services

This first part of an **ERDF OP** should provide an assessment of the existing social, education and health infrastructure relevant to the process of transition from institutional to community-based services. Key information should be provided on:

- Number, size and location of long-stay residential institutions (including social care institutions, infant homes, orphanages, psychiatric hospitals and homeless shelters where there is no possibility of move-on/alternative to long stay[43])

42 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, Article 96

43 Homeless shelters are supposed to provide a temporary solution to homelessness. They are not designed to provide long term residential care. However, a lack of alternatives for homeless people means that they can become de facto long stay institutions. It is important to emphasise therefore that not all homeless shelters should be considered as institutional. See here for more information: www.feantsa.org

- Number, size and location of supported living units[44]
- Data on alternative care solutions for children[45]
- Infrastructure housing community-based services, including where they are located
- Material resources (i.e. the value of buildings or grounds housing institutions)

Justification of the choices of investment priorities

Deinstitutionalisation measures should be a part of the **ESF investment priority "enhancing access to affordable, sustainable and high-quality services"**(Article 3(1) (b)). The choice to include the development of community-based alternatives to institutional care as a key action under this investment priority should be explained here, drawing on the identification of needs and the necessary investments to meet these needs.

Deinstitutionalisation measures should be a part of the **ERDF investment priority "investing in health and social infrastructure"**(Article 5(9)). Furthermore, a link to the priority "**investing in educational infrastructure**" (Article 3(1)) should be made, since investments in accessible and inclusive education for children and young people should be an integral part of the deinstitutionalisation strategy supported by the Operational Programme.

Priority axis "Promoting social inclusion, combating poverty and any discrimination"

This part of the OP should describe the "investment priorities and corresponding specific objectives", including "expected results […] and the corresponding result indicators, with a baseline value and a target value" (Article 96(2)). A description of the planned actions to achieve the specific objective should be provided, including an "identification of the main target groups, specific territories targeted, types of beneficiaries […] where appropriate" (Article 96(2)). Moreover, where appropriate, the OP should describe how the planned action "addresses the specific needs of geographical areas most affected by poverty or target groups at highest risk of discrimination or social exclusion, with special regard to marginalised communities, and persons with disabilities" (Article 96(4)). It is crucial that these actions support the implementation of a comprehensive national or regional **deinstitutionalisation strategy** and that **actions supported by the ESF and the ERDF are duly integrated and coordinated**.

In order to have a comprehensive deinstitutionalisation strategy in place by the start of the programming period 2014-2020, **the Managing Authorities should explore the possibility of using the Technical Assistance component of relevant ESF (or ERDF) Operational Programmes 2007–2013** to fund its development. In case this is not possible, it should be funded by the Technical Assistance component of the new OPs (2014–2020) as a priority operation.

2.2 Indicative list of actions for ESF Operational Programmes

Relevant to all user groups:

- Needs assessment, including individual assessment of the needs and wishes of each child or adult involved in the transition plans
- Drawing up (local) action plans on transition to community-based care, including individual care/support and preparation plans for each child or adult involved in the plans

44 The term living unit refers to a place – a room, apartment, house or a building – where people live either by themselves or together with others. Supported living refers to an arrangement whereby people live with individuals they choose, in housing they own or rent, receiving staff support from agencies which do not provide accommodation.

45 Examples: kinship care, foster care, family-like placements, supported independent living, etc.

- Activities to facilitate cross-sectoral coordination and management of the process of transition to community-based care
- Development of an integrated network of community-based services (including prevention and family support services), such as: personal assistance, home care, family counselling, day care, financial assistance, job search assistance, early childhood and after-school services, therapeutic services, services at home, substitute family care (foster care), specialised residential care (such as respite care), homeless services covering prevention, temporary accommodation and support, and reintegration into housing and society.
- Improving the quality and increasing the capacity of existing community-based services
- Improving access to mainstream services (education, healthcare, housing, transport etc.)
- Staff training and curriculum development for posts in community-based services and mainstream services
- Improving the status and professionalisation of social care workforce
- Development of a communication strategy aimed at raising public awareness of the right to live independently in the community
- Awareness raising activities for people with support needs at risk of social exclusion, or facing social exclusion, in order to inform them about their rights (while ensuring that such information is provided in an accessible format)
- Activities to facilitate user involvement

2.3 Indicative list of actions for ERDF Operational Programmes

Relevant to all user groups:

- Development and adaptation of social, health and education infrastructures for the provision of community-based services
- Improving the quality and capacity of existing infrastructures for community-based services
- Plans for the future of institutional infrastructure (buildings and material resources), provided it is used for different purposes that do not involve the provision of residential care for any group; plans should be a for a viable and logical reuse of the building and should not be approved if the costs of investment in the building outweigh the benefits
- Development of accessible housing for people with disabilities in the community
- Development of supported housing options integrated in the community
- Investment in social and affordable housing which will be available to those leaving institutional care or at risk of being institutionalised
- Home adaptations

Specific to children:

- Development of childcare infrastructure in the community
- Development of infrastructure for family-like placements for children in the community, in line with the UN Guidelines for the Alternative Care of Children[46]

46 According to the UN Guidelines (para 122), the objective of any residential care should be to "provide temporary care and to contribute actively to the child's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting".

Specific to homeless people:

- Promoting the transition to independent living from temporary accommodation
- Providing alternatives to homelessness and to long periods in residential homeless services, namely through permanent housing with support as required

2.4 Output and result indicators

Possible output and result indicators for the specific objective of supporting "transition from institutional to community-based services" are listed below. These can help the Managing Authorities and the European Commission monitor and evaluate the results of the projects supported by Structural Funds. They can also enable comparisons with the situation before investments, with the ultimate aim of establishing whether Structural Funds have led to improvement in the quality of life and social inclusion of the project beneficiaries; and whether they have facilitated the implementation of the anti-poverty and deinstitutionalisation strategies and the relevant UN Conventions.

ESF Output indicators

Relevant to all user groups:

- Number of individual assessments carried out
- Number of individual care/support plans developed and implemented
- Number of individual preparation programmes to support the transition developed and implemented
- Number of individuals who have left institutional care
- Number of individuals accessing community-based services
- Number of new community-based services established
- Number of newly accessible mainstream services (i.e. number of inclusive classrooms, number of accessible buses etc.)
- Number of existing community-based services supported
- Number of long-stay institutions closed down
- Number of staff that were trained or retrained and redeployed to community or mainstream services
- Number of activities to facilitate the involvement of service users in the planning, delivery and evaluation of services
- Number of awareness raising activities aimed at tackling stigma and prejudice
- Number of people with disabilities in part time and full time employment in the open labour market
- Number of people with disabilities achieving qualifications
- Number of projects fully or partially implemented by social partners or NGOs

Specific to children:

- Number of children re-integrated in their family, placed in a foster family, or in a family–type environment

- Number of children placed in small group homes
- Number of school leavers with special educational needs receiving careers advice
- Number of young people receiving support when leaving the care system
- Number of family support measures

Specific to homeless people:

- Number of homeless people or people affected by housing exclusion who benefited from projects supported by ESF

ESF Result indicators

Relevant to all user groups:

- Increased range of services in the community
- Increased percentage of people leaving institutional care
- Decrease in the percentage of new admissions into institutions
- Increased percentage of people with support needs accessing mainstream services
- Increased level of regulation of the quality of services
- Increased percentage of staff trained to work in community-based services and in mainstream services
- Increased percentage of service users actively involved in the planning, delivery and evaluation of services
- Increased percentage of people informed about their rights, including the right to live in the community

Specific to children:

- Decrease in the percentage of children entering alternative care
- Of children in alternative care, the change in the ratio of those in residential care to those in family care
- Improvements in health and development
- Reduction of challenging behaviour
- Increase in the number of children with disabilities educated in mainstream schools
- Improved school results for all children moved from institutions

ERDF Output indicators

Relevant to all user groups:

- Number of independent living units in the community
- Number of supported living units in the community
- Number of new or adapted buildings housing community-based services
- Reduction in the number of institutional places

- Number of long-stay institutions closed down
- Number of adaptations in mainstream services
- Number of home adaptations
- Number of people covered by improved health services

Specific to children:

- Number of family-like placements for children (e.g. small group homes)
- Capacity of supported childcare or education infrastructure

ERDF Result indicators

Relevant to all user groups:

- Increased percentage of individuals requiring support to live in the community accessing ordinary housing in the community (independent or supported living)
- Increased percentage of individuals with support needs and their families accessing social housing and other housing options
- Increased percentage of individuals with support needs accessing mainstream services
- Reduced percentage of institutional places
- Reduced percentage of admissions into institutions

Specific to children:

- Increased percentage of children accessing high quality early-childhood services
- Increased percentage of children with disabilities or at risk of disabilities accessing universal maternal and child health systems
- Increased percentage of children with developmental delays and disabilities accessing early education and childcare services
- Reduced percentage of children placed in the alternative care system
- Decreased levels of morbidity and mortality of children with disabilities in the care system
- Increased numbers of children with disabilities educated in mainstream inclusive schools
- Improved school results for children with disabilities

2.5 Common Quality indicators

To measure the impact of all actions supported by the ESF and the ERDF on the **quality of services and the quality of life of the users**, it will be important to use a specific quality framework. In case no specific framework is in use in the country, it should be developed on the basis of the **European Voluntary Quality Framework for Social Services** (see above, Chapter 1).

Chapter 9 of the Guidelines discusses ways to define, monitor and evaluate the quality of services.

2.6 Involvement of partners

The OP should include a list of the "actions taken to involve the relevant partners referred to in Article 5 in the preparation of the operational programme, and the role of the partners in the implementation, monitoring and evaluation of the operational programme".[47] Among the partners that should be involved are users of services, their representative organisations, families and service providers. *See Chapter 1, for the European Code of Conduct on Partnership and Chapter 4, for lessons learned during the previous programming period (2007–2013).*

2.7 Operational Programmes checklists

The following checklists are designed to help the negotiating authorities of the Operational Programmes (European Commission and Member States) ensure that all the main elements for a strategic and coordinated ESF and ERDF support process of transition from institutional to community-based care are included in the OPs.

Indicative checklist for ESF Operational Programmes

Identification of needs		
Key information on people in institutional care/other forms of care	*This will show where there is the highest need for investment.*	
Key information on the care and support system		
Justification of the choices of investment priorities		
"Enhancing access to affordable, sustainable and high-quality services" is a chosen investment priority	*This will ensure that deinstitutionalisation is not left out of the OP.*	
Deinstitutionalisation is included as a key action under this investment priority		
Priority axis "Promoting social inclusion, combating poverty and any discrimination"		
At least 20% of the total ESF funding is allocated to the thematic objective "promoting social inclusion, combating poverty and any discrimination"	*This will ensure that deinstitutionalisation is included in the OP. It will show what actions are planned and ensure that the actions planned are in line with the DI strategy (if in place); that outputs and results can be monitored and evaluated; and that there is good coordination between the ESF and the ERDF.*	
The transition from institutional to community-based care is included as one of the specific objectives		
Key ESF actions to implement a deinstitutionalisation strategy are described		
A deinstitutionalisation strategy is in place and mentioned as a reference framework for the ESF planned actions; OR		
a deinstitutionalisation strategy is not yet in place but its development is planned as a priority operation to be funded by the Technical Assistance of the OP		
Involvement of partners		
A list of actions taken to involve the partners in all stages of the programming and implementation of the OP is included	*This will ensure that all the partners are meaningfully involved in the preparation and implementation of the OP.*	
Capacity building of NGOs is planned, supported by ESF, to encourage their participation and access to ESF funded actions in the field of social inclusion		

47 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, Article 95.5 (c)

Indicative checklist for ERDF Operational Programmes

Identification of needs		
Key information on all long-stay residential institutions	*This will show where there is the highest need for investment.*	
Key information on infrastructures housing community-based care and services		
Justification of the choices of investment priorities		
"Investing in health and social infrastructure […] which contributes to the transition from institutional to community-based services" is a chosen investment priority	*This will ensure that deinstitutionalisation is not left out of the OPs.*	
Deinstitutionalisation is included as a key action under this investment priority		
Priority axis "Promoting social inclusion, combating poverty and any discrimination"		
The transition from institutional to community-based care is included as one of the specific objectives	*This will ensure that deinstitutionalisation is included in the OP. It will show what actions are planned and ensure that the actions planned are in line with the DI strategy (if in place); that outputs and results can be monitored and evaluated; and that there is good coordination between the ESF and the ERDF.*	
A deinstitutionalisation strategy is in place and mentioned as a reference framework for the ERDF planned actions		
Key ERDF actions to implement a deinstitutionalisation strategy are described		
Actions taken to ensure accessibility for persons with disabilities throughout the preparation and implementation of the OP are described		
Mechanisms to coordinate the ESF actions with the ERDF and the EARDF are described		
Involvement of partners		
A list of actions taken to involve the partners in all stages of the programming and implementation of the OP is included	*This will ensure that the partners are meaningfully involved in the preparation and implementation of the OP.*	

CHAPTER 3:
Implementation

Once the Operational Programmes (OPs) are adopted, the national or regional authorities in the Member States responsible for managing the OPs (i.e. the Managing Authorities) will have to design the specific funding procedures that will support the implementation of the deinstitutionalisation strategies and action plans, by drawing up selection criteria, organising selection committees and deciding which projects will receive funding. This is often done through a tendering procedure open to all. Before the tendering procedure is launched, there is typically a period for public consultation, during which changes can be made to the selection criteria.

This section looks at how the Managing Authorities and monitoring committees in the Member States can ensure that the selected projects supported by the ESF and the ERDF (and other funding instruments, as relevant) are in line with the investment priorities set out in the OPs; in view of supporting the transition from institutional to community-based care, and with the overall objective of combating poverty and social exclusion.

Overall coordination and monitoring

The implementation of comprehensive strategies requires the involvement of various administration departments such as social affairs, health, education, regional development and employment. It is crucial that this process is overseen by an **inter-ministerial steering group** which would be in charge of coordinating and monitoring its overall implementation. Ideally, this inter-ministerial steering group will be based in the office of the Prime Minister (or equivalent), to ensure participation of all the relevant departments and agencies.

1. Selection criteria

As the first step, the selection criteria for projects that will be funded, which are developed by the Managing Authorities, should make clear that **those projects that aim to build new long-stay residential institutions or to renovate (or modernise) existing institutions – for any group of people - are not eligible**. However, this might not be enough to ensure that the services funded will not segregate or exclude people from society, or that they will genuinely support the process of transition from institutional to community-based care. The selection criteria contained in the calls for proposals should therefore be carefully examined by the Monitoring Committees. Involvement of service users and their representative organisations is of crucial importance at this stage.

It should be noted that, at times, project tenders are excessively large and complex, discouraging small NGOs or user-organisations from applying. Yet often these organisations provide excellent quality community services and would be well-placed to develop new services, given the right support. Managing Authorities should consider whether tenders can be broken down into smaller chunks; in addition, programmes could allocate funding to building the capacity of smaller NGOs or user organisations to participate in the tender process.

The following **list of questions and indicators** aims to provide guidance when establishing whether the proposed criteria correspond to the requirements of the Structural Funds Regulations and the relevant EU law and policy (in particular the UN Conventions, to which the EU and/or its Member States are a party). These questions are purposefully general enough that they can be applied to projects funded by the ESF and the ERDF, as well as other funding instruments. In addition, several **case studies** with **lessons learned** are highlighted in order to inform the selection process.

2. Checklists for the selection of projects: questions and indicators for the Managing Authorities and the Monitoring Committees

Information about the process	
Is the action proposed part of a wider national or regional strategy for the transition from institutional to community-based care (such as a deinstitutionalisation strategy, a strategy for the inclusion of children, a strategy for combating poverty etc.)?	
In the absence of such a document, will the action proposed contribute to framing a strategy for transition from institutional to community-based care?	
Is there any evidence that the action proposed is based on the real needs of the population in a certain region? This could be in the form of the number of individuals in institutional care, number of individuals without the necessary support in the community etc. There should also be an explanation why a particular region/institution was chosen for this specific investment, and any action should be based on a comprehensive needs assessment.	

Information about the target groups	
Is there sufficient information on how the action proposed will improve the quality of life of the end beneficiaries of the action?	
Is there sufficient information on how the action proposed will facilitate social inclusion of the end beneficiaries?	
Does the action proposed ensure that no group of individuals will be excluded from support because of the type of their impairment (for example, because they have mental health problems or because of the complexity of their support needs) or for any other reason?	
In case of children, does the action make clear that the benefit will apply equally to children with and without disabilities?	

Information about the legal and regulatory framework	
Is there an explanation of how the action proposed will contribute to the implementation of the UN Convention on the Rights of Persons with Disabilities or the UN Convention on the Rights of the Child?[48]	
Are there safeguards in place to ensure that the proposed action will not violate any of the rights of the end beneficiaries?	
Is there sufficient information about quality standards that the proposed action should satisfy (such as, which quality framework will be used to establish that services supported are of high quality and to enable quality monitoring)?	
In case the legal and regulatory framework in the country does not support the process of transition to community-based care, is there sufficient information as to how the action proposed will contribute to developing or amending that framework?	

Information about the services	
Living units[49]	
If the aim of the action is to develop living units, are there safeguards to ensure that they will facilitate independent living or, in the case of children, family-like care?	
Is it clear that the action proposed does not aim to develop congregated living units for any group of people, but that they are dispersed and located in ordinary communities?	
Is it clear that the action proposed does not aim to develop living units on the grounds of any of the existing long-stay residential institutions?	
Are there sufficient safeguards that the institution building that will be closed will not be converted into another type of residential service?	
Is it clear that the action proposed does not aim to link the housing to the support provided, i.e. that individuals will not be obliged to choose a particular living arrangement because that is where they will receive support?	
If the proposed action allows the building of group homes for children, is it clear that this must be in the best interest of children and used as a temporary or last resort (e.g. after all efforts have been deployed to integrate children into biological or foster families)? Are there safeguards that such group homes will provide family-like care and that they will be located in ordinary communities? Are there other actions foreseen which would ensure that children who will be living in the group homes will be able to access mainstream services in the community (such as local schools)? Are there safeguards in place to ensure children will be grouped appropriately, with due regard to their safety, protection and developmental needs?	
Access to other support services	
Are there sufficient safeguards that services will not be provided in a segregating setting?	
Are there sufficient safeguards in place to ensure that no "parallel" services will be developed, but that the proposed action will facilitate access of the relevant groups to mainstream services (such as employment, education, health etc.)? This does not mean that specialised services should not be developed.	
Are there sufficient safeguards that services will not exclude any particular group because of their impairment? For example, if the action proposes to fund a personal assistances service, access should not be denied to people with intellectual disabilities or people with mental health problems.	
Is there sufficient emphasis on prevention of institutionalisation, i.e. are there plans to develop any preventive services?	

48 The list of Countries that ratified the CRPD can be accessed here: http://www.un.org/disabilities/countries.asp?navid=12&pid=166. All EU Member States have ratified the UNCRC.

49 The term living unit refers to a place – a room, apartment, house or a building – where people live either by themselves or together with others.

Information about the resources (financial and human)	
Does the proposed action foresee investment in management and coordination? For example, if the action is aimed at closure of long-stay residential institutions and the development of alternative services in the community, is it clear that a part of the investment must go towards the management of closure?	
Is there support foreseen for training or re-training of staff to work in the new services?	
Is it clear how the action proposed will be funded once the investment is spent, i.e. is it shown that the action is sustainable beyond the course of EU funding? Are there plans in place or mechanisms to ensure that budgets for running institutions are 'ring-fenced' (protected) and transferred to the newly developed community based services?	

Information about user involvement	
Is it clear how the proposed action will meaningfully involve users of services, and their representative organisations and families where relevant, in the design of the service funded, in line with the partnership principle?	

Monitoring and evaluation	
Is there a provision for regular monitoring and evaluation in the proposed action? Are there sufficient criteria set out for how this should be done?	
Is it clear how users of services, and their representative organisations and families where relevant, will be meaningfully involved in monitoring and evaluation of the services funded?	

CASE STUDY: HUNGARY – Construction of "homes" for up to 50 residents

On 27 January 2012, the Hungarian National Development Agency/the Hungarian authorities issued a tender entitled "Deinstitutionalisation – Social care homes component A".[50] The value of this tender is 7 billion HUF, which is roughly 24 MEUR. The tender, funded from the ERDF and the Hungarian state budget, had foreseen the funding of up to ten projects to support the government's deinstitutionalisation plan. The period of application is from 1 July to 1 October 2012.

The tender allows managers of social care institutions to apply for funding to implement one of three goals:

1. Construct or renovate apartments in the community.
2. Construct or renovate "group homes" which in Hungarian legislation have a minimum of 8 and a maximum of 14 beds.
3. Construct so-called home centres ("lakócentrum"), which are group of buildings with structures of flats where up to 50 people with disabilities would live in a congregated setting.

Problems with the tender highlighted by Hungarian NGOs and expert groups

According to a coalition of Hungarian NGOs and expert groups, the option of constructing "home centres" should be abandoned, as, in their view, these are simply another name for institutions, the replacement of which is the aim of both the UN Convention on the Rights of Persons with Disabilities and the laws of the European Union.

In the coalition's view, while the first option fully complies with the applicable laws, options 2 and 3 do not comply with the requirements of Article 19 of the UN Convention on the Rights of Persons with Disabilities and, given the ratification of the CRPD by the EU, breach the requirements of Article 16 of the EU's General Regulation on cohesion funds 2007–2013. Regarding option 3, the tender stipulates that this option is only to be developed in exceptional cases where it is "justified by the residents' care needs"; however the document does not define "exceptional cases" or "care needs". A setting accommodating up to 50 people cannot be anything other than a segregating institution and, therefore, should be considered to be in breach of Article 19 of the CRPD.

Consequently, in its current format, the plan envisaged in the tender is not based on the needs of people with disabilities. It is based on a premise that people "need" institutions of a certain number of people, rather than the reality that people need housing, shared with people they choose themselves. As households do not commonly have 50 members, the plans seem entirely service-led, rather than needs-led.

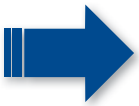
Article 4(3) of the CRPD also requires states to collaborate with people with disabilities themselves as active stakeholders in the deinstitutionalisation process, in order for the plan to be based on their concerns, needs and wants. Community living cannot be viewed in isolation from training, education, employment, leisure activities, health, social activity, accessibility or other areas of life highlighted in the CRPD and which need to be comprehensively assessed and planned – elements which are not evident in the current plan.

50 The tender is accessible in Hungarian at: http://www.nfu.hu/download/38466/Palyazati_utmutato_Bentlakasos_intezmenyek_kivaltasa_A.pdf.

CHAPTER 4:
Monitoring and Evaluation

1. Monitoring

The process of monitoring is essential to ensure that Structural Funds are used in line with the Common Provisions Regulation and the fund specific regulations, and that they support the right to live included in the community, as well as providing children with opportunities to grow up in a family environment. Member States are required to set up a monitoring committee within three months from the adoption of an Operational Programme (OP). Lessons learned during the current programming period 2007–2013 are presented below.



Chapter 9 of the Guidelines suggests ways to monitor and evaluate the quality of services, as well as the implementation of deinstitutionalisation strategies.

Involvement of partners in the monitoring committees – Article 48

According to Article 48 of the Common Provisions Regulation, monitoring committees must be composed of "representatives of the relevant Member State authorities and intermediate bodies and of **representatives of the partners."** In the context of moving towards community-based services, organisations of people with disabilities, people with mental health problems, children, homeless people and older people should be involved in the work of the monitoring committees of the relevant OP.

Moreover, since one of the *ex ante* conditionalities relates to the UN Convention on the Rights of Persons with Disabilities, and based on Article 4(3) of the CRPD requiring close consultation with and active involvement of people with disabilities (including children) in all processes which concern them, it follows that organisations of people with disabilities should be involved in the monitoring of OPs with actions concerning people with disabilities.

Taking into account the problems reported in the work of the monitoring committees during the programming period 2007–2013,[51] it is important that all organisations representing users of services have an opportunity to participate meaningfully in the work of the committees, rather

51 These included lack of opportunity for civil society representatives to influence decisions of the monitoring committees. See ECCL Report, op. cit., p.36 and European Network on Independent Living, *Briefing on Structural Funds Investments for People with Disabilities: Achieving the Transition from Institutional Care to Community Living* (2013), available at: http://www.enil.eu/wp-content/uploads/2013/11/Structural-Fund-Briefing-final-WEB.pdf

than be passive observers. Active involvement of the European Commission, which can participate in the work of the committees in an advisory capacity, is also instrumental to ensuring that Member States adhere to the relevant provisions in the Common Provisions and fund-specific regulations.

Reviewing progress towards the set objectives – Article 49

It is the role of the monitoring committees to "review implementation of the programme and progress made towards achieving its objectives". In doing so, they must pay attention to "**indicators** […]**progress towards quantified target values** and the **milestones"** defined during the programming stage. On the basis of this assessment, the monitoring committee can issue recommendations to the managing authority and ensure that they are followed up with appropriate actions. Any changes to the OP proposed by the managing authority must also be approved by the monitoring committee.

Indicators, targets and milestones which will make it possible to monitor progress towards community living, and the quality of the process of transition from institutional to community-based care, should be defined during the programming stage, with close involvement of users of services and their representative organisations. (Examples of output and result indicators are set out in Chapter 2).

Reporting on progress achieved – Articles 50–52

Each Member State has to submit an annual report on the implementation of the programme in the previous financial year between 2016 and 2023. These reports should include information, *inter alia*, about "**indicators** […] **quantified target values**, including changes in the value of result indicators where appropriate […] and the **milestones"** achieved. Importantly, they must also set out "**actions taken to fulfil *ex ante* conditionalities.**" The 2019 report and the final report should also include information about, and assessment of, the progress made towards "achieving the Union strategy for smart, sustainable and inclusive growth."

The annual reports provide an opportunity for Member States to assess how Structural Funds have contributed to the process of transition from institutional to community-based care and the implementation of the CRPD. Where problems have been identified, they should result in changes to the OPs or other actions. Annual reports also provide the European Commission with an opportunity to intervene, if necessary, by issuing recommendations on the implementation of the programme (Article 50.7).

Whether OPs have contributed to the implementation of deinstitutionalisation strategies and the implementation of the CRPD in the Member States should also be discussed at the **annual review meetings**, to be organised between the Commission and the Member States (Article 51). Users of services, through their representative organisations, should take part in these meetings.

Finally, the **progress reports**, due in 2017 and 2019, should set out information on "changes in the development needs in the Member State since the adoption of the Partnership Agreement" and assess "whether the actions taken to fulfil the applicable *ex ante* conditionalities set out in the Partnership Agreement not fulfilled at the date of adoption of the Partnership Agreement have been implemented" (Article 52.2 (a-c)). This will ensure that the relevant strategies for the transition from institutional to community-based care and the administrative capacity for the implementation of the CRPD are in place during the course of the programming period. Failure to do so can result in the suspension of interim payments by the Commission to the relevant priorities in the OP (Article 19.5).

Checklist for monitoring

Service users (children, people with disabilities, people with mental health problems, homeless people,older people) and their representative organisations are meaningfully involved in the work of the relevant monitoring committees; there is documented evidence that their views influence the process; there is documented evidence of efforts made to include the voices and opinions of children and of adults with communication difficulties	
The focus of the monitoring committees is, *inter alia*, on indicators, progress towards quantified target values and the milestones defined during the programming stage	
Progress reports include information about fulfilment of *ex ante* conditionalities, i.e. transition from institutional to community-based care and the implementation of CRPD	
Annual review meetings, involving representatives of service users, are used to discuss progress towards identified targets and milestones, and the fulfilment of *ex ante* conditionalities	
Recommendations by the monitoring committees or the Commission are followed up with appropriate actions	
Action is taken by the Commission in case *ex ante* conditionalities are not fulfilled during programme implementation	
An accessible summary of the progress reports is available to the public	

In view of ensuring transparency in the way Structural Funds are used, a "**summary for citizens**" of the annual and final reports should be published by the Member States (Article 50.9). These summaries should provide enough information about the projects funded to enable members of the public to see whether Structural Funds have contributed to transition from institutional to community-based care and the implementation of the CRPD.

Lessons learned during the programming period 2007–2013

Problem identified	Recommendation
Participation of service users (i.e. their representative organisations) is often of a formal nature, with no opportunity to influence decision-making	User representatives should be given voting power in the monitoring committees; information should be sent well in advance of the meeting in an accessible format; their views and the decision making process should be documented
Monitoring focuses on technical criteria, rather than on mid and long-term impact of the projects	A deinstitutionalisation strategy, or criteria/quality standards for deinstitutionalisation, should be attached to the call for proposals and inform the working of the committees
User representatives lack capacity to participate meaningfully in the work of the monitoring committees	Technical assistance should be used for capacity building of user organisations
While a single OP can cover a number of user groups, this is often not reflected in the monitoring committees	Coordination among representatives of different user groups can ensure that the people in the monitoring committee can represent interests of more than one group; technical assistance can be used to build such platforms
NGOs do not have sufficient information about the work of the monitoring committees	Meeting minutes should be public and meetings can be streamed online to ensure maximum transparency of their work

2. Evaluation

The Common Provisions Regulation provides for *ex ante*, ongoing and *ex post* evaluation. This should be carried out in a way to allow improvements to the "quality of the design and implementation of programmes, as well as to assess their **effectiveness, efficiency and impact**" (Article 54). It

is therefore important that the data collected during the evaluation corresponds to the targets (i.e. the output and result indicators) defined during the programming stage, in order to allow the Member States and the Commission to measure progress in transition from institutional to community-based care.

Focusing on the impact Structural Funds have had on the end beneficiaries should help avoid the problems identified during the previous programming period 2007–2013.[52] Thus, ***ex ante* evaluations** should include, inter alia (Article 55):

- the relevance and clarity of the proposed programme indicators;
- how the expected outputs will contribute to results;
- the adequacy of human resources and administrative capacity for management of the programme;
- the suitability of the procedures for monitoring the programme and for collecting the data necessary to carry out evaluations;
- the adequacy of planned measures […] to prevent any discrimination, in particular as regards accessibility for persons with disabilities; and
- measures planned to reduce the administrative burden on beneficiaries.

Member States are also required to carry out **ongoing evaluations** during the programming period, focusing on the "effectiveness, efficiency and impact for each programme" (Article 56). Both the monitoring committees (involving users of services and other stakeholders) and the Commission should examine the evaluations. Any problems identified during the evaluation can help ensure that the necessary changes are made in the OPs, and increase the likelihood Structural Funds will contribute to the process of deinstitutionalisation in the Member States. They may also point to the need for the Commission to carry out its own evaluation.

The ***ex post* evaluations** are carried out by the Commission, or by the Member State in close cooperation with the Commission, and should focus on the "effectiveness and efficiency" of the Structural Funds and their contribution to the strategy for smart, sustainable and inclusive growth (Article 57). Ex post evaluations will be completed by the end of 2024, and will be summarised by the Commission in a synthesis report by the end of the following year.

Resourcing and independent expertise – Article 54

For evaluations to improve the way funding is allocated, they have to be adequately resourced and "carried out by internal or external experts that are functionally independent of the authorities responsible for programme implementation". Civil society representatives, involving users of services, and at the EU level the European Expert Group on the Transition from Institutional to Community-based Care can help ensure evaluations are independent of any influence.

Moreover, information contained in the evaluations about the projects funded and the impact they have had, should be "made available to the public".

52 Some Member States have tended to focus on the technical and administrative issues, rather than on mid- to long-term impact of the funded project. See ECCL Report, *op. cit.*, p.36.

Checklist for evaluations

Evaluation covers all stages of the programming and implementation – before, during and after	
The focus is on the effectiveness, efficiency and impact of the projects funded	
Evaluations provide adequate information about the projects funded	
Monitoring Committees, involving civil society representatives, examine evaluations	
Based on the outcome of evaluations, the necessary actions are taken by the Member State or the Commission	
The evaluation process is adequately resourced	
Evaluations are carried out by independent experts	
Evaluations are available to the public in an accessible format	

CHAPTER 5:

Instrument for Pre-accession Assistance (IPA II)

The Instrument for Pre-accession Assistance (IPA II), which replaced IPA, is used to support the enlargement policy of the European Union - in other words, to translate the political priorities of the EU enlargement strategy into concrete actions and to bring the standards and legislation of the candidate and potential candidate countries in line with those of the EU. IPA II aims to provide countries with technical and financial assistance, including in the area of **human rights and fundamental freedoms, civil society development and social inclusion**. It can therefore be used by the enlargement countries to support the right to live in the community and to grow up in a family environment, for children, people with disabilities, people with mental health problems, homeless people and older people.

IPA II is contained in the set of financial instruments to implement the EU's external action and covers the period 2014–2020. The total budget of these instruments is 11,7 billion EUR.[53]

IPA II is governed by two regulations:

1) **Regulation 236/2014 on the common rules and procedures for the implementation of the Union's instruments for financing external action** ('the Common Rules')[54]; and

2) **Regulation 231/2014 establishing an Instrument for Pre-accession Assistance** (IPA II) ('IPA II Regulation')[55]

While the Common Rules contain all the relevant technical provisions (i.e. the implementing rules and procedures), which apply to all EU external action instruments, the IPA II Regulation sets out the type of actions that can be supported. This is the reason why, for example, the Common Rules make a reference to the involvement of user groups and ensuring accessibility for people with disabilities, whereas the IPA II Regulation sets out the specific thematic objectives and policy areas.

Although IPA II is governed by less elaborate regulations than the Structural Funds, it offers an important opportunity for the modernisation of social services and other social inclusion measures for user groups covered in this toolkit. Moreover, **coordination and complementarity between Structural Funds and IPA II are highlighted in the Common Strategic Framework as being of**

53 See http://ec.europa.eu/enlargement/instruments/overview/index_en.htm#ipa2

54 See http://ec.europa.eu/enlargement/pdf/financial_assistance/ipa/2014/236-2014_cir.pdf

55 See http://ec.europa.eu/enlargement/pdf/financial_assistance/ipa/2014/231-2014_ipa-2-reg.pdf

particular importance.[56] In this respect, Structural Funds Regulations provide a framework for how IPA II should be used with regard to services for children, people with disabilities, people with mental health problems, homeless people and older people. It follows that **actions that are not in line with the Structural Funds Regulations – such as those that segregate or exclude different groups from society – should not be included in the IPA II programming documents**.

5.1 Countries covered by IPA II

The countries which can access IPA II are: Albania, Bosnia and Herzegovina, Iceland, Kosovo (under UNSCR 1244/1999), Montenegro, Serbia, Turkey and the former Yugoslav Republic of Macedonia.

5.2 Main principles under the Common Rules

The Common Rules regulation, which applies to all external instruments of the EU, contains a broad set of principles and a more specific set of technical provisions. These include the need to respect human rights and fundamental freedoms, a requirement to involve civil society as one of the key stakeholders and to create mechanisms for cooperation with civil society.

The following articles are of particular importance:

- **Article 7:** requires that countries include **accessibility for persons with disabilities,** as a criterion to be fulfilled, in the design and implementation of programmes and projects.
- **Article 15:** obliges the European Commission to ensure **consultation with the relevant stakeholders**, including civil society, in the implementation of funds, and to allow them to play a meaningful role.

5.3 Relevant provisions of the IPA II Regulation

As mentioned earlier, the IPA II Regulation sets out the general and specific objectives of this funding instrument, the policy areas that will be supported and the implementation mechanism. The provisions relevant to the process of transition from institutional care to community-based services are set out below:

Specific objectives and indicators – Article 2

- The relevant objectives listed in the IPA II Regulation include "promotion and protection of human rights and fundamental freedoms […] non-discrimination and tolerance" (Article 2.1.a.ii); "development of civil society" (Article 2.1.a.viii); "fostering of employment" (Article 2.1.b.iii); **"promotion of social and economic inclusion, in particular of minorities and vulnerable groups, including persons with disabilities"** (Article 2.1.b.iv); "fostering of an inclusive and integrated education system" (Article 2.1.b.v); "supporting progressive alignment with […] the Union *acquis*, including preparation for management of Union Structural Funds" (Article 2.1.c) and "strengthening regional integration and territorial cooperation" (Article 2.1.d).
- It is important to highlight the fact that Article 2.1.c establishes as an objective the support of "progressive alignment with, and adoption, implementation and enforcement of, the Union

56 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, Annex I: Common Strategic Framework, Paragraph 2(3), available at: http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R1303&from=EN

acquis," including in relation to the Structural Funds. This is particularly relevant in relation to deinstitutionalisation. *(See Chapter 1 of this toolkit.)*

Policy areas – Article 3

- Article 3 of the Regulation defines policy areas which can benefit from IPA II and these include **"employment, social policies, education, promotion of gender equality, and human resources development"** (Article 3.1.c).
- Equally important is the provision in Article 3.3 of the Regulation, which allows for the support of all actions covered by the Structural Funds Regulations, which *de facto* opens the door to all actions in the area of "transition from institutional care to community-based services," as referred to in the Common Provisions Regulation and fund-specific regulations.

Partnership – Article 5

- According to Article 5.6, "when preparing, implementing and monitoring assistance," the Commission will consult different partners, including "as appropriate […] civil society organisations".
- Importantly, IPA II can be used to build the capacity of civil society organisations. As stated in the same article, "the capacities of civil society organisations shall be strengthened, including […] as direct beneficiaries of assistance."

Strategy papers – Article 6

- Assistance under IPA II is provided on the basis of priorities contained in the enlargement policy framework defined by the European Council, the Communication on the Enlargement Strategy and the Progress Reports for individual countries.
- A "strategy paper" has to be agreed with the European Commission by each country (with some cross-country elements), covering the programming period 2014-2020. Strategy papers **define action priorities aimed at meeting different objectives. They include the indicative allocation of EU funds per policy area and define indicators for assessing progress**. Furthermore, they **must take into account the relevant national strategies**.
- Strategy papers are reviewed each year. It is therefore important that organisations representing different user groups gain access to these negotiations and include objectives which will support deinstitutionalisation.

Programmes and framework agreements – Article 7 and 8

- Once strategy papers are agreed, they are translated into concrete "programmes" and measures that are implemented in each country. These programmes can be annual or multiannual, country-specific or they can pertain to multiple countries.
- At the end of this process, the European Commission and the countries in question conclude "framework agreements" on the implementation of the assistance.

Thematic priorities for assistance – Annex II and III

Annex 2 of the IPA II Regulation contains the thematic priorities for assistance. There are **several priorities on social inclusion, employment, education and civil society development which can support the process of deinstitutionalisation**, and it is important that these are included in the national programmes.

(c) Strengthening the capacities of civil society organisations and social partners' organisations, including professional associations […]

(d) Investments in education, skills and lifelong learning. Interventions in this area shall aim at: promoting equal access to quality early-childhood, primary and secondary education; […] and supporting investment in education and training infrastructure; particularly with a view to […] fostering non-segregated education.

(e) Fostering employment and supporting labour mobility. Investments in this area shall aim at: […] encouraging higher participation in the labour market of all under-represented groups.

(f) Promoting social inclusion and combating poverty. Interventions in this area shall aim at: integrating marginalised communities such as the Roma; combating discrimination based on […] disability, age […] and enhancing access to affordable, sustainable and high quality services, such as health care and social services of general interest, including through the modernisation of social protection systems.

Annex 3 contains thematic priorities for assistance for **territorial cooperation**, which include:

(a) promoting employment […] and social and cultural inclusion across borders through, inter alia: […] investment in public employment services; and supporting investment in public health and social services.

(b) investing in youth, education and skills through, inter alia, developing and implementing joint education, vocational training, training schemes and infrastructure supporting joint youth activities.

5.4 Checklist for IPA II implementation

Opportunities to ensure that deinstitutionalisation is included as investment priority in IPA II	Contact point	
The annual progress reports highlight the situation of people in institutional care and the need to develop community-based alternatives to institutions. They also explain how IPA II is being used and whether it supports deinstitutionalisation.	*EU delegation and the European Commission*	
Strategy papers identify the transition from institutional care to community-based services as one of the priority areas that should be funded.	*EU delegation and the European Commission*	
Deinstitutionalisation is included as a priority area in the national programmes and the framework agreements between the European Commission and the national authorities.	*National authorities and the European Commission*	
Measures included in the national programmes and the framework agreements are in line with the Structural Funds Regulations 2014–2020.	*European Commission*	
The framework agreements include as one of the criteria the involvement of civil society as one of the main stakeholders, and include capacity building measures for civil society.	*National authorities and the European Commission*	
IPA II annual monitoring reports address the question as to whether IPA II has contributed to the social inclusion of children, people with disabilities, people with mental health problems, homeless people and older people and, if so, the manner in which it has done this.	*European Commission*	
National programmes are reviewed in light of the issues identified in the annual monitoring reports.	*European Commission*	

CASE STUDY: SERBIA – Planned renovation of long-stay residential institutions

Under the tender, entitled "the IPA Centralised Programmes; Project Number 11: Support for de-institutionalisation (DI) and social inclusion of persons with mental disability and mental illness CRIS Number 2011/022-585", the Government of Serbia planned to invest 5.17 MEUR from the European Union funding (IPA) in the reconstruction of six long-stay institutions for persons with intellectual disabilities and mental health problems in Serbia. The aim of the proposed project was "to contribute to the de-institutionalisation and social inclusion of persons with mental disability and mental illness at the local level by transforming the institutions to improve services while enabling the process of de-institutionalisation".

Problems with the tender highlighted by the European Expert Group on Transition from Institutional to Community-based Care (EEG)

Despite the stated aim of the project, EEG was concerned that the project would not facilitate the transformation of institutions and creation of community-based services. While being specific about the reconstruction and equipping of the six institutions (which went far beyond addressing the risks to residents' health and safety), the tender allocated no funding for the development of community-based services, other than the creation of transformation and development plans. With regard to these plans, there was a deadline by which they should be completed, but no timeframe for the process of transition to community-based services.

The Parliament of the Republic of Serbia passed on the 31st March 2011 the Law on Social Welfare which sets out deinstitutionalisation and decentralisation of care as its key priorities. This Law promotes the development of modern, local social services and provides for financial support to develop community-based services on the ground. While it does not explicitly order the closure of the 13 Serbian institutions, it clarifies in its article 207 that the state budget will support: 1) the development of social services in the underdeveloped municipalities; 2) the development of social services in the municipalities with institutional care facilities on their territory; and 3) the development of innovative social services and services of special importance for the Republic of Serbia. EEG therefore noted that EU funding should be used to support the implementation of Serbia's legislation on social services, i.e. to supplement national funds set aside for deinstitutionalisation and decentralisation of social care.

Following advocacy by Serbian and international NGOs and with the support of the European Commission, the tender has since been revised by the Serbian authorities to support the development of community-based services, rather than the modernisation of existing institutions.

ANNEX 1:

Overview of the relevant provisions from the Structural Funds Regulations 2014–2020

1. Common Provisions Regulation[57]

Provision	Text of the Regulation	Relevance to the Toolkit
Article 4(6) *(General principles)*	[...] the Commission and Member States shall ensure coordination between the ESI Funds and between the ESI Funds and other relevant Union policies, strategies and instruments [...]	ESF and ERDF have to be used in a manner which is compliant with the EU social inclusion policies (for a list, please see Chapter 1 of the Toolkit), and the EU's obligations under the CRPD. They should not be used to support institutional care. Similarly, if ESF is used to fund community-based services, ERDF should not be used to renovate or build new institutions.
Article 5(1) *(Partnership and multi-level governance)*	For the PA and each programme, each MS shall [...] organise a partnership with the competent regional and local authorities. The partnership shall also include the following partners: [...] (c) relevant bodies representing civil society, including [...] non-governmental organisations, and bodies responsible for promoting social inclusion, gender equality and non-discrimination.	Organisations representing children, people with disabilities, people with mental health problems and homeless people should be involved in the drafting of PAs and OPs, and in the implementation, monitoring and evaluation of the relevant programmes.
Article 6 *(Compliance with Union and national law)*	Operations supported by the ESI Funds shall comply with the applicable Union law and the national law relating to its application ('applicable law').	Following ratification of the CRPD by the EU and most Member States, the CRPD forms part of the EU and national legal frameworks. Therefore, SF should be used in line with the CRPD and other legislation relevant to children, people with disabilities, people with mental health problems and homeless people .

57 Regulation (EU) No 1303/2013 of the European Parliament and of the Council, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013R1303&from=EN

Provision	Text of the Regulation	Relevance to the Toolkit
Article 7 *(Promotion of equality between men and women and non-discrimination)*	The MS and the Commission shall take appropriate steps to prevent any discrimination based on [...] disability, age [...] during the preparation and implementation of programmes. In particular, accessibility for persons with disabilities shall be taken into account throughout the preparation and implementation of programmes.	The article prohibits discrimination against people with disabilities at different stages of SF use. Accessibility for people with disabilities should be guaranteed in all programmes, not just those of direct relevance to them. It requires equal access to goods, services and facilities.
Article 9 *(Thematic objectives)*	[..] each ESI Fund shall support the following thematic objectives: (8) promoting sustainable and quality employment and supporting labour mobility; (9) promoting social inclusion, combating poverty and any discrimination; (10) investing in education [...]	These three thematic objectives provide a framework for using SF to support the process of deinstitutionalisation.
Article 15(1) *(Content of the Partnership Agreement)*	The Partnership Agreement shall set out: (c) arrangements for the partnership principle as referred to in Article 5 (d) an indicative list of partners and a summary of actions taken to involve them	MS have to explain how they have involved civil society in SF programming, and how they will be involved in other stages of SF usage. They should specify the names of individuals and/or organisations involved.
Article 15(2)	The Partnership Agreement shall also set out: (a) (iii) where appropriate, an integrated approach to addressing the specific needs of geographical areas most affected by poverty or of target groups at highest risk of discrimination or social exclusion, with special regard to marginalised communities, persons with disabilities, the long term unemployed and young people not in employment, education or training	The PA should set out plans to address the situation of people in institutional care, or those at risk of institutionalisation, in countries where there is a lack of quality care and support services in the community.
Article 19(2) *(Ex ante conditionalities)*	The Partnership Agreement shall set out a summary of the assessment of the fulfilment of applicable ex ante conditionalities at national level and for those which [...] are not fulfilled at the date of submission of the PA, the actions to be taken, the bodies responsible and the timetable for the implementation of those actions.	MS have to explain in PAs how they have fulfilled, or are planning to fulfil, the thematic and general ex ante conditionalities (including by setting out the division of responsibilities and a clear timetable). These require the "existence and implementation of the national strategic policy framework for poverty reduction" and the "existence and administrative capacity for the implementation and application" of the CRPD.
Article 27(4) *(Content of programmes)*	Each priority shall set out indicators and corresponding targets [...] in order to assess progress in programme implementation aimed at achievement of objectives as the basis for monitoring, evaluation and review performance.	The relevant OPs should include the output and result indicators that will enable the MCs and EC to monitor whether the funded actions support the process of deinstitutionalisation. A number of result and output indicators are suggested in Chapter 2 of the toolkit.
Article 48(1) *(Composition of the Monitoring Committee)*	The composition of the MC shall be decided by the MS, provided that the MC is composed of [...] representatives of the partners referred to in Article 5. Representatives of the partners shall be delegated to be part of the MC by the respective partners through transparent processes. Each member of the MC may have a voting right.	MS should involve organisations representing children, people with disabilities, people with mental health problems and homeless people, as well as other stakeholders, in the relevant OPs. They should be selected through a transparent process, and may be given voting rights (although this is up to the MS to decide).
Article 52(2) *(Progress report)*	The progress report shall set out information on and assess: (c) whether the actions taken to fulfil the applicable *ex ante* conditionalities set out in the PA not fulfilled at the date of adoption of the PA have been implemented [...]	MS are expected to submit two progress reports to the EC (due in 2017 and 2019), which should contain information about the implementation of the relevant general and thematic ex ante conditionalities (see Chapter 1 of the Toolkit).

Provision	Text of the Regulation	Relevance to the Toolkit
Article 96(4) *(Content, adoption and amendment of operational programmes under the Investment for growth and jobs goal)*	In addition, the OP shall specify the following: (a) where appropriate, the identification of whether and how it addresses the specific needs of geographical areas most affected by poverty or target groups at highest risk of discrimination or social exclusion, with special regard to marginalised communities, and persons with disabilities, and where relevant the contribution to the integrated approach set out in the PA.	The relevant OPs should include measures that address the needs of people in institutional care, or those at risk of institutionalisation. This is of relevance to all MS where there is a lack of quality care and support services in the community.
Article 96(5)	The OP shall identify: (c) the actions taken to involve the relevant partners referred to in Article 5 in the preparation of the OP, and the role of those partners in the implementation, monitoring and evaluation of the OP.	The relevant OPs should explain how organisations representing different user groups were involved in the drafting of the OP, and how they will be involved in its implementation, monitoring and evaluation.
Article 96(6)	The OP shall also set out the following [...]: (b) for each ex ante conditionality [...] an assessment of whether the ex ante conditionality is fulfilled at the date of submission of the PA and the OP, and where ex ante conditionalities are not fulfilled, a description of the actions to fulfil the ex ante conditionality [...]	The relevant OPs should explain how the general and thematic ex ante conditionalities – requiring a national strategic policy framework on poverty reduction and capacity for implementation of the CRPD – have been fulfilled. In case they have not been fulfilled, the OP should explain what steps will be taken and in what timeframe, to fulfil them.
Article 96(7)	Each OP [...] shall [...] include a description of: (b) the specific actions to promote equal opportunities and prevent discrimination based on [...] disability, age [...] during the preparation, design and implementation of the OP and in particular in relation to access to funding, taking account of the needs of the various target groups at risk of such discrimination and, in particular, the requirements to ensure accessibility for persons with disabilities.	All OPs should include actions to promote equal opportunities for people with disabilities, and should include measures to ensure accessibility for persons with disabilities in all actions supported by SF.
Article 110(1) *(Functions of the Monitoring Committee)*	The MC shall examine in particular: (f) actions to promote [...] equal opportunities, and non-discrimination, including accessibility for persons with disabilities; (h) where applicable ex ante conditionalities are not fulfilled at the date of submission of the PA and OP, progress on actions to fulfil the applicable ex ante conditionalities	MCs should pay particular attention to the manner in which actions supported by SF promote equal opportunities and non-discrimination with respect to people with disabilities, and whether they are accessible to people with disabilities. MCs are also tasked with monitoring the implementation of the relevant ex ante conditionalities.
Article 111(4)	The annual implementation reports submitted in 2017 and 2019 may, depending on the content and objectives of OPs, set out information and assess the following: (h) progress in the implementation of measures to address the specific needs of geographical areas most affected by poverty or of target groups at highest risk of poverty, discrimination or social exclusion, with special regard to marginalised communities and persons with disabilities [...]	Implementation reports submitted by the EC should, include, *inter alia*, information on the manner in which the actions supported have contributed to the process of deinstitutionalisation in the MS, including prevention of institutionalisation.

1.1 Ex ante conditionalities (Annex XI, Common Provisions Regulation)

1.1.1 Thematic ex ante conditionalities

Thematic objectives	Investment priorities	Ex ante conditionality	Criteria for fulfilment
9. Promoting social inclusion, combating poverty and any discrimination	ESF: • Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability. ERDF: • 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.** […]	9.1. The existence and the implementation of a national strategic policy framework for poverty reduction aiming at the active inclusion of people excluded from the labour market in the light of the Employment guidelines.	• A national strategic policy framework for poverty reduction, aiming at active inclusion, is in place that: […] • contains measures supporting the achievement of the national poverty and social exclusion target (as defined in the National Reform Programme), which includes the promotion of sustainable and quality employment opportunities for people at the highest risk of social exclusion, including people from marginalised communities; […] • **depending on the identified needs, includes measures for the shift from institutional to community based care;**
	ESF: • Socio-economic integration of marginalised communities such as Roma. ERDF: • 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 the improved access to social, cultural and recreational services and **the transition from institutional to community-based services.**	9.2. A national Roma inclusion strategic policy framework is in place.	A national Roma inclusion strategic policy framework is in place that: • sets achievable national goals for Roma integration to bridge the gap with the general population. These targets should address the four EU Roma integration goals relating to access to education, employment, healthcare and housing; […]
	ESF: • Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest. ERDF: • 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**.	9.3. Health: The existence of a national or regional strategic policy framework for health […]	• A national or regional strategic policy framework for health is in place that contains: • coordinated measures to improve access to health services; […]

1.1.2 General ex ante conditionalities

Area	*Ex ante* conditionality	Criteria for fulfilment
1. Anti-discrimination	The existence of administrative capacity for the implementation and application of Union anti-discrimination law and policy in the field of ESI funds	• Arrangements in accordance with the institutional and legal framework of Member States for the involvement of bodies responsible for the promotion of equal treatment of all persons throughout the preparation and implementation of programmes, including the provision of advice on equality in ESI fund-related activities; • Arrangements for training for staff of the authorities involved in the management and control of the ESI Funds in the fields of Union anti-discrimination law and policy.
3. Disability	The existence of administrative capacity for the implementation and application of the United Nations Convention on the rights of persons with disabilities (UN CRPD) in the field of ESI Funds in accordance with Council Decision 2010/48/EC	• Arrangements in accordance with the institutional and legal framework of Member States for the consultation and involvement of bodies in charge of protection of rights of persons with disabilities or representative organisations of persons with disabilities and other relevant stakeholders throughout the preparation and implementation of programmes; • Arrangements for training for staff of the authorities involved in the management and control of the ESI Funds in the field of applicable Union and national disability law and policy, including accessibility and the practical application of the UNCRPD as reflected in Union and national legislation, as appropriate; • Arrangements to ensure monitoring of the implementation of Article 9 of the UNCRPD in relation to the ESI Funds throughout the preparation and the implementation of the programmes.

2. ESF Regulation[58]

Provision	Text	Relevance to the Toolkit
Recital 6	The ESF may be used to enhance access to affordable, sustainable and high quality services of general interest, in particular in the fields of health care, employment and training services, services for the homeless, out of school care, childcare and long-term care services. Services supported can be public, private and/or community-based, and delivered by different types of providers, namely public administrations, private companies, social enterprises, non-governmental organisations.	The ESF can be used to support a range of high quality services in the community, which can help to eliminate the need for institutional care. Community-based services can be delivered, among others, by non-governmental organisations.
Recital 19	The ESF should support the fulfilment of the Union's obligations under the UN CRPD with regard *inter alia* to education, work, employment and accessibility. The ESF should also promote the transition from institutional to community-based care. The ESF should not support any action that contributes to segregation or to social exclusion.	Actions supported by the ESF should be in line with the UN CRPD and should contribute to the process of de-institutionalisation in the MS. There is also an explicit prohibition on the use of ESF to support actions which contribute to segregation or social exclusion of any group of people.
Article 2(1) *(Missions)*	The ESF shall promote high levels of employment and job quality, improve access to labour market [...] encourage a high level of education and training for all [...] combat poverty, enhance social inclusion, and promote gender equality, non-discrimination and equal opportunities [...]	The ESF can contribute to making mainstream services available and accessible to people with care and/or support needs, in particular employment and education.

58 Regulation (EU) No 1304/2013 of the European Parliament and of the Council, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1304&from=EN

Provision	Text	Relevance to the Toolkit
Article 2(3)	The ESF shall benefit people, including disadvantaged people, such as the long-term unemployed, people with disabilities [...] marginalised communities and people of all ages facing poverty and social exclusion.	People experiencing social exclusion, including children in care, people with disabilities, people with mental health problems and homeless people, must benefit from the ESF support.
Article 3(1) (a) *(Scope of support)*	For the thematic objective 'promoting sustainable and quality employment and supporting labour mobility': (i) Access to employment for job-seekers and inactive people, including the long-term unemployed and people far from the labour market [...] (ii) Sustainable integration into the labour market of young people [...] including young people at risk of social exclusion and young people from marginalised communities [...]	The ESF should facilitate access to employment for people with disabilities, people with mental health problems, homeless people and young people in care or those from minority communities (such as Roma or migrants).
Article 3(1)(b)	For the thematic objective 'promoting social inclusion, combating poverty and any discrimination': (i) Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability; (ii) Socio-economic integration of marginalised communities such as the Roma; (iii) Combating all forms of discrimination and promoting equal opportunities; (iv) Enhancing access to affordable, sustainable and high-quality services, including health and social services of general interest	The ESF should support access to employment and to high quality health and social services for different groups of people with care and/or support needs. The situation of the Roma, who are more likely to be placed in institutional care in some MS, should also be addressed by the ESF funded actions. Actions which discriminate against any group of people and perpetuate their social exclusion should not be supported by the ESF.
Article 3(1)(c)	For the thematic objective 'investing in education, training and vocational training for skills and life-long learning': (i) [...] promoting equal access to good quality early-childhood, primary and secondary education [...]	The ESF should be used to support access to mainstream education for children and young people with care and/or support needs. This is of particular relevance to de-institutionalisation, considering that inability to access mainstream education is one of the main reasons for institutionalisation of children with disabilities.
Article 4(2) *(Consistency and thematic concentration)*	At least 20% of the total ESF resources in each Member State shall be allocated to the thematic objective "promoting social inclusion, combating poverty and any discrimination" [...]	MS should use at least 20% of the ESF for actions promoting social inclusion, combating poverty and discrimination against people with care and/or support needs.
Article 6(3) *(Involvement of partners)*	To encourage the adequate participation of, and access by, non-governmental organisations in and to actions supported by the ESF, in particular in the fields of social inclusion, the managing authorities of an OP [...] shall ensure that an appropriate amount of ESF resources is allocated to capacity building for non-governmental organisations.	The ESF should be used for capacity building of NGOs working with, or representing, children, people with disabilities, people with mental health problems and homeless people, so that they are able to participate in the planning of actions to be supported by ESF and in applying for ESF funding.
Article 8 *(Promotion of equal opportunities and non-discrimination)*	The MS and the Commission shall promote equal opportunities for all, without discrimination based on [...] disability, age [...] through mainstreaming the principle of non-discrimination [...] Such actions shall aim to combat all forms of discrimination as well as to improve accessibility for persons with disabilities, with a view to improving integration into employment, education and training, thereby enhancing social inclusion, reducing inequalities in terms of educational attainment and health status, and facilitating the transition from institutional to community-based care, in particular for those who face multiple discrimination.	Actions supported by the ESF should promote equal opportunities for all. Therefore, employment, education, health and social services should be available and accessible to people with disabilities, and other groups with care and/or support needs. Importantly, any action funded by the ESF should support the process of de-institutionalisation in the MS.

3. ERDF Regulation[59]

Provision	Text	Relevance to the Toolkit
Recital 15	In order to promote social inclusion and combat poverty, particularly among marginalised communities, it is necessary to improve access to social, cultural and recreational services, through the provision of small-scale infrastructure, taking into account the specific needs of persons with disabilities and the elderly.	MS should use ERDF to improve access of persons with disabilities to mainstream services, rather than fund infrastructure that will further their social exclusion and segregation from the rest of society.
Recital 16	Community-based services should cover all forms of in-home, family-based, residential and other community services which support the right of all persons to live in the community, with an equality of choices, and which seek to prevent isolation or segregation from the community.	Infrastructure that is funded by ERDF should support the right of all people to live in the community, as opposed to institutional care. This includes children, people with disabilities, people with mental health problems and homeless people. ERDF cannot be used to fund infrastructure which leads to isolation or segregation of children, people with disabilities or other groups from the community. This means that MS cannot renovate or build new institutions using ERDF.
Article 3(1) *(Scope of support from the ERDF)*	The ERDF shall support the following activities in order to contribute to the investment priorities set out in Article 5: (d) investment in social, health, research, innovation, business and educational infrastructure	Read together with Recital 16, ERDF should be used to support infrastructure that will support the right to live in the community of all groups in institutional care or at risk of institutionalisation. This can include mainstream housing, education and health infrastructure.
Article 5(9) *(Investment priorities)*	The ERDF shall support the following investment priorities [...]: (9) promoting social inclusion, combating poverty and any discrimination, by: (a) 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;	Any infrastructure supported by the ERDF should promote social inclusion and facilitate the process of de-institutionalisation in the MS. This means that MS cannot fund infrastructure that is institutional in nature.

59 Regulation (EU) No 1301/2013 of the European Parliament and of the Council, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R1301&from=EN

ANNEX 2:

Example of Structural Funds Support to the Process of Deinstitutionalisation

CASE STUDY: BULGARIA[60]

In Bulgaria, the ESF has been funding a project "**Childhood for All**" under the OP "Human Resources Development". The total duration of the project is 54 months (June 2010 – December 2014). This project represents the main pillar of Bulgaria's on-going deinstitutionalisation reform as it strives to create a sustainable model of transition from residential to community-based services for children with disabilities.

The project consists of two components: "Planning of measures for deinstitutionalisation" (2.5 MEUR) and "Provision of community-based social services" (16.5 MEUR). In addition to ESF support for this project, the ERDF and the EAFRD have allocated 54.6 MEUR and 8.5 MEUR respectively, to support municipalities in urban and rural areas to build new social infrastructure replacing the traditional long-stay residential institutions.

The project aims to change the philosophy of care for children with disabilities – the most vulnerable group of children in institutions – focusing on the prevention of risks for institutionalisation, support to families and provision of a family-based or family-like environment for each child placed in a specialised institution for children with disabilities. The project seeks to provide children with an opportunity to access a package of services according to their individual needs. In this way, children will be provided with the opportunity to live in a family or a family-like environment, where a new approach to care will be applied. Currently, there are not enough services supporting children with disabilities in the community. At the same time, the existing services are not evenly distributed in accordance to the needs of the target groups. This is a barrier to prevention of abandonment and quality support for children with disabilities and their families. The project addresses this problem by planning a package of services in the community, which will provide a long-term alternative to children and families.

60 This case study was submitted by DG Employment, Social Affairs and Inclusion (Unit F/5 Romania, Bulgaria, Malta) at the European Commission.

Main activities:

- Review and analysis of the existing assessments and of the individual action and care plan of each child, including the assessment of each child with disabilities placed in institutional care, as well as detailing how they can be reintegrated into the community.
- Identification of the appropriate types of services and the municipalities where they should be established for each of the children placed in the institutions, including review of the existing social services in the respective territory.
- Reintegration activities based on the results of the review and analysis of the existing assessments of each child, including preparation for his or her transfer from the institution.
- Motivation and awareness-raising among the stakeholders, by highlighting positive effects of the deinstitutionalisation process.
- Training and selection of staff working in children's services, based on the package of services planned for the respective territory.
- Activities to expand the scope of foster care, selection and training of foster parents.
- Services supporting applicant-adopters of children with disabilities.
- Focused measures for raising public awareness about the planned activities, including work targeted at changing public attitudes toward children with disabilities and easy-to-understand explanations about different types of social services and the target groups for whom they are provided.
- Information dissemination activities and making project results available to the public.

Results 2010–2012:

- Review and analysis of children's and adolescents' assessments – 1,797 children and adolescents were assessed; 245 specialists were involved in the assessments in 56 institutions;
- Improved access to healthcare – 468 examined children, 402 additional consultations with specialists, 284 additional examinations, 59 changed diagnoses;
- Introducing intensive communication method and feeding improvement – 124 sessions with 316 children and adolescents;
- Preparation of suggestions for feeding of 161 children and adolescents;
- Support for the municipal infrastructure projects, in order to improve the functionality of new services;
- On-going training of 200 social workers for the assessment of parental capacity for reintegration.

The assessment was used to draw up a "*National map of residential and supporting services"* which was a basis for the investment component of the operation. The national map includes 149 Centres for Family Type Accommodation and 36 Protected Homes. It is expected to meet the needs of 1,797 children and adolescents in the new services and guarantee uniform access to 37 new day centres for children with disabilities and 34 new centres for social rehabilitation and integration. According to the map, the new social infrastructure should be built in 81 municipalities in Bulgaria – 62 municipalities from urban agglomeration areas and 19 municipalities from rural regions.

Challenges in the implementation of the project[61]:

- The **budget for services for children with disabilities is inadequate** and risks having a negative impact on the quality of care. While the ratio in small group homes for children is said to be 1:4 (according to the first monitoring report of the Action Plan for Deinstitutionalisation), it can reach 1:9 or even 1:10.
- According to the monitoring report, the 149 group homes that will be built will have a **capacity of 12 children** per home and a possibility for 2 additional emergency placements. This number is too high to ensure high quality care, based on each child's individual needs. In combination with insufficient funding, such large capacity creates a danger that large-scale institutions will be replaced with smaller ones.
- There is lack of coordination with the educational sector when developing services for children for disabilities in the community. Without access to mainstream schooling, children will continue to be isolated in the new homes.
- The needs of children and young people labelled as having challenging behaviour are not addressed in the Deinstitutionalisation Action Plan or the "Childhood for All" project. There is a lack of strategy, trained professionals or planned measures for working with such children and ensuring their social inclusion. For children and young people with challenging behaviour, institutionalisation is still seen as the preferred response.
- There was a considerable under-estimation of the resource needs and costs of the process of comprehensive individual assessments and placement planning, as well as intervention in serious child protection cases, where children were at severe risk of imminent harm. These gaps in in resources were covered by an international NGO
- Initially, there was a considerable under-estimation of the need for a dedicated and appropriately skilled team to manage the whole programme of change. Additional EC funds were identified to fill this gap.

61 These comments were submitted by Bulgaria's National Network for Children on 18 April 2012. The full statement is available at: http://nmd.bg/en/Position/which-are-the-problem-areas-in-the-deinstitutionalization/.

ANNEX 3:

Selection of Reports about Institutionalisation of Children and Adults in Countries Accessing Structural Funds and IPA

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Bulgarian Helsinki Committee, *Human Rights in Bulgaria's Closed Institutions*(2006)

Bulgarian Helsinki Committee, *The Archipelago of the Forgotten: Social Care Homes for People with Mental Disorders in Bulgaria* (2005)

Amnesty International, *Bulgaria,Far From the Eyes of Society: Systematic Discrimination against People with Mental Disabilities* (2003)

Hungary

Bugarszki, Zsolt et al., *'One Step Forward, Two Steps Backwards', Deinstitutionalisation of large institutions and promoting community-based living in Hungary through the use of the Structural Funds of the European Union* (2010)

MDAC – Mental Disability Advocacy Center, *Guardianship and Human Rights in Hungary, Analysis of Law, Policy and Practice* (2007)

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UNICEF TransMONEE Database: Data on children in Central and Eastern Europe and the Commonwealth of Independent States, www.transmonee.org

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To download the Toolkit in English and a number of other languages, please visit **www.deinstitutionalisationguide.eu**

The Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care aims to explain how European Union funds can support national, regional and local authorities in designing and implementing structural reforms aimed at facilitating the development of quality family-based and community-based alternatives to institutional care. It addresses primarily the desk officers of the European Commission, managing authorities, intermediate bodies, monitoring committees and project promoters in the EU Member States and in acceding, candidate and potential candidate countries; and any other donors investing in services for children, people with disabilities, people with mental health problems or older people.

European Expert Group on Transition
from Institutional to Community-Based Care

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