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

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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 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. 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).

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 of the European Commission (DG Employment, DG Regional Policy, 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 or older people.

How to use the toolkit

The toolkit consists of **four** 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 current 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.

– **Annex 1** is a case study of the use of Structural Funds to support the process of transition from institutional to community-based care.

– **Annex 2** 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) 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.
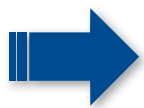
➡ **Section III of the Guidelines includes definitions of an institution, community-based services, alternative care and prevention, amongst other key terms.**

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.[1]

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1   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 Structural Funds (and in analogy the IPA and the EARDF) 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,[2] 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.[3] 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."

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2   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

3   See reports in Annex 2.

► 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 UN CRC 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 (art. 25).[6]

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

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

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4   http://www.europe.ohchr.org/Documents/Publications/Getting_a_Life.pdf

5   http://www.soros.org/sites/default/files/europe-community-living-20120507.pdf FULL REF?

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

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**.
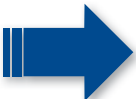
This toolkit aims to support the implementation of one of the key initiatives in the **Commission Staff Working Paper**[7] **accompanying the Communication on the European Platform against Poverty and Social Exclusion,** which is "to promote the targeted use of Structural Funds to support the shift from institutional to community-based care."

▶ **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**.[8]

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.[9] 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. 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.**

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

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

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

3. 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.

Opportunity for structural reform presented by financial crisis

As highlighted in the European Commission Annual Growth Survey 2012,[10] 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 ongoing 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), 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**.[11] The Framework was adopted in 2010 by the Social Protection Committee with the aim to develop a

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10   http://ec.europa.eu/europe2020/pdf/ags2012_en.pdf

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

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.

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 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.[12]
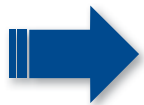
> **Chapter 6 of the Guidelines focuses on the resource implications – financial, material and human – of the transition.**

► **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.[13]

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.[14] 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 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

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

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

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

delivered and how. In particular **the ESF can provide funding to pilot different approaches, as well as providing a framework for mainstreaming social innovation**.[15]

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.

4. The legal context: EU Structural Funds regulations for 2007–2013 and 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 and next programming periods.

> 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 Current regulations 2007–2013

The current Structural Funds regulations[16] for the programming period 2007–2013 do not explicitly include deinstitutionalisation among their investment priorities. Nevertheless, a number of provisions in the three relevant regulations provide a comprehensive framework for the Member States to use the Structural Funds to support deinstitutionalisation measures:

Article 16 of the General Regulation introduces a general principle which prohibits the use of Structural Funds for any investment that discriminates against people with disabilities, while encouraging their use to ensure equality and accessibility.

> The Member States and the Commission shall take appropriate steps to prevent any discrimination on the basis of gender, race or ethnic origin, religion or belief, disability, age or sexual orientation during the various stages of implementing the Funds and, in particular, access to them.

Using Structural Funds to maintain the system of institutional care for people with disabilities and older people should be interpreted as being inconsistent with these positive goals;[17] on the contrary, the spirit of Article 16 **encourages the use of Structural Funds to develop accessible services in the community that will support the social inclusion of different groups.**

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15 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

16 General regulation (Council Regulation EC No 1083/2006); ERDF regulation (Regulation EC No 1080/2006); ESF regulation (Regulation EC No 1081/2006).

17 See ECCL Report *Wasted Time, Wasted Money, Wasted Lives ... A Wasted Opportunity?*, p.50, http://www.community-living.info/documents/ECCL-StructuralFundsReport-final-WEB.pdf

Article 3.1(c) of the **ESF Regulation** provides that the ESF can support actions "reinforcing the social inclusion of disadvantaged people with a view to their sustainable integration in employment and combating all forms of discrimination in the labour market"; more generally, Article 3.2(b) states that the ESF (only for regions under the convergence objective) can support "the strengthening of institutional capacity and the efficiency of public administrations and public services" in, amongst others, the "social field". People living in institutions are clearly in a disadvantaged position, and having access to mainstream social, health and education services, through the ESF support, would facilitate their social inclusion and integration in education and employment, among other areas.

Article 4.11 of the **ERDF Regulation** states that the ERDF can support (only in convergence objective regions) "investments in health and social infrastructure which contribute to regional and local development and increasing the quality of life". There is strong theoretical and empirical evidence showing that early intervention produces better outcomes for children and families, and that quality community-based services provide a better quality of life and facilitate the social inclusion of individuals, compared to institutional care. Furthermore, the modernisation of health and social infrastructure towards the provision of care and support services at home and in the community contributes to the overall development of the communities where these services operate, including in terms of job creation.

4.2   Draft regulations 2014–2020[18]

During the past and current programming periods a number of EU countries have used Structural Funds to strengthen and perpetuate the outdated systems of institutional care.[19] 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 future 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 proposed 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.

▶   **Common Provisions Regulation**[20]

Article 9 of the regulation featuring common provisions for all CSF 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 and combating poverty"**. 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

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18   This toolkit refers to the text of the draft legislative package for the EU Cohesion Policy 2014–2020 adopted by the European Commission in October 2011. At the time of publication of this toolkit, the Commission proposals are still being negotiated with the European Parliament and Council.

19   See ECCL Report, *op. cit.*

20   http://ec.europa.eu/regional_policy/sources/docoffic/official/regulation/pdf/2014/proposals/summaries/general/general_summary_en.pdf

states that **"operations financed by the CSF Funds shall comply with applicable Union and national law".** This includes **the CRPD,** which after ratification becomes part of EU and national law. 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 draft 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 establishes **general** and **thematic *ex ante* conditionalities** (Annex IV).

The most relevant **thematic conditionality** for deinstitutionalisation is related to the thematic objective "**Promoting social inclusion and combating poverty".** 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, includes "**measures for the shift from residential to community based care".**

Member States also have to fulfil **general conditionalities** that encompass all thematic priorities. One of those general conditionalities is **"the existence of a mechanism which ensures effective implementation and application of the UN Convention on the Rights of Persons with Disabilities."**

If *ex ante* conditionalities are not fulfilled during the programming period, the Commission can suspend all or part of the funding (Article 17.3).

▶ ERDF Regulation[21]

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

> a) investing in health and social infrastructure which contribute to national, regional and local development, reducing inequalities in terms of health status, **and transition from institutional to community-based services**.

▶ ESF Regulation[22]

"**Promoting social inclusion and combating poverty**" is also an investment priority (Article 3) for the ESF which includes:

> (i)   Active inclusion;
>
> (iii) Combating discrimination based on sex, racial and ethnic origin, religion or belief, disability, age or sexual orientation; and
>
> (iv) Enhancing access to affordable, sustainable and high quality services including health care and social services of general interest.

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21 http://ec.europa.eu/regional_policy/sources/docoffic/official/regulation/pdf/2014/proposals/regulation/erdf/erdf_proposal_en.pdf FULL REF?

22 http://ec.europa.eu/regional_policy/sources/docoffic/official/regulation/pdf/2014/proposals/regulation/esf/esf_proposal_en.pdf FULL REF?

The preamble (paragraph 11) of the ESF regulation explicitly states that "**the ESF should also promote the transition from institutional to community-based care".**

Furthermore, **Article 8 "Promotion of equal opportunities and non-discrimination"** provides that equal opportunities and non-discrimination should be promoted through:

"specific actions (…) targeting people at risk of discrimination and people with disabilities, with a view to increasing their labour market participation, enhancing their social inclusion, reducing inequalities in terms of educational attainment and health status and facilitating the transition from institutional to community-based care".

▶ **The Common Strategic Framework (CSF)**

In order to help Member States decide on the strategic direction for the next financial planning period 2014–2020, the European Commission has developed a Common Strategic Framework (CSF).[23] The CSF aims to translate the thematic objectives of the Structural Funds regulations into key actions to be supported by the funds. **The transition from institutional to community-based care is included within those key actions**. In particular, it is explicitly mentioned as a key action under the thematic objective "**combating poverty and promoting social inclusion**", for both the ESF and the ERDF.

− **ESF key actions**

- support for the transition from institutional care to community-based care services for children without parental care, people with disabilities, the elderly and people with mental disorders, with a focus on integration between health and social services;

- targeted early-childhood education and care services, including integrated approaches combining childcare, education, health and parental support, with a particular focus on the prevention of children's placement in institutional care;

- enhance access to affordable, sustainable and high quality social services such as employment and training services, childcare and long term care services;

- specific actions targeting people at risk of discrimination and people with disabilities and chronic disease with the view of increasing their labour market participation, enhancing their social inclusion and reducing inequalities in terms of educational attainment and health status; and

- integrated pathways combining various forms of employability measures as well as access to services, notably health and social services, childcare and internet services.

− **ERDF key actions**

- targeted infrastructure investments to support the shift from institutional to community-based care, which enhances access to independent living in the community with high-quality services;

- support infrastructure investments in childcare, elderly care and long-term care.

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23   http://ec.europa.eu/regional_policy/newsroom/detail.cfm?id=180 FUL REF?

The CSF also provides some general implementation principles for these key actions. In particular, it states that **"the CSF funds may not be used for actions contributing to any form of segregation and discrimination"**.

This is a crucial principle that should be applied to all ESF and ERDF investments. Considering that in institutional care people are segregated from their families, communities and the rest of society, and the fact that institutionalisation (caused by lack or absence of services in the community) amounts to discrimination[24], **Structural Funds should not be used to support institutional care. All investments in care infrastructure and support services should be in the context of transition from institutional to community-based care**.

– Other key actions

Additional key actions included under other thematic objectives can be complementary to the implementation of deinstitutionalisation measures. Under the objective "**education**", the following key actions are listed:

- support learning schemes which aim to assist children and young people with learning disabilities in order to allow their integration in the mainstream educational system;
- support the transition from specialised schools for disabled persons to mainstream schools.

Under the objective **"enhancing institutional capacity and ensuring an efficient public administration"**, the relevant key actions are:

- enhancing the capacity of stakeholders, such as social partners and non-governmental organisations, to help them deliver more effectively their contribution in employment, education and social policies;
- the development of sectoral and territorial pacts in the employment, social inclusion, health and education domains at all territorial levels.

These are of relevance because deinstitutionalisation will only be successful if mainstream services, such as education and employment, are accessible to everyone.

▶ The partnership principle

Partnership is a key principle for the successful implementation of Structural Funds. It implies close cooperation between public authorities at all levels and the private and third sectors. Partners should be involved meaningfully throughout the whole programming cycle – preparation, implementation, monitoring and evaluation. This is established by Article 5 of the draft Common Provisions Regulation and will be detailed in a **European Code of Conduct on Partnership**, whose main elements have been anticipated in a Commission Staff Working Document published in May 2012.[25] As far as the Structural Funds support to deinstitutionalisation is concerned, it is crucial that **all the concerned actors are duly engaged in the partnership for all the relevant Operational**

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24 See Open Society Foundations, *op. cit.*, p.12.

25 http://ec.europa.eu/regional_policy/sources/docoffic/working/strategic_framework/swd_2012_106_en.pdf

Programmes. This will include national and local authorities responsible for the planning and management of the reforms (such as social affairs, health and education departments); **service users and their representative organisations; and service providers**. In case the number of interested organisations is large, it might be appropriate **to establish coordination platforms and to designate a representative** to participate in meetings where the preparation and implementation of programmes is discussed.

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**.

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, 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

Operations

ALLOCATED INPUTS
- ESF, ERDF, EARDF
- National budget

ACTUAL INPUTS
- Transitional funding
- Technical assistance

TARGETED OUTPUTS
- Projects and operations funded

ACHIEVED OUTPUTS
- Number of: services developed, accessible mainstream services, beneficiaries, staff to work in new services
- Coordination mechanism

Contributions (impact)

CHAPTER 2:
Programming

1. Partnership Contracts

As outlined in the previous chapter, the transition from institutional to community-based care has been identified by the CSF as one of the key actions under the thematic objective "promoting social inclusion and combating poverty". The Partnership Contracts 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 14 of the Common Provisions Regulation provides the main elements for the content of the Partnership Contracts. The paragraphs below provide guidance on how to include transition from institutional to community-based care in all the relevant parts of the Contracts.

When drafting the Partnership Contracts and the Operational Programmes, **technical assistance** can be used to ensure that the authorities in charge have the necessary capacity. Training on how to use EU funds to support the process of transition from institutional to community-based care should be organised together with the relevant stakeholders, mainly the organisations representing service users, but also their families, services providers and the local and regional authorities.

▶ Problem analysis – Article 14 (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.

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

▶ Expected results – Article 14 (a) (iii)

The Partnership Contracts should include, for each thematic objective, a summary of the main results expected for each of the CSF 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 and combating poverty"**, 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 care 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 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 and ensuring an 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 14 (c)

According to Article 14 (c) of the Common Provisions Regulation, an integrated approach is needed "to address the needs of those at the highest risk of discrimination or exclusion, with special regard to marginalised communities". 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 Contracts 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 care in multi-fund programmes.

CASE STUDY: SLOVAKIA – Example of an integrated approach[26]

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 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 14 (d) (ii)**

— **National strategy for poverty reduction**

The Partnership Contracts should provide information "on the fulfilment of *ex ante* conditionalities and of the actions to be taken at national and regional level, and the timetable for their implementation, where *ex ante* conditionalities are not fulfilled". The most relevant *ex ante* conditionality to deinstitutionalisation belongs to the thematic objective "promoting social inclusion and combating poverty". It requires the existence and the implementation of a **national strategy for poverty reduction,** which should include amongst others "**measures for the shift from residential 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 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

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

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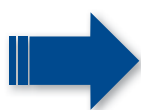
Chapter 3 of the Guidelines explains the necessary components of national deinstitutionalisation strategies.

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

According to Annex IV of the Common Provisions Regulation, the Partnership Contracts should also provide information on the fulfilment of the general conditionality about "the existence of a mechanism which ensures effective implementation and application of the **UN Convention on the Rights of Persons with Disabilities".**

Common Provisions Regulation, Annex IV

Effective implementation and application of the UN Convention on the Rights of Persons with Disabilities is ensured through:

• Implementation of measures in line with Article 9 of the UN Convention to prevent, identify and eliminate obstacles and barriers to accessibility of persons with disabilities;

• Institutional arrangements for the implementation and supervision of the UN Convention in line with Article 33 of the Convention;

• A plan for training and dissemination of information for staff involved in the implementation of the funds;

• Measures to strengthen administrative capacity for implementation and application of the UN Convention, including appropriate arrangements for monitoring compliance with accessibility requirements.

▶ Indicative checklist for the Partnership Contracts

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

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 and combating poverty"	*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 Contracts 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 elaborate "a consistent intervention logic to tackle the development needs identified".[27] **The draft 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 has been identified as a key action under the thematic objective "promoting social inclusion and combating poverty" 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 87 2 (a) (i)**

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 Contracts should provide information on the national context, this section of the Operational Programmes should focus on the specific regional situation (or sectoral situation in 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)

*   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, 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 care. Key information should be provided on:

*   Number, size and location of long-stay residential institutions (including social care institutions, infant homes, orphanages and psychiatric hospitals)

*   Number, size and location of supported living units[28]

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27   Common Provisions Regulation, whereas (61).

28   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.

- Data on alternative care solutions for children[29]

- 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"**. 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"**. Furthermore, a link to the priority "**investing in education infrastructure**" 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 and combating poverty"**

This part of the OP should describe the "investment priorities and corresponding specific objectives", including "output and result indicators, with where appropriate a baseline value and a quantified target value". A description of the planned actions to achieve the specific objective should be provided, including "identification of the main target groups, specific territories targeted and types of beneficiaries, where appropriate". 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

- 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)

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

- Improving the quality and increasing the capacity of existing community-based services

- Improving access to mainstream services (education, healthcare, 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 made 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 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 (small group homes) in the community, in line with the UN Guidelines for the Alternative Care of Children[30]

2.4 Output and result indicators

Possible output and result indicators for the specific objective of "support[ing] the transition from institutional care to high quality 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

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30   According the 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".

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, the UN Convention on the Rights of Persons with Disabilities and so on.

▶ **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

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

▶ **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

Specific to children:

- Number of family-like placements for children (e.g. small group homes)

▶ **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 can be developed on the basis of the **Voluntary European Quality Framework for Social Services** (see above, Chapter 1).
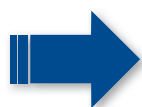
Chapter 9 of the Guidelines discusses ways to define, monitor and evaluate the quality of services.

2.6 Involvement of partners

The OP should include a list of the "actions taken to involve the partners in the preparation of the operational programme, and the role of the partners in the implementation, monitoring and evaluation of the operational programme".[31] Among the partners that should be involved are users of services, their representative organisations, families and service providers. *See below, Chapter 4, for lessons learned during the current programming period.*

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.

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31   Common Provisions Regulation, Article 87.2(e)(iii).

► **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 and combating poverty"		
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.*	
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		
Mechanisms to coordinate the ESF actions with the ERDF and the EARDF are described		
Output and result indicators are included		

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 of the OP.*	

► **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" 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 and combating poverty"		
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		
Mechanisms to coordinate the ESF actions with the ERDF and the EARDF are described		
Output and result indicators are included		
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 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?[32]	
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[33]

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?	

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32   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.

33   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".[34] 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 a 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. 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.

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

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.

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 42**

According to Article 42 of the Common Provisions Regulation, monitoring committees must be composed of "representatives of the Managing Authority and intermediate bodies, and of **representatives of the partners"**. In the context of moving towards community-based care, organisations of people with disabilities, people with mental health problems, children 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,[35] it is important that all organisations representing users of services have an opportunity to participate meaningfully in the work of the committees, rather 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.

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35   These included lack of opportunity for civil society representatives to influence decisions of the monitoring committees. See ECCL Report, *op. cit*., p.36.

▶ **Reviewing progress towards the set objectives – Article 43**

It is the role of the monitoring committees to "review implementation of the programme and progress 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 44–46**

Each Member State has to submit an annual report on the implementation of the programme between 2016 and 2022, with the final report due by September 2023. These reports should include information, *inter alia*, about "**indicators**, **quantified target values** (including changes in result indicators) and the **milestones**" achieved. Importantly, they must also set out "**actions taken to fulfil the *ex ante* conditionalities** and any issues which affect the performance of the programme". 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 44.7).

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 45). 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 and assess "whether the actions taken to fulfil *ex ante* conditionalities not fulfilled at the date of adoption of the Partnership Contract have been implemented in accordance with the timetable established". This will ensure that the relevant strategies for the transition from institutional to community-based care and 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 funding by the Commission (Article 17.3).

Service users (children, people with disabilities, people with mental health problems, 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 "**citizen's summary**" of the annual and final reports should be published by the Member States. 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 47). 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 current programming period 2007–2013.[36] Thus, *ex ante* evaluations should include, inter alia (Article 48):

• 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; and

• the adequacy of planned measures to prevent discrimination.

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 49). 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 in close cooperation by the Commission and Member States, and should focus on the contribution of Structural Funds to the strategy for smart, sustainable and inclusive growth (Article 50).

► Resourcing and independent expertise – Article 47

For evaluations to improve the way funding is allocated, they have to be adequately resourced and "carried out by 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 Transition from Institutional to Community-based Care can help ensure evaluations are independent of any influence.

Moreover, information about the projects funded and the impact they have had should be publicly available.

► 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	

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36 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.

ANNEX 1:

Example of Structural Funds Support to the Process of Deinstitutionalisation

CASE STUDY: BULGARIA[37]

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.

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37   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 to date:

- 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[38]:

- 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.

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38   Most of 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 2:

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

General reports

Quinn, G. & Doyle, S. (2012) *Taking the UN Convention on the Rights of Persons with Disabilities Seriously: The Past and Future of the EU Structural Funds as a Tool to Achieve Community Living*. In The Equal Rights Review (Vol 9). London: the Equal Rights Trust.

Parker, C. & Clements, L. (2012) *The European Union Structural Funds and the Right to Community Living*. In The Equal Rights Review (Vol 9). London: the Equal Rights Trust.

Mulheir, G. et al. (2012) *Deinstitutionalisation – A Human Rights Priority for Children With Disabilities*. In The Equal Rights Review (Vol 9). London: the Equal Rights Trust.

UNICEF, *At Home or In a Home, Formal Care and Adoption of Children in Eastern Europe and Central Asia* (2011)

Eurochild, *Strengthening the Role of the Children's Rights NGOs in the delivery of de-institutionalisation processes through the effective use of structural funds* (2011) (with case studies on Hungary, Czech Republic, Slovakia, Bulgaria and Romania)

Eurochild, *Children in Alternative Care*, National Surveys (2010)

European Coalition for Community Living, *Wasted Time, Wasted Money, Wasted Lives ... A Wasted Opportunity?* – A Focus Report on how the current use of Structural Funds perpetuates the social exclusion of disabled people in Central and Eastern Europe by failing to support the transition from institutional care to community-based services (2010)

Academic Network of European Disability experts, *The Implementation of Policies Supporting Independent Living for Disabled People in Europe: Synthesis Report* (2009) (country reports for all EU Member States are also available)

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

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

UNICEF, *Children and Disability in Transition in CEE/CIS and Baltic States* (2005)

Disability Monitor Initiative South East Europe, *Beyond De-institutionalisation, The Unsteady Transition towards an Enabling System in South East Europe* (2004)

Freyhoff, G., Parker, C., Coué, M. & Grieg, N., *Included in Society – Results and Recommendations of the European Research Initiative on Community-Based Residential Alternatives for Disabled People* (2004)

Bulgaria

Bulgarian Helsinki Committee, *Outstanding Problems in the Implementation of Bulgaria's Obligations Under the UN Convention on the Rights of the Child* (2008)

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)

MDAC – Mental Disability Advocacy Center, *Cage Beds, Inhuman and Degrading Treatment in Four Accession Countries* (2003)

Latvia

Latvian Centre for Human Rights, *Human Rights in Mental Health Care in Baltic Countries* (date not given)

Latvian Centre for Human Rights, *Monitoring Report on Closed Institutions in Latvia* (2006)

Lithuania

Report of the Children's Rights Ombudsman on institutions for children 0–3 (2011, in Lithuanian)

Human Rights Monitoring Institute/Global Initiative on Psychiatry/Viltis/Vilnius Centre for Psychological and Social Rehabilitation, *Human Rights Monitoring in Closed Mental Health Care Institutions* (2005)

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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.

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