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NOTE TO THE ATTENTION OF DIRECTOR GENERAL ROBERT VERRUE

Possibilities for a follow-up to the Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care

Context

Across the EU many people of all ages and different conditions (elderly, children, persons with disabilities or mental health problems) live in residential institutions, often of problematic quality. Recent studies funded by the Commission (*Included in Society: Research and Recommendations on Community-based Residential Alternatives for Disabled People*, 2005, and *De-institutionalisation and Community Living - Outcomes and Costs*, 2007) showed the relevance of this phenomenon across the EU, but above all in "new" Member States. These studies also provide evidence in support of transition from institutional care to community-based alternatives which can provide better results for users, their families and the staff while their costs are comparable to those of institutional care if the comparison is made on the basis of comparable needs of residents and comparable quality of care. However, the process of transition from institutional to community-based care involves many challenges and needs careful planning.

In the beginning of 2009, Commissioner Špidla expressed particular concern about potential adverse developments in "new" Member States in the context of availability of major Structural Funds resources. While the ESF can be of major benefit in increasing the qualification of staff who works in care settings, promoting new skills, and stimulating institutional care reform, there are also indications that Member States are using the ERDF to invest - under the heading of "social infrastructure" - into further build-up of residential institutions of a largely anachronistic character. It would certainly be a missed opportunity if the Structural Funds became an instrument against desirable change rather than an instrument in favour of such change. While the ultimate decisions lie with the Member States, the Commission should provide guidance on these issues so as to maintain consistency with other policies which it is promoting, with its general values and with its legal commitments (above all the recent Convention on Rights of Persons with Disabilities, which is being ratified by the European Community as such - not just the Member States themselves).

To address the issues of institutional care reform in their complexity, the Commissioner therefore convened in February 2009 an Ad Hoc Expert Group on Institutional Care Reform. The Expert Group was composed of representatives of major pan-European civil society

organisations which deal with the issues of institutional care reform: EASPD (European Association of Service Providers for Persons with Disabilities), EDF (European Disability Forum), Inclusion Europe, MHE (Mental Health Europe), AGE (European Older People's Platform), COFACE (Confederation of Family Organisations in the EU), ECCL (European Coalition for Community Living) and CHLG (Children's High Level Group). Jan Pfeiffer of CHLG was nominated as Chairman of the Ad Hoc Expert Group.

The Group has been assisted in carrying out its tasks by a secretariat composed of Jan Jařab, Member of Cabinet, and Silvio Grieco (EMPL G3, Integration of people with disabilities). To ensure coordination with other services of the Commission, representatives of DG SANCO and DG JLS participated as observers. The mandate of the Group was to deliver a stock-taking report by October 2009 to identify common features and challenges of the four deinstitutionalisation "narratives", and suggest where and how the Member States and the Commission can support favourable developments in institutional care reform.

The Group met four times, on 10 March, 28 April, 30 June and 10 September 2009. The Report was handed over by the Expert Group to Commissioner řpidla on 23 September 2009.

Report of the Ad Hoc Expert Group

The final text of the Report has the following structure:

- a conceptual framework, explaining what is meant by the right to live independently and being included in the society, by institutional care and by community-based care;
- a brief overview of the current situation in the EU;
- the case for transition from institutional to community-based care, based on a human rights approach as well as on a cost-benefit analysis;
- the identification of key challenges for transition processes and suggestions on how to address them;
- a set of Common Basic Principles drawn from best practices as well as from the evaluation of risks and pitfalls;
- a set of specific recommendations addressed to the Member States and the Commission, identifying where they can support favourable development in institutional care reform and with which instruments.

Options for further dissemination of the Report

The Report could be disseminated as follows:

- transmitted to the attention of the Social Protection Committee and the ESF Committee;
- uploaded on the relevant websites of the Europa portal (EMPL, JLS, SANCO, REGIO);

- printed in a limited number of copies via the Printshop services to be distributed at relevant events such as the Conference on the European Day of People with Disabilities (3-4 December);
- translated into all Community languages so as to be available above all to national authorities who are dealing with issues of transformation from institutional to community-based care (scheduled for January 2010).

Potential policy follow-up to the Report

The issues addressed in the Report are relevant for many EU Policies: Disability, Social Protection and Social Inclusion, Regional Development, Health, Children's Rights, Education, Research, External Relations. The Report identifies a number of actions that could be carried out by the European Commission to support and encourage the processes of reform of institutional care in the Member States.

As the Ad Hoc Expert Group suggests, those actions could be part of a strategy set by a Commission Communication. The preparation of such a Communication would entail the joint cooperation of the Commission services involved in the work of the Expert Group: DG EMPL (Disability and Social Inclusion units), DG JLS (Children's rights unit), DG SANCO (Mental Health Policy unit). Given the relevance of the Structural Funds as an important tool to support the desired transition (as showed by the collaborative exercise between the Commission and Bulgaria which aims at the use of both ERDF and ESF for the build-up of community care centres), an involvement of DG EMPL (ESF units) and DG REGIO would also be valuable.

After initial discussions between the Ad Hoc Group, the Commission services involved in its activity (G3) and Cabinet, several potential suggestions emerged as to the content of the potential Communication - if, indeed, such an approach is followed by the next Commission(er). The Communication could:

- *Provide a more systematic overview of the current situation in the EU* as regards institutional care based on available data (from existing studies and research). The lack of solid data would justify action n. 5 (see below).
- *Endorse the common basic principles* proposed by the Report, affirming their consistency with the principles of the Treaties and with the existing EU policies promoting Fundamental Rights and Social Inclusion, and commit the Commission to build them into all of its relevant Policies.
- Propose a number of *concrete actions* - providing an EU added value - to support the activities of Member States. Most of such actions are listed in the recommendations in the Report. They could include (e.g.):
 1. Guidelines on the use of the Structural Funds and other EU funding instruments, providing examples of good practice on how these funding instruments can support projects on the development of community-based alternatives to institutions, to distribute to all the relevant Managing Authorities;
 2. Asking Member States (e.g., within the context of the social OMC) to provide more specific information, including numbers of people in institutions and those receiving

community-based or home care. Persons leaving institutional care could be identified as one of the priority target groups of the Active Inclusion Strategy.

3. Funding under the PROGRESS Programme, which could include exchange of information and good practice through peer reviews, conferences, seminars within the context of the SPC, OMC workshops; a call for proposals to assist Member States in developing reform strategies; a study on how to support users in the process of choosing their living arrangements and concluding legally valid support contracts with service providers in the implementation of Article 12 of the Convention; a legal analysis of Member States' legislation which directly - as well as indirectly - promotes institutionalisation.
4. Earmarking Life-Long Learning budgets to support the development of training modules for first line staff and management on how to achieve the transition from institutional to community-based care.
5. Defining - together with EUROSTAT and in close cooperation with the Member States - a minimum data set for residential services which would allow for the monitoring of progress in the transition from institutional to community-based care and for a comparability of data across the EU.
6. Establishing a pool of independent experts on institutional care reform and the transition to community-care which could provide technical assistance to the Commission itself and above all to the Member States when allocating resources from the Structural Funds.

The Commissioner will be happy to discuss this potential follow-up to the Ad Hoc Expert Group's Report with the DG.


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