



Recovery and Resilience Facility must support community inclusion, not segregation

The European Expert Group on the Transition from Institutional to Community-based Care (hereinafter the [EEG](#)) calls for the EU and Member States to comply with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the United Nations Convention on the Rights of the Child (UNCRC) and the EU's commitment towards deinstitutionalisation, and thus not allow for any investments in institutions to be included in the National Recovery and Resilience Plans (RRPs). Investments should be directed to **social inclusion** and **community-based support**.

Social inclusion in the Recovery and Resilience Facility

Concerned about the social inclusion dimension being neglected in the National Recovery and Resilience Plans (NRRPs), in January 2021 the EEG published a [joint statement](#) calling for Member States to include targets and safeguards for investments in social inclusion and community-based care in the [Recovery and Resilience Facility \(RRF\) National Plans](#).

The RRF will be a fundamental instrument for Europe's recovery from the COVID-19 pandemic and its socio-economic consequences. Therefore, it is of utmost importance that no one is left behind in the recovery efforts. It has been widely documented not only by the EEG¹ and its members, but also by several NGOs across the EU that people most susceptible to social exclusion, including children and adults with disabilities, children in the alternative care system or at risk of family separation and homeless people have been among the hardest hit by the pandemic.

Commitments have been made by the European Union and several Member States towards the deinstitutionalisation process in recent years, and they must be compliant with the UNCRPD. However, when the EEG analysed the National Recovery and Resilience draft Plans of 10 Member States, it found clear references of investments to build, refurbish and increase the capacity of institutions in some of these Plans.

Given that the European Commission is currently in an intense negotiation with Member States to shape the RRF National Plans, the EEG sees the need to re-emphasize that there should be no investments in institutions. Focus should be given to forward social reforms to promote social inclusion and robust investments into family- and community-based care and support.

RRF investments in institutions

The EEG's analysis of the 10 RRF draft Plans of Member States concluded that the Plans were either lagging behind in their efforts to foster deinstitutionalisation and include vulnerable groups or that investments in institutions were included.² Hereby Member States disregard the European

¹ See EEG's most recent publication "Report on the transition from institutional care to community-based services in 27 EU Member States". Available at: <https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf>.

² The Recovery and Resilience Facility Plans analysed by the EEG are as follows: **BG, CZ, FR, GR, HU, HR, LV, PT, RO** and **SK**.



Commission's recommendation in its staff working document to guide Member States in their Recovery and Resilience Plans³, which states that "MS are for example invited to explain how the plan ensures disability (and otherwise) inclusive reforms (...) as well as the transition from institutional to community-based services".

In light of the draft Plans, country-specific recommendations were provided by the EEG in the areas that are linked to deinstitutionalisation.

EEG's main findings

The EEG has identified a number of worrying investments, outlined below:

- ➔ In **Latvia's** draft Plan, the government intends to use 26.5 mil EUR to invest in 150 institutions for adults, and to build 5 new care institutions for people of retirement age close to the family environment. Given the harmful impact of the pandemic (e.g. spread of infection, mental distress, forced medication and restraint measures) on people residing in institutions we regret to see that community-based care is not prioritised. Moreover, since no other any alternatives to nursing homes for older people are offered in the draft Plan, this leaves older people without the right to make a free choice on whether they would prefer to live in nursing homes or receive home-care or other community-based services. Furthermore, the draft Plan intends to strengthen institutional care provision by adapting long-term care institutions to minimise the impact of the pandemic and developing new care institutions closer to the family environment. The coronavirus pandemic, however, has made it clear that institutions for adults, children and the elderly are hotbeds of infection. It is important, thus, to ensure that no investments are made into institutions for persons with disabilities, or any other group, under the pretext of reducing the risks brought on by the pandemic. Instead, investments should contribute to the transition from institutional to family- and community-based care.
- ➔ **Bulgaria's** draft Plan focuses on investing in residential care for people with disabilities and the planned construction and renovation of institutions for older people. Taking into account Bulgaria's obligations under the UNCRPD and the high number of fatalities in institutions for people with disabilities and older people during the Covid-19 pandemic, any future investments should support the development of community-based services and the transition from institutional care to living in the community. EU investments must also allow older people to choose between a range of services (e.g., personalised, tailor-made and inclusive high-quality services), in line with principle 18 of the Social Pillar.
- ➔ **Croatia's** draft Plan aims not only to build and refurbish institutions for older people, but also to increase the capacity of institutions for older people by 700 places. In a country where home care and other community-based services for older people are largely absent, investing into more institutional places is unacceptable. This is more so given the devastating impact of Covid-19 on older people in nursing homes, and the fact that nursing homes accommodate not just older people, but also persons with disabilities (including young people and children).

³ The European Commission's staff working document to guide Member States in their Recovery and Resilience Plans is available at:

https://ec.europa.eu/info/sites/info/files/document_travail_service_part1_v2_en.pdf



- ➔ Other worrying references were found in **Czechia**'s draft Plan, which mentions the need to support the development of long-term care facilities and in **Portugal**'s draft Plan, which foresees the implementation of measures to “delay institutionalisation”. Similarly, the EEG was informed that **Slovenia** intends to invest in the construction of new institutions for people with disabilities and older people, with at least 300 new places.
- ➔ There are a number of countries such as **Portugal** and **Spain** that have allocated Recovery and Resilience resources to shelters for the homeless. This is problematic because homeless people often get trapped in shelters due to the lack of housing options and, in such way, become institutionalised. The EEG emphasises that investment in shelters should only be allowed if it is for very short periods and conceived in such a way that it facilitates transition to permanent housing (with support, if necessary).

The EEG is also concerned about the fact that some RRF draft Plans have overlooked the catastrophic impact that the pandemic has had on adults and children living in institutions, for example **Hungary**'s draft Plan. Furthermore, none of the ten draft Plans that were analysed include any references to measures to address deinstitutionalisation of children. On a positive note, the EEG welcomes the **Spanish** draft Plan, which has an important section on deinstitutionalisation encompassing children, homeless, and people with disabilities. The draft Plan allocates 100 million euro at the national level, and foresees additional resources for the regions.

Several draft Plans refer to the development of social and care services. In this regard, it is imperative that social and care services are developed provide family- and community-based care and support, in line with both the UNCRPD and UNCRC. Reform in this sector is also needed, as proven by the pandemic. Instead of investments in institutions, reforms should aim to build more community-based care and support services, deployed in *all* regions of the country.

In light of these findings in the draft Plans, the EEG warns that investments in institutions are not only against the deinstitutionalisation principle, but also the UN CRPD, which recognises “the equal right of all persons with disabilities to live in the community, with choices equal to others”.

Investments in institutions are also not in line with the recently adopted Strategy on the Rights of the Child, which states that all children have an equal right to live with their families and in a community, and stresses that the shift to quality community- and family-based care needs to be ensured.

To ensure that the Recovery and Resilience Facility will further deinstitutionalisation rather obstruct it, the EEG urges the Member States and the European Commission to use of the [Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services](#)⁴.

Lastly, it is important to mention that, given that the starting point of the RRF National Plans are the country-specific recommendations adopted by the 2020 European Semester, there is a risk that some groups and areas that were hit hard by the coronavirus pandemic will not be addressed in the RRF National Plans if the issues have not been addressed in the country recommendations.

⁴ The Checklist is available at: [eeg_checklist_onlineoffice.pdf \(wordpress.com\)](#).



Transparency and consultation in drafting the RRF draft Plans

There has been a lack of transparency in accessing some RRF draft Plans. As the EU Commission does not require the draft Plans to be made public at this stage, several Member States have not made their draft Plans available. This is the case, for instance, for Belgium and Italy. This is violation of the partnership principle promoted by the Commission. It is essential that the RRF draft Plans are available, so civil society organisations (CSOs) and citizens are informed about the priorities of the national recovery programmes and allocated funding and can give feedback.

Moreover, the EEG regrets that, for the sake of transparency, most of the draft Plans are only available in national languages, excluding the European expert community from commenting.

Finally, the EEG stresses the importance of involving civil society organisations both in consultancy and monitoring roles throughout the implementation of the Plans. As the RRF will play a major role in helping Member States to get out of the current crisis caused by the pandemic, and it will affect the lives of millions of people across the EU, it is indispensable that the RRF National Plans engage with the CSOs in a meaningful way.

Contact: coordinator@deinstitutionalisation.com



Funded by
the European Union

This position paper does not necessarily reflect the
opinion of the European Commission

Published in May 2021