



EUROPEAN COMMISSION
Employment, Social Affairs and Equal Opportunities DG

Directorate-General
The Director-General

Brussels,
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NOTE TO THE ATTENTION OF MS KRISTIN SCHREIBER,

HEAD OF CABINET OF COMMISSIONER SPIDLA

Subject: Your Note CAB D/183, 20.02.2009. Creation of an Ad Hoc Expert Group for Institutional Care Reform

During recent years, the issue of institutional care reform has been dealt with in the framework of several of our policy initiatives, as outlined in the annex.

The Ad Hoc Expert Group for Institutional Care Reform now set up by Commissioner Špidla can play an important role to assess the different instruments that the Commission and DG EMPL in particular, have been using and could use in the future to support a favourable development in institutional care reform.

While focusing its work on moving from institutional care to more individualised community based care in the Member States, as stated in your note, the ad hoc group can make a significant contribution to strengthening policy developments in this field over the next years. It may bring in additional know how and ideas, in a structured way, that will be beneficial for the Commission's continued work in this area.

In particular, we welcome the commitment from the Expert Group to link the four distinct "de-institutionalisation narratives", and we expect that all the Commission services involved with a different role within this framework will cooperate with the group. As regards future DG EMPL policy developments, the outcomes of the work of the group will be useful in several regards.

The findings and the recommendations of the Ad Hoc Expert Group will be directly relevant for developing the new EU Disability Strategy 2010-2020, as promoting the right for people with disabilities to live independently and to have equal access to affordable and quality long-term services will be among its priorities. Similarly the work of the group may feed into the EU Social Protection and Social Inclusion Process, in particular in relation to the issues concerning children deprived of parental care. Such synergies will be encouraged by the assistance to be given by the concerned DG EMPL units given to the work of the Ad Hoc Expert Group, in particular the Disability and the Social Inclusion units.

On the other hand, it is important that the work remit of this ad hoc group remains clearly focussed and avoids becoming too general, as might be the case by covering long-term care in general as indicated in the report from the groups' first meeting on 10 March. This would entail the risk that instead of delivering a focused report on a specific field of expertise, the groups' stock-taking report would more reflect the positions of the participating NGOs, than gathering facts and experts' ideas for stronger reform work on institutional care as stated in your note. For all this reasons I would strongly advise to keep the mandate as pointed out in your note from 20.02.2009 (D/183) and to avoid duplicating work and discussions that are already being carried out in relevant EU work processes.

Annex

Over the past recent years, the issue of institutional care reform has been developed within the framework of several policy initiatives led by DG EMPL.

Studies and research

- In 2003, within the framework of the European Year of People with Disabilities, the project “**Included in Society**” was supported, aiming at analyzing the conditions in and prevalence of large residential institutions for people with disabilities in Europe. Information on the living conditions in large residential institutions in 25 European countries were collected, creating the basis for policy recommendations addressing the need for more community based services for disabled people.
- In 2007, within the framework of the Community action programme to combat discrimination 2001/2006, the study “**Deinstitutionalisation and community living – outcomes and costs**” was supported. The study aimed to bring together the available information on the number of people with disabilities living in residential institutions in 28 European countries, and to identify successful strategies for replacing institutions with community-based services, paying particular attention to economic issues in the transition.
- A report on **Child Poverty and Well-Being in the EU - Current status and way forward** adopted by the Social Protection Committee in 2008 identifies the predominant factors affecting child poverty in each country. It also reviews the national monitoring and evaluation systems of child well-being across the EU. Highlighted in the report is the need to further investigation instruments at EU level for monitoring income and living conditions of the most excluded children (children in institutions, in foster care, children with chronic health problems or disabilities, abused children, street children, etc). Their specific situation requires also regularly data collection and specific monitoring instruments (whether at national and/or sub-national levels). There is also a specific recommendation on reinforcing statistical capacity on the most vulnerable children in the report, recommendation 10.¹

The EU Disability Action Plan 2003/2010 and the Disability High Level Group

- The **Disability Action Plan 2003-2010**, by means of mainstreaming the principles of non-discrimination and accessibility in all the EU policies, has contributed to raise the issue at European level of access to quality care and community-based services for people with disabilities.
- Both the European Community and the Member States have signed the **United Nations Convention on the Rights of Persons with Disabilities**, committing themselves to take all the necessary measures in order to fully respect the human rights of disabled people, such as the **right to living independently and being included in the community**. As a follow-up to the Presidency Conclusions of the second EU ministerial disability meeting and of the Conference on the Integration of Persons with Disabilities held in May 2008

¹ Child Poverty and Well-being in the EU, current status and way forward, Social Protection Committee, January 2008.

under the Slovenian Presidency, Member States decided to exchange good practices in the implementation of the UN Convention. Independent living was set as one of the priority areas, and contributions sent by Member States will be part of the second **Disability High Level Group report**.

The EU Social Protection and Social Inclusion Process

- Set up at the Lisbon European Council of March 2000 **The Open Method of Coordination on Social Protection and Social Inclusion (OMC)** provides a framework of political coordination where Member States has agreed to identify and promote their most effective policies with the aim of learning from each other. Moreover in July 2008, the Commission proposed to reinforce the social OMC to allow the EU to achieve better results for the 2008-2010 period and pave the way for the introduction of a sound framework post-2010.
- A key feature of the OMC is the joint analysis and assessment by the European Commission and the Council of the National Reports on Strategies for Social Protection and Inclusion submitted by the Member States. The Joint Reports assess progress made in the implementation of the OMC, set key priorities and identify good practice and innovative approaches of common interest to the Member States. The 2008 National Strategy Reports show the strong interlinks between improving access, enhancing quality and ensuring sustainability in a number of policies.
- The most recent **Joint Report on Social Protection and Social Inclusion** presented in 2009 highlights the need to reaffirm commitment to ensure universal access to high quality and affordable long-term care. Dependent people prefer long-term care in a residential or community setting rather than institutional care, but in many countries institutional care still accounts for more than half of public expenditure. Accordingly countries are firmly focused on enhancing tailored home and community care services and moving away from institutional care, whilst allowing and/or securing institutional care access if alternatives are unsuitable or unavailable.

Looking at people with disability, there is a trend from centralisation to de-institutionalisation and service provision closer to the citizen. Many Member States are making efforts towards deinstitutionalisation of care for people with disabilities and to develop more community-based services. However, progress tends to be slow, and it seems important to strengthen the financial resources allocated to support this process. Structural Funds are sometimes used to help revamp the crumbling system of residential institutions, and it should be looked at how this can be prioritised and strengthened in coming years.

Moreover, despite the increased emphasis on prevention, a number of children in all EU countries are still deprived of parental care; being orphaned, victims of violence and abuse, or for economic reasons (e.g. families in financial distress who lose their homes). Most Member States are striving to avoid the institutionalisation of these children and to promote foster care arrangements. Some countries have set up measures to improve the status of foster families, and to provide them with financial support or specific training and to improve monitoring systems. In most countries, measures are also being taken to raise the standards and quality of institutional care.