



EUROPEAN EXPERT GROUP ON TRANSITION FROM INSTITUTIONAL TO COMMUNITY-BASED CARE

Statement on the post-2020 regulations for EU funding

Introduction

In the 2014-2020 programming period, the European Structural and Investment Funds (ESIF) have provided a valuable addition to poverty reduction and social inclusion measures at the national, regional or local level. In particular, through its [Common Provision Regulations](#) (CPR), ESIF have introduced a series of breakthrough measures in the form of the [ex-ante conditionalities](#), a strong contribution to social cohesion.

With the intent of continuing its fruitful collaboration with institutions of the European Union (EU) and drawing on the expertise of a diverse membership, the [European Expert Group on the Transition from Institutional to Community-based Care \(EEG\)](#) calls for:

- Upholding the general **ex-ante conditionalities**;
- Fostering the impulse of **deinstitutionalization and independent living**; and
- Strengthening the **partnership principle** in the CPR and in the regulations of the specific Funds by introducing it as an ex-ante conditionality.

Ex-ante conditionalities

To fulfil its legal obligations, the EU should step up efforts to eliminate inequalities and promote equality between men and women, as well as to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation, at all stages of the implementation of the Structural Funds. In this sense, ex-ante conditionalities must be coherent with EU Treaties, existing legal framework and human rights standards.

We need to maintain the ex-ante conditionalities in order to sustain the impact of EU funding on employment, economic and social inclusion. Women, children, persons with disabilities and their families experiencing discrimination and poverty face large barriers in society, in particular amid the current challenging economic context and the increased incidence of poverty and social exclusion in the EU.

We call on the EU to uphold the general ex-ante conditionalities regarding non-discrimination, gender equality and disability under the relevant section of the Commission proposal for the CPR.

Transition from Institutional Care to Community-based Services

The thematic ex-ante conditionality 9.1 in the CPR prioritised the implementation of a national strategic policy framework for poverty reduction aiming at the active inclusion of people. Activities aiming at reducing poverty included, among others, measures for the shift from institutional care to community-based services (*'deinstitutionalisation'*).

The EU has had a pivotal role in promoting deinstitutionalization in some Member States and we strongly encourage the EU to continue championing deinstitutionalization in its internal funding policy as well as extending this leadership to its external policy and funding. The shift towards family and community-based services will facilitate the right to live independently and to be included in the community, enshrined in the [United Nations Convention on the Rights of Persons with Disabilities \(UN CRPD\)](#), ratified by the EU and all Member States, as well as the right of every child to grow up in a family environment, set out in the [United Nations Convention on the Rights of the Child](#), ratified by all EU Member States. It will also contribute to the delivery of the principles under the [European Pillar of Social Rights](#) to effectively protect social rights, improve the quality of lives, and promote the right to family and community-based services. Finally, it will contribute to the commitment that the EU and its Member States have taken to leave no-one behind through the [Sustainable Development Goals \(SDGs\)](#).

We call on the EU to retain and expand the shift from institutional care to community and family-based services as an investment priority in future ESIF regulations.

Participation of civil society organizations and service users

Article 5 of the CPR makes it compulsory for each ESIF programme to organise a partnership at all programming stages and at all levels with all relevant actors, including social partners and non-governmental organisations.

The European Code of Conduct on Partnership (ECCP) has been set up to support Member States in implementing the Partnership Principle and to ensure that all partners are involved in all stages of the implementation of the spending of EU Funds.

In order to fulfil this provision, it is necessary to ensure active involvement of civil society as partners on an equal footing with others, through their participation in the Monitoring Committees, as members with voting rights. Additionally, to ensure the effective implementation of this provision, adequate support for capacity building through technical assistance is crucial to ensure that civil society organizations have adequate resources for meaningful participation. The inclusion of the Partnership Principle is in line with Article 4(3) of the UN CRPD and the EU's obligation to include the voice of the representative organisations of persons with disabilities and their families in the planning, implementation and monitoring of policies and programmes affecting their lives.

We call on the EU to maintain and expand the Partnership Principle in the CPR and all funding regulations and introduce a new ex-ante conditionality to guarantee the efficient implementation of the ECCP.