



Looking at deinstitutionalization practices in EU national contexts: Spotlight on Czechia, Malta and Spain

EEG study session

Background

This study session organised by the [European Expert Group](#) on the transition from institutional to community-based care took place in the afternoon of 12 October 2023. It aimed to bring together professionals, people who are institutionalised, their families and representative organisations to discuss the shift toward meaningful inclusion in the community.

A diverse group of people in the European Union are still institutionalised, and deinstitutionalisation processes are at different stages. The study session is an opportunity to help improve understanding of the deinstitutionalisation (DI) process in the EU where participants will discuss the initiatives in place in their country to advance the DI process for several concerned communities. We invited expert speakers from both civil society and governments from Czechia, Malta and Spain to present and discuss with the audience the different deinstitutionalisation processes in their countries.

More specifically, the study session focused on large-scale mental health reforms in Czechia, deinstitutionalisation of people with disabilities in Malta, and a pilot project on deinstitutionalisation of people who are homeless in Spain.

The aim of this study session was to trigger an open discussion on how to best ensure that reforms and support measures reach groups in vulnerable situations such as persons with disabilities, persons who are homeless and that they promote inclusive living in compliance with the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child.

European Expert Group on the Transition from Institutional to Community-based Care (EEG)

The European Expert Group on the Transition from Institutional to Community-based Care (EEG) is a broad coalition gathering stakeholders representing children and their families, people with disabilities and their families, homeless people, people experiencing mental health problems, service providers, public authorities and UN organisations. The EEG advocates to replace institutionalisation with family- and community-based support and provides expertise on this transition. It focuses on how EU funding, law and policy should be used to facilitate DI, in compliance with the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Convention on the Rights of the Child and the European Charter of Fundamental Rights. It facilitates development of quality family- and community-based support which respects human rights of all people with care or support needs, is person-centred and empowering.

Programme

Welcome and introduction

Camille Roux, EEG co-chair, and Senior Policy and Advocacy Officer, COFACE Families Europe.

Mental Health Reforms and Deinstitutionalisation in Czechia

Speakers:

- Pavel Říčan, Director, Centre for Mental Health Care Development.
- Ivana Svobodová, Head of systemic reform unit and secretary of National Council for Mental Health

Presentation of the Maltese Strategy of Deinstitutionalisation of People with Disabilities

Speakers:

- Marthese Mugliette, President of the national voluntary umbrella organisation for the disability sector in Malta, Malta Federation of Organisations Persons with Disability
- Christine Sant, Senior Executive within Quality Audit, Research and Innovation Team of Agenzija Support

Ongoing Pilot Project on the Deinstitutionalisation of People who are Homeless in Spain

Speakers:

- Damaris Barajas, Planning Director in Provivienda, HOGAR SÍ
- Marco A. Luengo Castro, Social Services Director, Municipality of Gijón

Conclusion and closing remarks

Haydn Hammersley, EEG co-chair, and Social Policy Officer, European Disability Forum.

Mental Health Reforms and Deinstitutionalisation in Czechia

The session started with speaker Pavel Říčan, Director of the Centre for Mental Health Care development, providing a comprehensive overview of their experience in the Czech mental health system, spanning from the 1990s to the present. He started by acknowledging the challenges posed by historical institutional buildings in the country, and showed the stark contrast between beautiful landscapes with impressive former castles and inadequate facilities.

The presentation then delved into the specifics of the Czech mental health system, focusing on the introduction of mental health centres inspired by the Dutch model. These centres, initiated as part of the deinstitutionalisation reform facilitated by European structural funds, integrate health and social services. This integration was significant in its effectiveness in mobile care for individuals with severe mental health issues.

Říčan discussed the practical aspects of the mental health centres, including their operation mostly out of office, availability during nights and weekends, and the ideal composition of the team involved. He highlighted the success of these centres in decreasing hospitalisation rates and improving various aspects of well-being, such as global functioning, quality of life, and paid work.

Moving to a broader system-level analysis, Říčan noted a gradual decrease in the number of psychiatric beds, with a positive shift towards more acute beds supported by financial incentives. He acknowledged challenges at this level, such as scattered leadership and competing interests among various stakeholders, including community services, research institutions, and ministries.

The presentation then took a closer look at the Czechia's regions, where some have taken the initiative to further the process of deinstitutionalization and support the establishment of new mental health centres. Despite positive developments, there is a slowdown in the pace of change after the utilisation of European funds, accompanied by a decrease in the number of personnel responsible for mental health initiatives. In conclusion, Říčan reflected on the strengthened support in the community, the role of experts with lived experience, successful cases of institutional transformation, and reduced stigma in long-term perspectives. He expressed optimism for the future, particularly in regions taking the initiative, but also highlighted existing challenges, including the lack of clear responsibility for the national mental health action plan and the resistance to change within the system. For the full presentation, please refer to the PowerPoint.

After Říčan's presentation, Ivana Svobodová, Head of systemic reform unit and secretary of National Council for Mental Health, spoke about Czechia's mental health reforms. She outlined key goals and the structure of coordination efforts in the Czech Republic. The primary goals of the reform include changing the approach to individuals

with mental health conditions, transitioning from long-term inpatient care to community-based care, promoting multidisciplinary care, and protecting mental health throughout one's life.

Svobodová discussed the National Council for Mental Health, previously known as the Government Council for Mental Health, launched in 2019. The council, led by the Minister of Health, includes representatives from various ministries, people with mental health conditions, informal carers, psychiatrists, nurses, and other stakeholders. Regular meetings focus on addressing intersectoral issues, and working groups handle specific topics related to mental health care.

Svobodová emphasized the need for continuous efforts in mental health care, highlighting working groups' importance to address specific issues like child and adolescent psychiatry, psychotherapy, and sustainable financing. They discuss the platform for people with mental health conditions, extending the conversation beyond healthcare services to encompass quality care in social facilities and educational systems.

While acknowledging a reduction in project activities, Svobodová stressed the necessity for permanent working groups to sustain momentum. She mentioned national action plans on mental health, suicide prevention, and Alzheimer's disease, emphasizing their integral role in the broader reform. She also introduced upcoming projects, such as crisis intervention, acute psychiatric care, child and adolescent psychiatry, and involvement of individuals with mental health conditions and informal caregivers in the system.

In conclusion, Svobodová underscored ongoing efforts to implement reform strategies, develop specific concepts for various aspects of mental health care, and initiate new projects to enhance crisis services, acute care facilities, and the involvement of people with mental health conditions in the system.

For the full presentation, please refer to the PowerPoint.

Presentation of the Maltese Strategy of Deinstitutionalisation of People with Disabilities

The second session regarding the Maltese Strategy of Deinstitutionalisation of People with Disabilities started with Christine Sant, Senior Executive within Quality Audit, Research and Innovation Team of Agenzija Support. Sanz shared insights into the country's efforts to transition from institutionalised care to a model of independent living for persons with disabilities. The context of Malta, being the smallest country in the European Union, is emphasised, providing a unique opportunity to implement changes more efficiently.

She highlighted the challenges faced in the disability rights movement, such as sporadic empowerment and the persistence of the charity model. Despite these challenges, institutions continue to be sought after by people with disabilities and their relatives, particularly for those with intellectual disabilities due to overprotection tendencies.

The landscape of institutions in Malta involves both non-governmental organisations and government-owned group homes. Agenzia Support, as the national agency, operates residences and provides various services, including community services and financial assistance schemes.

The focus is on shifting from fixed services to more flexible ones aligned with the UNCRPD guidelines on deinstitutionalisation. Malta's national strategy, "Freedom to Live" (2021-2030), emphasizes community-based services and deinstitutionalisation, aligning with the European Commission's 2021-2030 strategy.

Practically, Agenzia Support is investing in research on artificial intelligence for assistive equipment to enhance financial assistance schemes. They recognize the limitations of human resources and are exploring the potential of assistive technology and artificial intelligence to reduce dependence on such resources.

Efforts are also underway to reform personal assistance services, aiming to establish personal budgets for individuals with disabilities. Pilot projects involve assisting individuals in transitioning from institutions to their accommodation, allowing them to choose their support staff and services. The long-term goal is for individuals to manage their support through personal assistance funds.

The strengthening of personal assistance schemes involves a public consultation on reforming the Independent Community Living Fund (ICL) and introducing personal budgets. The reform aims to provide individuals with more autonomy and choice over the tools and services they use, extending beyond human resources to include assistive equipment and transportation.

Throughout the process, Agenzia Support collaborates with persons with disabilities, civil society organisations, and European networks on independent living. The lessons

learned include the importance of involving persons with disabilities in decision-making, aligning with the UN's principles of independent living.

In conclusion, Malta's approach involves empowering persons with disabilities to actively lead and manage their support services, promoting independence, and gradually moving away from institutionalised care. The ongoing reforms and pilot projects reflect a commitment to aligning with international standards and creating a more inclusive and person-centred support system. For the full presentation, please refer to the PowerPoint.

After Sanz's presentation, Marthese Mugliette, President of the national voluntary umbrella organisation for the disability sector in Malta, Malta Federation of Organisations Persons with Disability, spoke about the challenges and frustrations faced in Malta regarding the deinstitutionalisation of persons with disabilities, particularly those with intellectual disabilities. The focus was on Action 5 of Objective 10 in Malta's 2021-2030 strategy on the rights of disabled persons, which emphasizes the need for deinstitutionalization within nine years.

Mugliette emphasised the critical aspect of changing mentalities, highlighting the difficulty in altering the attitudes and thinking of individuals and society as a whole. The frustration arises from the media continually showcasing positive experiences of persons with disabilities in residential homes and the public's support for fundraising efforts to build more such residences. There is a contradiction where authorities express agreement with deinstitutionalisation, yet funds are allocated for expanding residential services.

Mugliette expressed disappointment in the lack of efforts to create impactful awareness about deinstitutionalisation, citing limited funds and structural constraints of the Malta Federation of Organisations Persons with Disability (MFOPD). While the MFOPD utilises press releases and organises conferences and meetings, the scale of awareness is deemed insufficient.

Despite attempts, national funds are allocated to specific service providers to increase residential services, conflicting with the deinstitutionalisation goal. The speaker acknowledges the limitations of the MFOPD in addressing the issue effectively but mentions its initiatives, such as organising a national conference on personal assistance and securing funds for a study on personal assistance in Malta.

Concerns are raised about public scepticism regarding personal assistance, with challenges in the system causing hiccups and affordability issues. Not all persons with disabilities can afford personal assistance, and those in residential homes face difficulties finding suitable assistance. The shortage of individuals interested in personal assistance jobs compounds the problem.

Mugliette highlighted the lack of required community services for persons with disabilities, including inaccessible environments and a shortage of suitable housing.

These challenges contribute to doubts among parents, caregivers, and guardians about transitioning persons with intellectual disabilities to independent living.

Mugliette questioned how individuals with intellectual disabilities can make informed choices when faced with an inaccessible environment, limited choices, and a lack of understanding of the situation. She expressed disappointment in the three years following the launch of the national disability strategy, where discussions and funding for more residential homes persist, contradicting the goals of the UNCRPD and the national disability strategy.

In conclusion, Mugliette hopes for timely corrective actions and decisions to bridge the gap between the current situation and the envisioned state seven years from now. The ultimate goal is for all persons with disabilities to enjoy independent lives with comprehensive support and services within the community.

Ongoing Pilot Project on the Deinstitutionalisation of People who are Homeless in Spain

The third session regarding an ongoing pilot project on the deinstitutionalisation of people who are homeless in Spain started with Marco A. Luengo Castro, Social Services Director, Municipality of Gijon. He emphasised that the main objective of public administration regarding homelessness is DI. Still, it should be viewed as an intermediate objective, with the primary goal being the prevention and eradication of homelessness. He underscored the importance of a firm political will and consensus for effective DI, requiring co-responsibility among various public administrations, social services, health systems, and housing policies.

Another crucial point is the need for a general model in all welfare policies, emphasising a community-based care model where different entities, including administrations, NGOs, private enterprises, and citizens, take collective responsibility for caring for vulnerable individuals in the community.

Moving on to the objectives of prevention and eradication, Luengo Castro emphasised that people are not born homeless, and various factors contribute to homelessness, such as housing market issues, mental disorders, family loss, unemployment, immigration issues, gender violence, and other negative life events. The focus on prevention involves addressing these root causes and implementing a strong and proactive public housing policy.

For those already homeless, Luengo Castro suggested ambitious goal-setting for eradication, requiring a firm political will and collaboration among different actors, including social services, mental health systems, and housing services. The path to eradicating homelessness is presented as DI, emphasising that DI is not just an objective but the means to achieve the desired outcome.

There are three key issues in the framework: prioritising prevention and eradication, emphasising political will, consensus, and responsibility among public administrations, and promoting a community care model for addressing vulnerability in the city.

Luengo Castro also outlined five key points for successful DI implementation:

1. **Clear Alternative Model:** A clear alternative model must be defined for successful DI, and the speaker advocates for a community-based care model.
2. **Diverse Housing Solutions:** Recognizing that there is no single housing solution for everyone, public housing is presented as a viable option, especially for vulnerable populations.
3. **Involvement of Social Entities:** To avoid resistance to model change and parallel systems, social entities managing centres must be involved in the transition from institutionalisation to community care.
4. **Rapid Rehousing System:** The implementation of a rapid rehousing system is crucial to preventing the creation of new shelters and addressing the immediate needs of those in marginal situations.

5. Attention to Marginal Situations: Special attention should be given to individuals facing marginal situations, such as those who lose their homes or do not have one, necessitating the implementation of a rapid rehousing system.

For the full presentation, please refer to the PowerPoint.

After Luengo Castro's presentation, Damaris Barajas, Planning Director in Provivienda, HOGAR SÍ, discussed a pilot project on deinstitutionalisation (DI) as a response to chronic homelessness in the country. The context is set with alarming statistics, including 37,000 homeless individuals in Spain, with 40 percent of them experiencing homelessness for over three years, and a shortage of accommodation places. Barajas pointed out the inadequacy and inefficiency of the current institutionalisation formula, with 54 percent of places being collective shelters, and 80 percent of them occupied without providing a proper solution for homelessness. The DI model is presented as an opportunity to transform the homelessness care system, with the goal of designing a transferable and scalable model.

The project involves eight municipalities and four autonomous regions, all aligned in the concept of transforming the system and shifting budget allocations. The primary goals are to implement a DI model, make it transferable and scalable, and build the capacity of public administrations in providing community-based services.

The presentation outlines the challenges faced in finding suitable housing, particularly in a tense market with only 2.5% social housing. The funding of the project supports two main lines: DI and prevention. Barajas discussed the difficulty of early intervention in prevention but highlights positive results in terms of rehousing in permanent and autonomous housing.

The project incorporates a pilot on self-directed support with personal budgets, aiming to prove that this approach can lead to better self-esteem and motivation for change. The results include successful exits from the institutionalised system and positive outcomes related to employment and substance abuse reduction.

Despite the success, Barajas acknowledged several challenges, including administrative barriers for clients, lack of support networks, social stigma, and fear among some individuals to start an autonomous life. The challenges also extend to the traditional care system's rigidity and difficulties in influencing budgets.

Barajas emphasised the need for a new vision, decentralised governments as allies for innovation projects, and overcoming tensions between public servants and project staff. Competency development is identified as crucial, along with the engagement of both social and housing services in municipalities.

In conclusion, Barajas emphasised the importance of putting DI on the public agenda, focusing on early detection and prevention, autonomous exits, intervention in the housing market for more affordable housing, and active collaboration between social

and housing services. The project aims to work on a transferability agenda with public administrations for future scalability.
For the full presentation, please refer to the PowerPoint.

