

EEG

European Expert Group
on the transition from institutional
to community-based care

**For better use of EU funding to foster
the transition from institutional to
community-based care**

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Persistent exclusion of 1.5 million EU citizens

1.5 million people in the European Union live in institutions, excluded from society, deprived of their rights, and exposed to harm and abuse.¹

Although most Member States have deinstitutionalisation strategies, the number of children, adults with disabilities and older people in residential institutions has increased in the EU over the past 10 years.²

The total number of institutionalised people consists of:

- 466,000 children³
- Over 900,000 people / adults with disabilities⁴
- An unknown but significant portion of the 1,287,000 people experiencing homelessness in the EU.⁵

Institutionalisation isolates individuals from society, limiting personal freedom and opportunities for social participation. It leads to neglect and hampers personal development. This practice contradicts the EU's commitment to human rights, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD). That this is an ongoing practice was most recently raised as an urgent concern for the EU to address by the UN CRPD Committee in its Concluding Observations.⁶

¹ European Expert Group on the transition from institutional to community based care (EEG): Report on the transition from institutional to community-based services in 27 EU Member States, 2020, <https://deinstitutionalisation.com/wp-content/uploads/2020/05/eeg-di-report-2020-1.pdf> .

² Eurofound: Living conditions and quality of life - Paths towards independent living and social inclusion in Europe, October 2024, <https://www.eurofound.europa.eu/en/publications/2024/paths-towards-independent-living-and-social-inclusion-europe> .

³ European Disability Forum: EU countries are segregating more and more people in institutions, December 2024, <https://www.edf-feph.org/eu-countries-are-segregating-more-and-more-people-in-institutions/>.

⁴ Eurofound: Living conditions and quality of life – Paths towards independent living and social inclusion in Europe, October 2024, <https://www.eurofound.europa.eu/sites/default/files/2024-10/ef23018en.pdf> .

⁵ FEANTSA: Homelessness in Europe – The State of Play, 2024, https://www.feantsa.org/public/user/Activities/events/2024/9th_overview/EN_Chap/1.pdf .

⁶ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraphs 48 and 49 on Article 19, pages 12-13.

An institution is a care setting that displays any of the following characteristics:⁷

- A) Residents are isolated from the broader community and/or compelled to live together.
- B) Residents do not have sufficient control over their lives and over decisions which affect them.
- C) The requirements of the organisation itself tend to take precedence over the residents' individual needs.

EU funds make a difference

The EU has a crucial role in addressing this issue, and the EU budget is one of its strongest tool.

EU funds must invest in social inclusion, and specifically into the transition from institutional to community-based care and support. They must invest in making access to fundamental human rights a reality for everyone, as defined by the UN CRPD. They must not contribute to the persistent segregation, discrimination, social exclusion and human rights violations against people forced to live in institutions by funding these exact institutions.

Invest in social inclusion and cohesion

The EU budget is a powerful tool for promoting inclusion and reducing inequalities across Europe. Through funding instruments like the European Social Fund Plus (ESF+), the European Regional Development Fund (ERDF), and the Recovery and Resilience Facility (RRF), the EU invests in education, employment, social services, and accessibility. These investments help create more equal opportunities for all, ensuring that people—regardless of their background or support needs—can participate fully in society. The ESF+ also funds the European Child Guarantee, which supports access to key services such as education, healthcare, and housing for children in need - including

⁷ EEG: Common European Guidelines on the Transition from Institutional to Community-based Care, November 2012, <https://deinstitutionalisation.com/wp-content/uploads/2017/07/guidelines-final-english.pdf>.

children with disabilities and children in alternative care. It also promotes the transition from institutional to family- and community-based care.

The EU budget strengthens communities, supports economic growth, and promotes fundamental rights by prioritising social cohesion and family- and community-based care. It has already helped improve access to education for disadvantaged groups, supported employment initiatives for people with disabilities, funded housing projects that enable independent living, and helped create family-based alternative care for children in child-protection. When used effectively, EU funds drive positive change and bring Europe closer to its goal of a more inclusive and just society.

The EU needs to prioritise investment into people, their development and inclusion. The future EU budget and its social strand such as a standalone Social Fund Plus must keep the 25 % earmark for social inclusion, as well as set a dedicated budget of at least 20 billion EUR and an earmarking of 5% for implementing the Child Guarantee for every Member States, with higher allocation for those with higher level of child poverty than the EU average.

The Common Provisions Regulation (CPR) sets out the rules for using shared management funds, such as ESF+ and ERDF and emphasises that the funds should support the transition from institutional care to family- and community-based care. Key elements that can help with deinstitutionalisation (DI) include the partnership principle (Article 8), which ensures that civil society organisations are involved in all stages of programme design and implementation.⁸

The horizontal enabling conditions (Annex III) of the CPR require Member States to implement the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).⁹ This includes creating national policies with clear goals, data collection, and monitoring systems. Moreover, all activities funded by the EU require monitoring for compliance with the Charter of Fundamental Rights.

The thematic conditions for the ERDF, ESF+, and the Cohesion Fund (Annex IV) of the CPR include a focus on social inclusion, with measures to support the shift from

⁸ Common Provisions Regulation, Article 8, https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R1060#art_8.

⁹ Common Provisions Regulation, Annex III, https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R1060#anx_III.

institutional to family- and community-based care, ensuring cooperation with relevant stakeholders.¹⁰

It is crucial to maintain and strengthen these safeguards in their implementation to ensure ongoing progress towards inclusive, community-based care.

A number of tools exist to guide managing authorities to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services, such as the EEG Checklist¹¹, EEG Guidelines¹², and the Technical Guidance on Effective Interventions in Social Services¹³ developed in the framework of the Social Services [Helpdesk Project](#).

EU budget: A tool of change

The EU has recognised the institutionalisation of its citizens to be a major issue with the Špidla Report¹⁴ in 2009.

Since then, the EU has played a significant role in developing relevant policies and funding related actions in Member States.

List of relevant treaties, laws, policies

- UN Convention on the Rights of the Child (UNCRC)
- UN Convention on the Rights of Persons with Disabilities (UN CRPD)
- UN CRPD Committee General Comment No. 5 on living independently
- Sustainable Development Goals (SDGs)
- European Charter of Fundamental Rights

¹⁰ Common Provisions Regulation, Annex IV, https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R1060#anx_IV.

¹¹ EEG: EU Funds Checklist to Promote Independent Living and Deinstitutionalisation, May 2021, <https://deinstitutionalisation.com/wp-content/uploads/2021/07/updated-checklist-new-eeg-logo.pdf>.

¹² EEG: Common European Guidelines on the Transition from Institutional to Community-based Care, November 2012, <https://deinstitutionalisation.com/wp-content/uploads/2017/07/guidelines-final-english.pdf>.

¹³ Help Desk – EU Funds for Social Services: Technical Guidance on Effective Interventions in Social Services, <https://eufunds4social.eu/wp-content/uploads/2024/03/Social-Services-Short-Version-Technical-Guidance-on-Effective-Interventions-in-Social-Services.pdf>.

¹⁴ EEG: Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care, February 2009, https://deinstitutionalisation.com/wp-content/uploads/2017/11/report-fo-the-ad-hoc_2009.pdf.

- European Pillar of Social Rights
- European Child Guarantee
- European Strategy on the Rights of Persons with Disabilities
- European Care Strategy
- Guidance on independent living for persons with disabilities
- European Guidelines on the Transition from Institutional to Community-based Care

How EU funds help

The EU is supporting Member States and their regions to transition from institutional to community-based care and support by funding:

- Community-based services that help people move out of institutions,
- Personal assistance schemes that allow people to live independently,
- Accessible and inclusive housing.

1. In Austria the **RRF** is funding the introduction of **Community Nurses Innsbruck** - an EU pilot project with a new care advice and guidance role that focuses on advice to people looking for care and support services and their carers. It provides guidance on available services and supports family caregivers. It does so by providing networking, training, education, and respite care. More information [here](#).
2. In Czechia, between 2018 and 2021, EU support contributed to the transformation of **Domov na hrad Rychmburk** - an institution located in a castle - into **Dom Na cestě**, a modern community-based support network for people with serious mental health problems. The project combined housing relocation of institutionalised people to standard housing with the development of personalised, recovery-oriented services. The approach was informed by international practices like the CARe methodology. Changes spanned new infrastructure, staff training, service design, and strong engagement with local communities. More information [here](#).

3. In Estonia the **ESF+** is funding a programme that finances the modernisation of IT systems used for child protection work. Starting in 2024, support services for family-based alternative care received nearly 1.2 million from the state budget - previously developed and financed under the ESF+. More information [here](#).
4. In Greece, from 2022-2024, the **Technical Support Instrument (TSI)** assisted the Greek Ministry of Labour and Social Affairs with the implementation of deinstitutionalisation reforms. A [Deinstitutionalisation Strategy](#), an [Action plan](#) and several resources to define appropriate processes and methodologies for transitioning from institutional to community-based care were drafted. Some points from the Action Plan were included in the [National Recovery and Resilience Plan](#) and funded by the RRF.

These include:

- A pilot programme on **personal assistance schemes for persons with disabilities** (launched April 2022). More information [here](#).
- **A professional foster care programme:** Each year of the three-year period €3 million have been provided for the financial support of fostering. More information [here](#).
- **ECI Greece project** - included in the DI Strategy Action Plan and funded by TSI the project helped build capacities for family-centred support for children with or at risk of developmental delays and disabilities. The project developed a country report, a training, and pilot of methodologies, a resource centre and an Action Plan for ECI in Greece.

More information [here](#).

5. In Italy, funded by the 2021-2027 **ESF+**, there is a [programme](#) on social inclusion and poverty reduction which has conducted pilots in the framework of the Child Guarantee. Namely a pilot of peer support model for vulnerable families is being developed in Family Centres, with a focus on families with children with disabilities. This is confirmed in the recently submitted Biennial implementation report of Italy on the Child Guarantee. The model developed, through the Family Centres, a methodology of peer support between family units, implemented in terms of reciprocity, in a logic of support and sharing of resources and

opportunities. This provided the Family Centres with a replicable model of primary prevention. More specifically, these centres emphasised the role of the family and of parental care and nurturing skills, promoting peer-to-peer support, in which it is the families themselves who support, inform and guide each other, within dedicated spaces and times. In the project, more experienced 'resource' families are foreseen, who flank more fragile families in the daily activities that are fundamental for the well-being and growth of their children. The selected Family Centres were offered support through training and accompaniment interventions, involving families residing in the North, Centre and South of the country. More information [here](#).

6. In Slovakia, **Project Housing First** is a programme that provides affordable housing for families in crisis (homeless people, single-parent households, victims of domestic violence, etc.). Through the **ESF+**, nonprofit organisations were able to receive funding to provide housing support and free counselling. [Centre Slniecko](#) in Slovakia participated in the project and supported fifteen women and their children fleeing domestic violence. Sadly, this project came to an end due to lack of continuous funding.
7. In Spain, **ESF+** is funding **RuralCare**, a European innovation project in social services that involves the design, testing, and evaluation of an innovative systemic approach to the provision of integrated long-term care adapted to people living in rural areas according to their individual values, wishes, and preferences. More information is available [here](#) and [here](#).
8. **Spain's Recovery and Resilience Plan** is a strong example of how EU Funds can support a **national deinstitutionalisation strategy**.
Backed by €1.3 billion, the plan focuses on five pillars: preventing institutionalisation, promoting cultural change, transforming care, expanding community support, and enabling independent living. Crucially, people with disabilities and their organisations are meaningfully involved in shaping and implementing the plan. More information [here](#).
9. In Asturias, Spain the '**CuidAs' Network, funded by the RRF**, aims to establish community care for older people. It helps public authorities and care providers manage the transition towards person-centred and community-based long-term

care, using a co-creation approach involving care providers, older people, their families, and long-term care professionals. More information [here](#).

10. In Spain, the RRF-funded **AcogES+ (casaconfamilia)** project promotes and supports foster parenting in Cantabria, Castilla-La Mancha, Galicia, and Madrid, which were selected as pilot regions. The key target group of the project are children with the most vulnerable backgrounds: children with mental health issues and disabilities who are under state care. The project coordinator SOS Children's Villages Spain worked towards this goal through a campaign for foster parenting, a website with a registration form for interested potential foster parents, analysing applications, providing training to interested potential foster parents, and accompanying those selected by authorities as foster parents with additional psycho-social support. More information [here](#).
11. In Portugal, the **Independent Living Support Model (MAVI)** provides personal assistance services for people with disabilities. 35 Independent Living Support Centres in Portugal support the implementation of this project. The Centres provide personal assistance to beneficiaries and are responsible for hiring and training personal assistants, as well as managing the process locally. The type, form and intensity of supports are tailored to individual needs, and are always defined by the individuals themselves, together with the Centre. These arrangements are formalised in individualised personal assistance plans (PIAP). The types of support are diverse and can cover personal care and domestic assistance, civic participation training, education, research, work, culture, leisure and mediation activities. More information [here](#).

These examples show that EU funding can be a force for positive change—if used in compliance with human rights.

However

Across the Member States, the number of people living in institutions has either not changed or even increased over the past 10 years.¹⁵

This is because of several, intertwined reasons. One of the reasons being, that EU money is used to fund institutions.¹⁶

EU funds creating new institutions and maintaining existing ones

1. **Austria:** In 2023, the UN Committee on the Rights of Persons with Disabilities (CRPD) raised concerns about EU-funded investments into the renovation and construction of segregated institutions for people with disabilities. The Committee urged Austria to halt such investments and redirect funding toward community-based independent living models.
2. **Estonia:** The CRPD (2021) raised concerns that EU funds were being used to support “home-like institutions” and “special care villages” rather than community-based services. The Committee recommended a moratorium on institutionalisation and called for public and EU funds to be redirected toward individualised, inclusive support.
3. **France:** In 2021, the CRPD noted with concern that EU investment programmes have not prioritized the social inclusion or deinstitutionalisation of persons with disabilities. The Committee called for these issues to be explicitly included in EU funding priorities.
4. **Greece:** The Committee on the Rights of the Child (2022) warned of the lack of sustainability in services funded through EU Structural and Investment Funds. The concern was that once EU funding ends, the services may not continue without proper national investment.

¹⁵ Eurofound: Living conditions and quality of life – Paths towards independent living and social inclusion in Europe, October 2024, <https://www.eurofound.europa.eu/sites/default/files/2024-10/ef23018en.pdf>.

¹⁶ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 48 (b), page 12.

5. **Hungary:** The CRPD in 2022 noted the continued use of EU structural funds for “transinstitutionalisation”— moving people from large to small institutions — rather than supporting genuine community inclusion. The Committee called for alignment of EU funding with the UNCRPD to end institutionalisation altogether.
6. **Netherlands:** In 2024, the CRPD urged the country to re-examine its use of EU regional funds to ensure they are aligned with the right to independent living and not reinforcing institutional models.
7. **Romania:** EU funds continue to support institutions for people with disabilities. Serious abuses in these facilities, including physical and psychological mistreatment, lack of oversight, and poor living conditions have been documented. The European Network on Independent Living (ENIL) has made complaints against EU funds being used to fund institutions as these investments fail to align with the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). More information [here](#).
8. **Spain (Catalonia):** Under the Next Generation EU fund, €12.1 million was allocated to build 31 new residential and day-care centres and to refurbish 86 existing facilities. The focus on institutional settings with living units of 15–20 people conflicts with the UNCRPD. Although the programme mentions person-centred care, there is no clear definition or implementation strategy. More information [here](#).

More examples of EU funds creating new institutions and maintaining existing ones can be found in Annex II of this paper.

Ineffective policy design, implementation and monitoring at national and EU level

1. Lack of data based on vague description of the scope of the issue, no clear targets

Member States lack sufficient data on institutionalisation due to the absence of a proper definition. This hampers further progress, including the implementation of “deinstitutionalisation strategies”. These strategies, often presented to the European Commission, frequently fail to include basic information such as the number of existing institutions, the number of people living in them, and projections of how these numbers will change over time, whether EU funding is used or not.

2. Lack of systemic reform

EU funds are used to develop new services in the community without reducing the number of people who are institutionalised. This is mainly because the investment is short-term without ensuring the sustainability and continuity of some initiatives.¹⁷

3. Funding received irrespective of performance

Member States have access to EU funds for “deinstitutionalisation” regardless of how they used the funds previously. Even if the Member State achieved no progress in closing institutions, they can receive funding for the same deinstitutionalisation projects that failed before.

4. Lack of participation and effective policy co-design

Meaningful participation of those affected does not happen enough: people with disabilities, people experiencing homelessness, and children in out-of-home care should be involved in design, monitoring, implementation and evaluation of EU funded programmes.

¹⁷ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 48 (e), page 12.

What EU funds must address

1. EU funds must not exacerbate the problem

EU funds must not be used to maintain, renovate, or build institutions. This should be a strict condition in EU funding rules.¹⁸

Current loopholes allow institutions to receive EU funding under the label of "modernisation" and "community services"—this must stop.¹⁹ We propose a clear regulation: *EU funds must not support institutions in any form.*

2. EU funds should promote inclusion

A standalone ESF+ with a specific earmarking for social inclusion (25% or more) should remain.

Funding actions that prevent institutionalisation and grant access to the right to live independently:

- Family- and community-based support, including personal assistance, home care, and foster care.
- Housing.
- Support for families and caregivers.
- Access to mainstream services (education, employment, healthcare, etc.).

¹⁸ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 49 (c), page 12.

¹⁹ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 49 (b), page 12.

3. EU funds must aim to drive significant change

The existence of national or regional deinstitutionalisation strategies including measures to close institutions and shift to family- and community-based support should be an essential enabling condition to receive EU funds.

The monitoring of these conditions needs to be strengthened, sanctions should be applied when not fulfilled.²⁰

Deinstitutionalisation should become a specific objective of EU Funds, with dedicated funding programmes for the transition from institutionalisation to community-based support:

1. Sustainable funding for organisations that support individual persons to move out of an institution, find a new home, establish a good life included in the community.
2. Sustainable funding for comprehensive programmes to close one or several institutions. This includes support to persons to move out of an institution, find a new home, and establish a good life being included in and an equal member of the community.

Both programmes need to be conditioned on no new placements in the institutions involved.

3. Funding for the development of family- and community-based solutions for children in need of alternative care and people with dependencies and care needs.
4. Coordination with member states on common goals for transition from institutional support to community-based support.

This framework should coordinate national or regional strategies for the transition from institutional to community-based support.

²⁰ UN CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 49 (f), page 12.

- Clear identification of the scope of the issue (baseline values: type and number of institutions, number of people in institutions...) and data collection.²¹
- Clear strategy and timeline to close institutions and to develop community-based support.
- Re-directing appropriate amounts of national/regional budgets from institutions to community-based support.

5. European, national or regional framework for evaluation of progress on transition from institutional to community-based care:

- How many people were supported to move out of institutions and now live independently?
- How many institutions were closed?
- How effective are the actions taken, how could they be improved, how can others benefit from them?
- How is the development of community-based services progressing? Does it meet the demand?

This evaluation can take place in the European Semester process, guiding Member states to invest in and progress deinstitutionalisation.

These programmes should:

- Be co-produced and evaluated in collaboration with people that are directly affected (i.e. people with disabilities, homeless people, children in alternative care, carers) and the organisations representing them.
- Include specific indicators related to the transition from institutional to community-based services to track progress, ensure transparency, performance, corrective measures, and sanctions if needed.

²¹ CRPD Committee on the Rights of Persons with Disabilities, Concluding Observations on the combined second and third periodic reports of the European Union, CRPD/C/EU/CO/2-3, 21 March 2025, Paragraph 49 (g), page 13.

The **European Expert Group on the transition from institutional to community-based care** (EEG) is a broad coalition gathering stakeholders representing people with care or support needs including children, people with disabilities, people experiencing mental health problems, families, people experiencing homelessness, as well as service providers, public authorities and intergovernmental organisations.

More information on the [EEG's website](#).

Members of the EEG are:

- Autism Europe
- COFACE (Confederation of Family Organisations in the EU)
- EASPD (European Association of Service Providers for People with Disabilities)
- EDF (European Disability Forum)
- ENIL/ECCL (European Network on Independent Living/European Coalition for Community Living)
- ESN (European Social Network)
- Eurochild
- FEANTSA (European Federation of National Organisations Working with the Homeless)
- Inclusion Europe
- Lumos
- Mental Health Europe
- OHCHR (United Nations' Office of the High Commissioner for Human Rights - Regional Office for Europe)
- UNICEF (United Nations Children's Fund)

Annex I:

United Nations

CRPD/C/EU/CO/2-



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Concluding observations on the combined second and third periodic reports of the European Union*

III. Principal areas of concern and recommendations

Living independently and being included in the community (art. 19)

48. The Committee is concerned that:

- (a) The EU's interpretation of the Convention on the permissibility of small group homes seems to deviate from the Committee's interpretation and that Guidance to Member States does not include redress for institutionalization;
- (b) EU funds have been and are being used for the construction and maintenance of institutional facilities, including small group homes, in Member States;
- (c) Persons with disabilities are moved between different congregate settings in the implementation of projects operating under EU law and/or financed by the EU funds;
- (d) The current monitoring systems of the use of EU funds by Member States do not effectively ensure compliance with the obligations under the Convention, and that access to judicial oversight processes by organizations of persons with disabilities is severely curtailed;
- (e) Policies and investments are insufficiently targeted at the development of support measures in the community.

49. Recalling its general comment No. 5 (2017) on living independently and being included in the community, its guidelines on deinstitutionalization, including in emergencies, and the report of the Special Rapporteur on the rights of persons with disabilities on the transformation of services for persons with disabilities, the Committee recommends that the European Union, in close consultation and active involvement of persons with disabilities:

- (a) Ensure that EU legislation, policies, programmes and guidelines on independent living are in full compliance with the requirements of the Convention, as set out in the Committee's General Comment No. 5 (2017), and repeal the European Commission's Legal Service note of 29 June 2018 (Ares[2018]2249997);
- (b) Ensure that no EU funding, including the Recovery and Resilience Facility and the Neighbourhood, Development and International Cooperation Instrument, is used for the construction or maintenance of institutional facilities, including small group homes, and shape the Multiannual Financial Framework accordingly;
- (c) Ensure that the post 2027 Cohesion Policy Legislation explicitly bans the use of EU funds for the construction and maintenance of institutional facilities, including small group homes, that the Disability Strategy 2021-2030 and its action plans for the period 2025-2030 comply with the obligations set out in the Committee's General comment No.5, and that the European Union conduct and publish an impact analysis of previous funding, in close consultation and active involvement of persons with disabilities through their representative organizations;
- (d) Amend the Commission Notice on Guidance on independent living in the context of EU funding to clarify that small group homes do not comply with the Convention and to provide redress and reparation to persons with disabilities who were or are living in institutions;
- (e) Recognize institutionalization as a form of discrimination against persons with disabilities;
- (f) Strengthen monitoring and complaint mechanisms of the allocation of EU funds, by enhancing independence of monitoring committees at the national level, ensuring monitoring by national human rights institutions, persons with disabilities and their representative organizations, in the allocation of EU funds for disability-specific purposes, ensure effective access to justice for persons with disabilities and their representative organizations against the allocation of EU funds by Member States in violation of the Convention, and use its

powers, such as infringement procedures, against Member States failing to implement these measures;

(g) Adopt unambiguous definitions of community-based services, including personal assistance, to improve targeting of investments, and collect and publish disaggregated data on the services provided and persons with disabilities utilizing them; prioritize investments for the development of accessible and affordable housing for persons with disabilities, personal assistance, centers for independent living, peer support and other types of individualized support respecting the will and preference of persons with disabilities.

Annex II:

Further Examples of EU funding for institutions - Provided by European Network on Independent Living (ENIL)

Austria : In 2022, ENIL and Independent Living Austria [reported the building of a new institution](#), the Comeniusheim in the Carinthian Province in Austria. The institution was co-financed with EU funds, in this case with the European Agricultural Fund for Rural Development. This institution was built to replace an older one, which hosts children with disabilities and is connected to a private special school. The European Commission decided to dismiss the complaint, arguing that there is no violation of EU law.

Greece: ENIL researched and found various examples of special boarding schools for adults with disabilities in Greece. One example is: “[boarding school 15 adult chronic sufferers with low functionality autistic spectrum disorders](#)”, financed by the European Social Fund (ESF).

Hungary: ENIL identified numerous examples of transinstitutionalisation in Hungary. For instance, in the project “[Church Replacement in Slides Slides](#)”, 72 psychiatric patients were moved from a large institution into 6 apartments, with 12 placements in each apartment. This was financed under the European Regional Development Fund

(ERDF). ENIL's partners in the FURI project found that often, these new placements are located outside the city with limited transportation options.

Romania: There are several examples of family-type homes for children with disabilities in Romania. One of them: “[Establishment of Family Type House and Day Center for Disabled Children Timisoara](#)”- funded under the ERDF - is creating an institution for children with disabilities, while being targeted as a deinstitutionalisation project.

Partners in the FURI project also identified transinstitutionalisation examples for adults with disabilities, such as the [building of 3 small group homes in the Tulcea County](#), in the outskirts of the city, also under the ERDF.

Poland: There are several examples of segregated day-care centers, small group homes and institutions being financed in Poland. For instance, ESF is funding [a project on the development of support for the deinstitutionalisation of adults with intellectual disabilities](#), that includes placing 7 adults into small group homes.

ENIL's partners in the FURI project identified the financing of an institution for people with psychosocial disabilities in Lodz, separated from the community, and financed by ERDF. A complaint was filed to the managing authority and the European Commission for several of these violations, but no action was taken.