



## EEG's main findings on the submitted Recovery & Resilience National Plans

Since the beginning of the year, the EEG has been following closely the work around the Recovery and Resilience Facility. We analysed several draft Recovery and Resilience National Plans<sup>1</sup>, and shared country-specific recommendations with the European Commission based on each of the draft plans. Furthermore, in May the EEG published the statement "[Recovery and Resilience Facility must support community inclusion, not segregation](#)", calling on the EU and its 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).

With the aim to verify whether the EEG's recommendations were taken into account in the negotiations between the European Commission and Member States, and to assess whether the RRP submitted to the [European Commission](#) still foresee investments into residential institutions<sup>2</sup>, the EEG has analysed the final adopted plans. We hope our assessment will help the European Commission in its steering role during the implementation phase by identifying best practices and which parts require special attention.

### EEG's main findings

The EEG has identified several important measures in the final RRP, such as improving access to the labour market of persons with disabilities (including vocational training and rehabilitation), as well as various measures to improve accessibility of the built environment and transportation, capacity building of preschool facilities for children, measures in the education system to tackle the digital divide and inclusive education that affect pupils with disabilities, and others.

We have also identified measures in the area of prevention of institutionalisation, community-based services and deinstitutionalisation, but unfortunately also some investments which might contribute to institutionalisation. The main findings are outlined below:

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<sup>1</sup> The Recovery and Resilience Facility Plans analysed by the EEG are as follows: **BG, CZ, FR, GR, HR, LV, PT, RO** and **SK**.

<sup>2</sup> for people with disabilities, older people, children (including children with disabilities), people with mental health problems and homeless people.



## Belgium

Belgium's RRP is structured around 6 axis which are then divided into different parts. Due to the Belgian governance and administrative system, some measures are national while some have a regional range.

- **Component 1.1 on renovation** follows a green transition logic with the aim to reduce emissions but also to tackle energy poverty in Belgium. It especially targets public buildings, social infrastructures and residential buildings. **While there is no clear mention of institution in this component, there is also no clear exclusion of residential institutions for persons with disabilities, older persons or children from receiving this renovation funds.**

### On Deinstitutionalisation (DI):

- There is an expressed objective to advance the **Belgian deinstitutionalisation strategy** for persons with disabilities, older persons and homeless persons with the aim of also boosting social insertion, under the heading “4.3. *Infrastructure sociale*”. However, the measures put forward only concern the region of Wallonia.
- The plan mentions the creation of public utility housing and housing for vulnerable people<sup>3</sup>. However, there is no definition of what “logements d'utilité publique” consists of, so it is unclear whether this includes residential and institutional care settings.
- The aim is to create or renovate 1,635 housing units (public housing, independent and solidarity housing, shelter homes for homeless people).<sup>4</sup> According to the plan, this measure aims to advance the deinstitutionalisation agenda in a transversal way and the residential unit should be included in the community to foster social inclusion.
- Under point 3, the plan also foresees the creation and/or renovation of 3,800 accommodation places. This seems to be addressed in particular to homeless persons, however there is not clear exclusion of other groups which could fall under the denomination of “vulnerable populations”.
- Still under point 3 of this investment, the creation of shelter and structures for homeless persons is included in the plan with the creation of 800 spots in structures to be created or renovated.
- The Belgian Plan aims to prevent hospitalisation and institutionalisation, included in psychiatric units.
- If DI is a clear objective of the plan, the focus seems **not to be on the creation of community-based services, but rather on the construction or renovation of living structures** (residential care units could be included – however this is unclear in the Plan) and social housing especially adapted to persons with disabilities and dependent ageing population. **The inclusion in the community is put forward as objective, but with no apparent supporting measures.**
- The plan has as an objective the **offering of an alternative to care homes** so as to improve the possibility to live independently. This is planned through investment in social infrastructures: technology will be used to support independent living in *5.050 domiciles*.

<sup>3</sup> “Création de logements d'utilité publique et de logements à destination de personnes vulnérables WAL I - 4.12”

<sup>4</sup> “créer ou de rénover 1,635 unités de logements (logements publics, habitats autonomes et solidaires, hébergement tremplin pour les publics sans logement)”



This project will benefit **persons with disabilities and ageing dependent persons**.

**Residential care units** are included in the project: “Personnes en situation de handicap ou âgées en perte d’autonomie (point 2 : 9 habitats solidaires et inclusifs soit 135 logements)”.

Finally, it is relevant to mention that in the area of **employment**, the plan lays down a clear objective to improve the formation and the insertion in the open job markets of persons with disabilities by working on discrimination, job market inclusivity and trainings. In addition, the plan aims to create a new legislative framework for better inclusion in the job market. **Deinstitutionalisation and independent living are clearly expressed as a sub-objective of this measure**.

## Croatia

The RRP includes “**Employment and social protection**” as one of the six priority areas for investment. Overall, the EEG welcomes the fact that development of community-based services (CBS) and prevention of institutionalisation are included. In addition, the plan foresees measures to both develop new CBS and extend the capacity of existing ones.

- The EEG notes with concern that the **RRP still foresees the building and refurbishing of institutions for older people**, which are already the dominant service for older people in need of long-term care in Croatia. More specifically, the **RRP plans to increase the capacity of institutions for older people by 700 places in 7 “Centres for older people”**. These centres, which will be built with RR investments, will provide both non-residential services (delivery of food, home care, primary health care, day centres etc) and residential services for those who are “functionally completely dependent on the care of others”. This is worrying, as it takes away the choice of many older people to stay at home, implying that the non-residential services that will be provided will not be sufficient for those in need of significant support. This would include not just “older people”, but also people with disabilities who reach older age.

In summary, **while the objectives of the draft RRP in the area of social protection are well framed, the planned measures are in the best case inadequate, and in the worst case counterproductive**.

## Czechia

The RRP Czechia submitted to the European Commission is built on 6 pillars, out of which 3 pillars are relevant for vulnerable and/or disadvantaged populations such as children in alternative care and people with disabilities. These are: **2.5. Building renovation and air protection; 3. Education and labour market; 6. Health and citizens resilience**. The EEG welcomes some of the planned investments but holds the opinion that the social dimension of the plan could have been stronger, as the pandemic is exacerbating social inequalities, and vulnerable groups are being hit exceptionally hard.



- **The EEG has considerable concerns about the investment ‘Development and modernisation of the material and technical base of social services’** under Pillar 3.3. Most of the investment is aimed at developing **an infrastructure of social care services** (325 million euros), which will support the **purchase, reconstruction or construction of buildings, equipment and building modifications**. Target groups are persons socially excluded or at risk of social exclusion, persons with disabilities, and seniors. Although Czechia’s RRP contains references to deinstitutionalisation and the UNCRPD, the investments in the development of a social care infrastructure are not accompanied by a reform aspect. By just reconstructing, building and purchasing buildings without a view of how to foster deinstitutionalisation, there is a high risk that some of the funding under this investment will be used to support already existing plans to build, enlarge and renovate institutions in Czechia.
- Given the high rate of children in institutions in Czechia, the EEG regrets that the **deinstitutionalisation of children** is not specifically mentioned as an objective in Czechia’s RRP.
- Under component *2.5 Building renovation and air protection*, it is outlined that this component includes “support for investment measures for the household segment (family houses and apartment buildings)”. In accordance with the objective of ‘gender equality and equal opportunities for all’ in the Recovery and Resilience Guidance document, **the EEG wants to emphasise that investments under this component should not be made in institutional care facilities** under the pretext of improving energy efficiency. Instead, the transition to community-based services must be supported.

In summary, the Czech RRF Plan mentions the need for the transition from institutional to community-based care, but at the same allocates 325 million EUR to the development of an infrastructure of social care services. Despite multiple mentions of the need for deinstitutionalisation, **the plan does not anyhow limit the use of the funds and allows their use for building, enlargement or renovation of large institutions** (mainly for elderly and people with disabilities). In this way Czechia shows it does not take the European Commission’s concerns into account as expressed in the 2020 Country Report, which clearly point at the need to invest in the transition from institutional to family- and community-based care.

## France

The French RRP includes reforms and investments targeting persons with disabilities under the priority on Cohesion.

- In the area of ‘**deinstitutionalisation**’, investments do not live up to their name as they are channelled for the **renovation of residential services for the elderly**, dedicating €1.5 billion towards residential services for the elderly. Part of this investment will be used for day-to-day equipment needed, including digitalising the services, whereas most of it goes towards renovating the residential settings in the French medico-social sector, such as services for older persons and persons with disabilities. **Modernising nursing homes (EHPAD) are clearly prioritised**, although it does also reference alternatives linked to helping people stay at



home. **The examples provided of how the funding will be spent are clear examples of funding projects in the field of large residential institutions.** The RRP does reference the need to review how older persons and dependent persons are supported and included in society, but the solutions provided in concrete terms point towards little change as to how older persons and “dependent persons” are supported; besides renovating institutions.

## Greece

The RRP submitted by Greece encompasses measures towards **deinstitutionalisation**, with the introduction of actions which further promote independent living and inclusion in the community. The Actions indicated under Component 3.4 in regard to children and young families’ potential and economic/ social prospects are:

- **Deinstitutionalisation of young adolescents and children** either through the reform of the professional foster care or the promotion of the semi-independent living structures. This also includes children with severe disabilities or mental health problems.

In addition, it is important to mention that the plan foresees the creation of a healthcare system of support in the homes of persons and children with disabilities, and persons with chronic illnesses.

## Italy

The Italian RRP foresees the following measures for adults and children with disabilities in the area of deinstitutionalisation:

- Under Mission 5 the plan lays down investments in social services and community-based services to improve **independent living and social inclusion**. Investments under this Mission also include the **construction or renovation of services for older people and people with disabilities** in combination with additional integrated care services (some of which should be provided at home). For the 2021-2023 period, a reform of 4,4 billion euros to address activation policies is foreseen and will include support to employment for people with disabilities;
- Under Mission 6: **improvement of public health provision to guarantee universal access to health** and the autonomy of the person. Measures under this Mission are complementary to the investments under Mission 5 with the overarching objective to prevent institutionalisation.

## Latvia

Latvia’s RRP tackles the importance of investing in “family-based care” and “community-based services”, the aim to “preserve independence” (916), the “inadequacy of institutional care” (917) and the need to fund the “development of social services is to make them accessible to the public” and to “gradually abandon or, as far as possible, minimize institutional care”. The EEG is pleased to see the aim of de-institutionalisation and support for individual residence for people of retirement age (1070).

- The action aiming at “infrastructure development to ensure service quality” for the “safety of people with disabilities” (832) might be foreseen as a way of modernising but ultimately



**preserve institutional care facilities and develop new care institutions** which are closer to the family environment. However, they ultimately do not base themselves around how, where and with whom the person with disabilities chooses to live. This needs further clarification, so as to ensure that neither Latvia nor the EU break their commitment to the implementation of Article 19 of the UN Convention on the Rights of Persons with Disabilities, through this funding.

## Portugal

The plan foresees measures to strengthen community-based support services for people with disabilities, elderly people, and children. On several occasions, the plan mentions the promotion of autonomy and independent living of elderly people and people with disabilities, such as:

- The Plan intends to strengthen, adapt, and innovate social responses aimed at children, the elderly, people with disabilities, and families to promote inclusion, autonomy, work-life balance and social and territorial cohesion.
- The pilot project “Ageing in place” which aims to promote the non-institutionalisation of elderly people.
- One of the objectives of the **National Strategy for the Inclusion of people with disabilities (2021-2025)** is to enhance autonomy, self-determination, and participation of people with disabilities. It is also positive that amongst the goals, the Strategy aims to broaden the “Independent Life Support Model” for people with disabilities and to create support nets adjusted to people’s needs in the community. In addition, the Strategy aims to formulate and implement a **National Plan on non-institutionalisation**.
- Deinstitutionalisation of residents of psychiatric and religious institutions alongside the provision of adequate care and support in the community is one of the 5 axes of the Mental Health Reform foreseen in the Portuguese RRP.
- The EEG, however, regrets that the RRP still mentions measures to “**delay institutionalisation**” and has set out **investments into residential and non-residential institutions for older people** with the creation of 1.130 beds. Furthermore, it aims to **build and renovate** infrastructure and equipment in the region of Madeira.

## Romania

The EEG notes that although the Romanian RRP allocated only 217 million euros out of 29 billion euros budget for social reforms, it is positive that the plan focuses on:

- Setting up a **network of day centers created for children at risk**: approximately 150 community services to prevent the separation of the child from their families in municipalities, cities and communes. The measures aims to keep 4,500 children in the family.
- However, although the plan envisages important actions to prevent separation of children from their biological families, we regret **that the plan does not include any measures to finalise deinstitutionalisation for children** in alternative care who are already receive child protection.
- Modernisation and creation of social infrastructure for people with disabilities: Operationalisation of 150 community services: sheltered housing in the community, day



centers and neuro-motor recovery centers for people with disabilities, for 1,600 people with disabilities a year.

Finally, the Romanian RRP rightly identifies the challenges of Romanian social protection system with lack of community-based services and rehabilitation centres and social housing. It focuses on development of new community services but does not provide an insight on what will happen with existing institutions for people with disabilities, how those facilities will be either closed down or transformed to offer other types of community-based services. More information is required how social housing will be increased.

## Slovakia

In the area of **mental health care**, the RRP describes the measures that will be put in place to address the short-term and long-term care and services for people with mental-health problems and intellectual disabilities.

- The launch of a national mental health support line will improve access to anonymous help. This project will also provide access to professional assistance to people who have not yet sought the services of professionals, mainly due to the social stigma of mental health disorders.

### **Selected key indicators in the area of mental health:**

- Increasing the proportion of patients treated in community health care;
- Increasing the number of staff providing specific modern treatment and diagnosis;
- Reducing the waiting time for the provision of mental health care.

As for investments **in new social housing to support independent living of people with disabilities that will ensure UNCRPD's realisation**, the plan includes:

- Expanding community social care capacities;
- Expansion and renewal of aftercare and nursing care capacities;
- Expansion and renewal of palliative care capacities.
- However, the plan is not clear about how the social housing developments, which are included in the plan and targets socially vulnerable groups, young families and population groups in selected professions, will be available for people with disabilities.
- In relation to **direct or indirect support to institutional care for people and children with disabilities** in the plan, there is an increase in the number of beds in community-based care and in palliative care. In general, it seems there is a shift from larger residential settings to smaller community-based care.

Finally, the EEG regrets that **support for children in alternative care** as well as further **deinstitutionalisation for children in alternative care** is not included in the RRP.



## Conclusion

While we found positive investments mainly in the areas of education and employment, we also found several worrying investments, with clear reference to investments into residential care. The EEG reiterates that *all* EU funds, including the Recovery and Resilience Facility, must be used to invest in community-based services, which support the transition from institutional to family- and community-based care and independent living.

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