

# **OPENING DOORS FOR EUROPE'S CHILDREN**

**Are European Structural and Investment Funds opening doors for Europe's institutionalised children in the 2014-2020 programming period?**

An assessment of the attention for deinstitutionalisation for children and the involvement of children's organisations in the ESIF implementation process across eight EU Member States.

## ACKNOWLEDGEMENTS

This report was written by Aagje Ieven, Senior Advocacy and Campaigns Coordinator in Eurochild, on the basis of a survey carried out by Greta Mackonyte Policy Intern in November 2014 to January 2015.

The survey was addressed to National Coordinators of the Opening Doors for Europe's Children Campaign in the European Union: Bulgaria – National Network for Children, Estonia - Igaļe Lapsele Pere, Greece – Roots Research Centre, Hungary – Family, Child and Youth Association, Latvia – SOS Children's Villages, Lithuania – SOS Children's Villages Lithuania, Poland – Our Home Association, Romania – Hope and Homes for Children.

The campaign also operates in four countries outside the EU: Bosnia-Herzegovina, Serbia, Moldova and Ukraine. Since these countries are not recipients of ESIF funds, the survey consultation was not conducted with these National Coordinators. However, important lessons can be learnt for IPA (Instrument for Pre-Accession) and ENI (European Neighbourhood Instrument).

The report was reviewed by Verity McGivern and Michela Costa, Hope and Homes for Children and Jana Hainsworth, Eurochild.

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## EXECUTIVE SUMMARY

Across Europe hundreds of thousands of children are growing up in institutional care. The consequences are devastating for children, devastating for families and ultimately, devastating for society as a whole.

The Opening Doors for Europe's Children Campaign seeks to improve the quality of life of children and young people in, at risk of entering, or leaving institutional care across Europe by promoting the transition from institutional to family-based care, also called deinstitutionalisation (DI). Through coordinated advocacy at national and EU level we aim to support reforms that will prevent separation of children from their families and will offer high quality alternatives where separation is in the child's best interest.

Explicit mention of deinstitutionalisation as a funding priority for European Structural and Investment Funds (ESIF), may provide the much needed financial incentive to catalyse comprehensive systems reform in EU Member States. At the beginning of any DI process it is necessary to ensure 'double-running costs'. EU money is ideally suited to support such transition costs, since after completion of DI, the overall burden on public expenditure is likely to be equal to or less than the cost of running an institutional system, with much improved outcomes for children and families.

This report is based on the outcomes of a survey addressed to eight National Coordinators of the Opening Doors campaign.<sup>1</sup> It aims to assess the extent to which EU Member States have used ESIF to catalyse child care systems reform by evaluating Partnership Agreements (PAs) and Operational Programmes (OPs) and the extent to which the ex-ante conditionality and Partnership Principle were honoured. Given that the Common Strategic Framework for ESIF funds makes a strong link to the European Semester process, we also considered that from the DI perspective.

<sup>1</sup> Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland and Romania (note the campaign also operates in four non-EU countries not covered by this survey)

## KEY FINDINGS

The overall trend is encouraging. Deinstitutionalisation remains a priority for investment and is explicitly mentioned in the PAs and OPs of all countries surveyed except Greece.

However, only the National Coordinators in Bulgaria and Romania were fully satisfied by the level of attention accorded to DI in the PAs and OPs. Across all other countries, there were concerns about the limited approach to DI in the documents.

Half of the survey respondents felt that the ESIF budget allocation for DI was satisfactory (Bulgaria, Estonia, Latvia, Romania). For three National Coordinators, the budget allocation for DI was unclear (Hungary, Lithuania, and Greece), whilst the National Coordinators in Poland felt the budget allocated was insufficient.

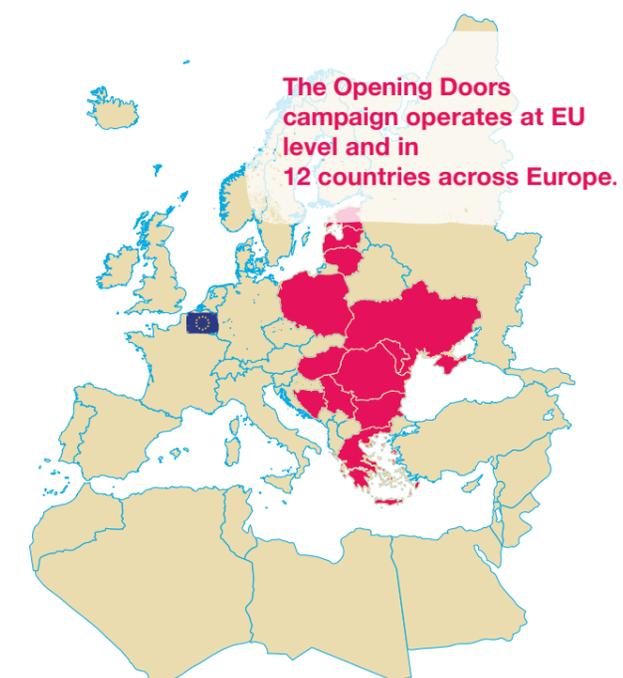
Survey respondents felt that the ex-ante conditionality which encourages investment in deinstitutionalisation reforms has broadly been respected so far. In Poland, however, the National Coordinator felt that the legislation is ambiguous, leaving open the possibility to invest in institutional care.

The extent to which National Coordinators had been consulted during the negotiations of the PAs and OPs varies significantly. In Bulgaria and Romania the National Coordinators appear to have had quite significant involvement and influence, whilst elsewhere the links with government during the negotiation phase were weaker. In Hungary, for example, involvement of civil society organisations (CSOs) was limited to an online questionnaire. The National Coordinator in Greece reported a total lack of engagement with CSOs in general.

In terms of access to information, Opening Doors National Coordinators in Bulgaria, Romania and Latvia were generally happy with the communication channels in place through which they had been kept informed of progress in development of the PA and OPs. The Polish National Coordinator also reported that they were informed of the next important steps towards implementation of the OPs. However, National Coordinators in other countries reported a complex situation and information that was vague, limited, or difficult to access.

In Bulgaria, Latvia and Lithuania, organisations involved in the national Opening Doors campaign will be directly involved in monitoring ESIF implementation in their countries. Across the other 5 countries, National Coordinators reported that they expect to monitor implementation informally.

With respect to the European Semester, DI features explicitly in the 2014 National Reform Programmes (NRPs) of Bulgaria, Latvia and Romania and the 2014 National Social Reports (NSRs) of Bulgaria and Romania. In 2014 the only country receiving a Country Specific Recommendation (CSR) explicitly mentioning DI was Romania, whilst the CSRs for Latvia and Bulgaria relate indirectly to DI. Perhaps not coincidentally, these three countries reported (relatively) high satisfaction concerning the level of attention and the budget allocation for DI.



## RECOMMENDATIONS

### To the European Union, in particular the European Commission

- Adopt an own initiative policy position to increase the level of awareness and national ownership of DI reforms. In particular, highlight how the transition to community-level services and family-based care contributes to better use of public money in the long term. Particularly given the current climate of austerity, discourage investment of public resources in costly and ineffective institutional care systems.
- Ensure rigorous on-going monitoring and evaluation of the implementation of OPs within Member States and develop clear mechanisms for redress if there is clear evidence of non-respect for ex-ante conditionalities, the Partnership Principle, or other aspects of the ESIF regulations (e.g. 20% earmarking for projects addressing social inclusion, the requirement to have a national anti-poverty strategy). Ensure that the EC strengthens communication channels with CSOs and independent experts who can provide a complementary perspective to that of governments.
- Continue to promote use of ESIF for implementation of the EC Recommendation “Investing in Children: Breaking the Cycle of Disadvantage” and the wider Social Investment Package.

### To European-level Civil Society Organisations

- Strengthen the capacity of national-level CSOs to meaningfully engage in the European Semester process and monitoring of ESIF funding, in particular supporting direct communication channels with EU officials.
- Strengthen the evidence-base on what is working and not working on the ground, by reporting good and bad practice examples and identifying the gaps and/or misleading information provided through official sources.

### To national Civil Society Organisations

- Build alliances with like-minded organisations, both those in the children’s sector and those representing other user groups traditionally affected by institutionalisation (people with disabilities, elderly, mental health etc), to support national commitment to the transition from institutional to community-based care.
- Document and promote evidence supporting the practice of DI demonstrating its feasibility and impact. Ensure on-going relationship with government to support DI efforts, whilst also ensuring an independent voice and challenging misuse of public money. Offer constructive suggestions on improving stakeholder engagement and mechanisms through which the voice of user groups can more effectively be heard.

### To Member State governments

- Ensure that DI is retained as a national priority by ensuring high-level political commitment to reforms at the level of central government. At the same time, ensure coordination and cooperation across government ministries, as well as with different levels of government.
- Strengthen stakeholder engagement by sharing information transparently at all stages of the funding process. For example, provide web-based information on stakeholder involvement in decision making in such areas as development of operations, procedures and monitoring committees. Involve civil society broadly and regularly in the entire programming cycle as well as the Semester process.



## FOREWORD

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The 2014-2020 EU funding round is a 'once-in-a-lifetime' opportunity. The European Union can ill afford to keep hundreds of thousands of children growing up in institutional care. Not only is it damaging to the life-time chances of each individual child, it is a waste of public money as these children are far more likely to depend on welfare support and public intervention as adults.

The transition from institutional to community-level services and family-based care is complex. During the transition parallel systems will have to be supported. But the European Structural and Investment Funds (ESIF) are designed precisely for that purpose – to support structural reforms that help develop sustainable welfare systems. If deinstitutionalisation is carried out effectively it will eventually be able to release funds tied up in the institutional care system into community-level services spanning the education, welfare and health sectors. It will benefit all society, not only those unfortunate few seen as in need of protection. Deinstitutionalisation is actually at the core of building more inclusive, resilient societies. Ending institutional care must be a crucial part of that landscape.

This report looks at eight EU Member States<sup>2</sup> from the perspective of the National Coordinators of the Opening Doors for Europe's Children Campaign. The lessons could however, equally be applied to countries benefiting from EU pre-accession and neighbourhood funds or indeed other EU countries where the campaign is not yet operating.

The European Union has made an important commitment to prioritising the transition from institutional to community-based care. Now is the time to put that commitment into practice.



**Jana Hainsworth**  
Secretary General  
Eurochild



**Delia Pop**  
Director of Programmes & Global Advocacy  
Hope and Homes for Children



<sup>2</sup> Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland and Romania (note the campaign also operates in four non-EU countries not included in this survey)

## INTRODUCTION

Across Europe hundreds of thousands of children are growing up in institutional care. The Central and Eastern European (CEE) region in particular has some of the highest numbers of children growing up in the institutional care in the world.<sup>3</sup> The consequences are devastating for children, devastating for families and, ultimately, devastating for society as a whole.

### OPENING DOORS

The Opening Doors for Europe's Children campaign<sup>4</sup> seeks to improve the quality of life of children and young people in, at risk of entering, or leaving institutional care across Europe. It aims to achieve this by promoting the transition from institutional to family-based care, also called deinstitutionalisation (DI). We call on national governments to fulfil their responsibility to support families and provide quality alternative care for children.

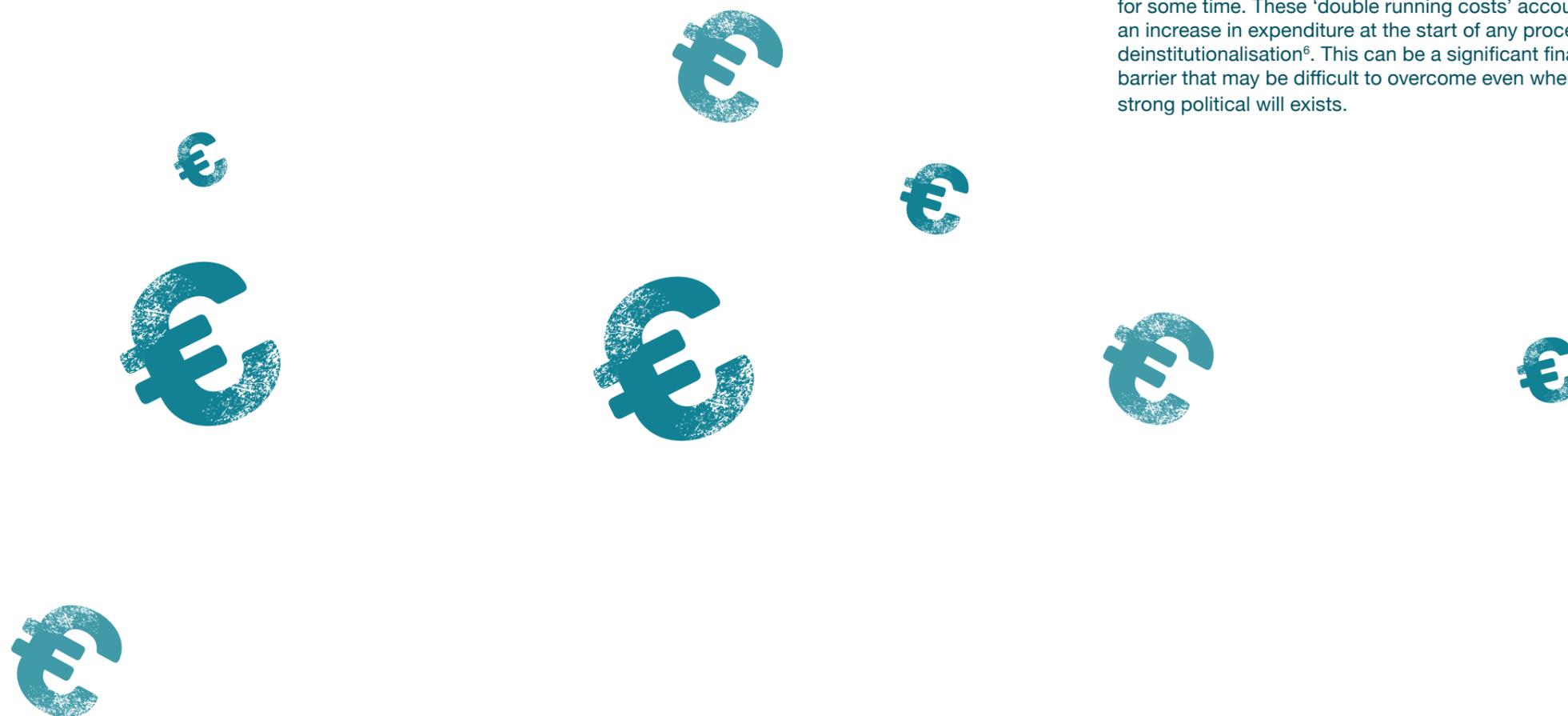
Simultaneously we call on the European Union (EU) to keep DI high on the political agenda and support progress at national level. We work in partnership with organisations at national level to ensure that EU policy guidance and funding tools are used effectively to deliver the best outcomes for children and families and are currently active in twelve countries in the CEE region: eight EU Member States: Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, and Romania; two are Potential Candidate or Candidate Countries: Bosnia and Herzegovina, and Serbia; and two Neighbourhood Countries: Moldova, and Ukraine.

### BARRIERS TO SYSTEMIC CHANGE

In line with international human rights treaties there is an urgent need for the transition from a system relying on institutional care to a system of family and community-based care for children in Europe. Such a systemic change requires an integrated approach towards a number of policy areas that are often addressed in a fragmented way: poverty and social inclusion, disability, ethnic minorities, children rights and family support.

Political commitment, good legislation and the full dedication and involvement of various stakeholders are necessary but not sufficient requirements for such a transition to happen. In order to fully support deinstitutionalisation, it is key to understand the financing frameworks underpinning the institutional system, develop funding models that support rather than hinder deinstitutionalisation, and remove any financial barriers.<sup>5</sup>

Before any institution can be closed, new services will have to be set up and both systems will be run in parallel for some time. These 'double running costs' account for an increase in expenditure at the start of any process of deinstitutionalisation<sup>6</sup>. This can be a significant financial barrier that may be difficult to overcome even where strong political will exists.



<sup>3</sup> Browne, The Risk of Harm, 2003.  
<sup>4</sup> www.openingdoors.eu

<sup>5</sup> Eurochild, Hope and Homes for Children and SOS Children's Villages. Towards a stronger economic evidence base to support child protection reform: from institutions to family based care and community level services. Submission to the UN Office of the High Commissioner for Human Rights' Report on Better Investment in the Rights of the Child. 2014.  
<sup>6</sup> Carter, Richard, Family Matters. A study of institutional childcare in Central and Eastern Europe and the former Soviet Union, EveryChild, 2005, p 35.

## A GOLDEN OPPORTUNITY

The adoption of the European Commission (EC) Recommendation on Investing in Children<sup>7</sup> in 2013 created some momentum as the Recommendation called on Member States to use Structural Funds to stop the expansion of institutional care in Europe and promote quality family-based care.

In 2014, the new Cohesion Policy for 2014-2020<sup>8</sup> mentioned deinstitutionalisation as an explicit priority for European Structural and Investment Funds (ESIF), in particular the European Social Fund (ESF) and European Regional Development Fund (ERDF). There was good reason to hope that significant funding for deinstitutionalisation would become available to EU Member States (MS) and that they would take this golden opportunity as a financial incentive to spark comprehensive systems reform.

New in the regulations for this programming period are ex-ante conditionalities: priorities for which some conditions, such as a strategy or action plan, must have been fulfilled. One of these conditionalities, under the thematic objective of “Promoting social inclusion combatting poverty and any discrimination” is intended to promote investment in deinstitutionalisation. It also requires that, in those Member States with an identified need (that is, where the shift to community-based care has not yet been completed), the countries’ strategic policy frameworks on poverty reduction include measures to support that shift.<sup>9</sup> This identified need is established by the European Commission for twelve Member States and include the eight Member States that are partners to Opening Doors, as well as Czech Republic, Slovenia, Slovakia and Croatia. An important point to note is that if an ex-ante conditionality is not fulfilled, the EC can technically suspend payment.

In addition, a European Code of Conduct on Partnership in relation to the Structural Funds has come into force. This requires all Member States to consult with civil society over the planning and spending of Structural Funds and to involve them as partners throughout the entire programming cycle including preparation, implementation, monitoring and evaluation.<sup>10</sup>

## TIME FOR A BROAD REFLECTION

The past year of negotiations around Partnership Agreements and Operational Programmes has been an important one for the next programming period but, with those negotiations being concluded, the work is not done. Now, the crucial phase of implementation, calls, competition and distribution of funds for projects, is ready to take off. In view of this, it is timely to review the level to which eight Member States have taken advantage of this opportunity to trigger reform, and whether the ex-ante conditionality and Partnership Principle have been honoured.

We also considered it important to include a review of the European semester process from the perspective of deinstitutionalization, given that the Common Strategic Framework for ESIF funds’ includes the following provision: “to ensure consistency with priorities established in the context of the European Semester, in preparing their Partnership Agreements, Member States shall plan the use of ESI funds taking into account the National Reform Programmes, where appropriate, and the most recent relevant country specific recommendations adopted [...]” .

# THE REVIEW

## METHODOLOGY AND QUESTIONS

This report is based entirely on interviews with the National Coordinators of the Opening Doors for Europe’s Children campaign from Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland and Romania.<sup>11</sup> These interviews took place between November 2014 and January.<sup>12</sup>

The questions sought to gather the opinions of the National Coordinators in the following areas:

- The explicit inclusion of deinstitutionalisation reforms in the Partnership Agreements (PAs), Operational Programmes (OPs), National Reform Programmes (NRPs) and National Social Reports (NSRs), and in the Country Specific Recommendations (CSRs) for each country.<sup>13</sup>
- National Coordinator’s satisfaction with the level of attention that deinstitutionalisation received in the official documents and with the budgeted amount of ESIF funds to be allocated to deinstitutionalisation projects.
- Respect paid to the ex-ante conditionality on deinstitutionalisation in the Partnership Agreements.
- Respect for the Partnership Principle in the form of involvement of national civil society organisations (CSOs) in the process of development of the PAs, OPs, National Reform Programmes and National Social Reports.
- Inclusion of national civil society organisation in the monitoring of the implementation of the ESIF Operational Programmes.
- Main success factors and barriers for strong partnerships between CSOs, national governments, the EU and other stakeholders in the Member States.
- Main threats perceived to deinstitutionalisation reforms in the 2014-2018 programming period.
- Identified needs with regards to improving cooperation, communication and awareness of the EU processes.

7 European Commission Recommendation: Investing in Children: Breaking the Cycle of Disadvantage (2013/112/EU), 20 February 2013

8 European Regulation: Common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund Covered by the Common Strategic Framework and laying Down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC), October 2012

9 Guidance on ex-ante conditionalities for the European Structural and Investment Funds, Part II. EC Staff working document, 13 February 2014, pp. 257-267.

10 European Regulation on the European Code of Conduct on the Partnership Principle, January 2013

11 National coordinators are organisations that have been selected for their specific experience and expertise on deinstitutionalization reforms, their capacity to engage with government, and their capacity to build alliances with other organisations. They are all in membership of Eurochild.

12 The purpose of the report is to present the experiences of civil society organisations at national level during the process of agreeing Partnership Agreements and Operational Programmes at national level. As such and taking into account the availability of translated documents, Eurochild cannot take responsibility for the accuracy of the information provided.

13 National Reform Programmes (NRPs) are annual plans submitted by the Governments of the Member States in April of each year, for the duration of the Europe 2020 Strategy (2010-2020). They are meant to show how Member States are implementing the overarching targets of Europe 2020 (translated by each into national targets), while taking into account the Integrated Guidelines. National Social Reports (NSRs) represent the annual reporting of Member States on their strategies and progress achieved towards the Common Objectives for Social Protection and Social Inclusion, and support the assessment of the social dimension of Europe 2020.

## SUMMARY TABLE OF KEY FINDINGS

COUNTRY	DI EXPLICITLY MENTIONED IN PA & OP	SATISFACTORY LEVEL OF ATTENTION FOR DI?	SATISFACTORY LEVEL OF EU (ESIF) BUDGET	EX-ANTE CONDITIONALITY RESPECTED?	INVOLVED IN DEVELOPMENT OF PA&OP?
<b>BULGARIA</b>	yes	yes	not clear yet	yes	yes
<b>ESTONIA</b>	yes	no	yes	yes	no
<b>GREECE</b>	no	no	no budget	unclear	no
<b>HUNGARY</b>	yes	no	not clear yet	no info	only online-consultation
<b>LATVIA</b>	yes	medium	yes	yes	indirectly
<b>LITHUANIA</b>	yes	medium	medium	yes	no
<b>POLAND</b>	yes	no info	no	medium	indirectly
<b>ROMANIA</b>	yes	yes	yes	yes	yes

AVAILABLE COMMUNICATION CHANNELS?	DIRECTLY INVOLVED INTO MONITORING OF ESIF?	INFORMED OF NEXT IMPORTANT STEPS?	DI EXPLICITLY MENTIONED IN NRP	DI EXPLICITLY MENTIONED IN NSR	ANY CSRS DIRECTLY RELATED TO DI?	INVOLVED IN DEVELOPMENT OF NRP&NSR?
yes	yes	no	yes	yes	no	yes
medium	no	some	no	no	no	no
medium	no	no	no	no	no	no
no	no	no	no	no info	no	no
yes	yes	some	yes	no info	no	no
medium	yes	no	yes	no info	no	no info
no	no	yes	no	no	no	no info
yes	no	yes	yes	yes	yes	yes

## DEINSTITUTIONALISATION IN PARTNERSHIP AGREEMENTS AND OPERATIONAL PROGRAMMES

Deinstitutionalisation has largely maintained its status as a **priority for investment in the Partnership Agreements and relevant Operational Programmes**, except in Greece. While the latter gives rise to concerns, the overall trend is encouraging. However there is room for improvement on the details in most countries.

### PARTNERSHIP AGREEMENTS

**The Bulgarian Partnership Agreement explicitly mentions deinstitutionalisation.** It is highlighted in the section on 'actors for growth - health care, social inclusion, and poverty reduction' as well as in the sub-priority on 'social inclusion'. The National Coordinator indicated that one achievement by the Bulgarian Government was that deinstitutionalisation was well represented as a result of the previous programming period 2007-2013.

In the case of the **Estonian Partnership Agreement, the transition to community-based care was mentioned** mostly in the context of improving welfare services and their accessibility. Moreover, the Partnership Agreement pays limited attention to improving the quality of alternative care. It states that the goal is to increase the proportion of family-based alternative care and to put in place a moratorium on 0-3 year old children being placed in institutional care. The Opening Doors National Coordinator felt that the Partnership Agreement was disproportionately focussed on persons with disabilities, and on adults overall. Attention to children as a separate group, and their rights, was insufficient. This raises concern as institutionalisation is proven to exacerbate and in some cases cause disabilities in children and children who have grown up in institutions often remain institutionalised or become re-institutionalised as adults. The current focus in Estonia therefore risks missing important preventative opportunities.

There is no explicit mention of deinstitutionalisation in **Greece's Partnership Agreement.**

**In Hungary, deinstitutionalisation is explicitly mentioned in the Partnership Agreement**, but - like in Latvia - only in connection to residential institutions for vulnerable groups of adults (for example adults with disabilities, the elderly, homeless persons) without any mention of children in institutions. The necessity to shift the current institution-based care system towards family and community-based services is clear in principle (notwithstanding the fact that children are not mentioned) but proves more controversial when examining the details. For example, a target is set to run institutions accommodating no more than 50 persons with disabilities, rather than a focus on community-based care as a priority.

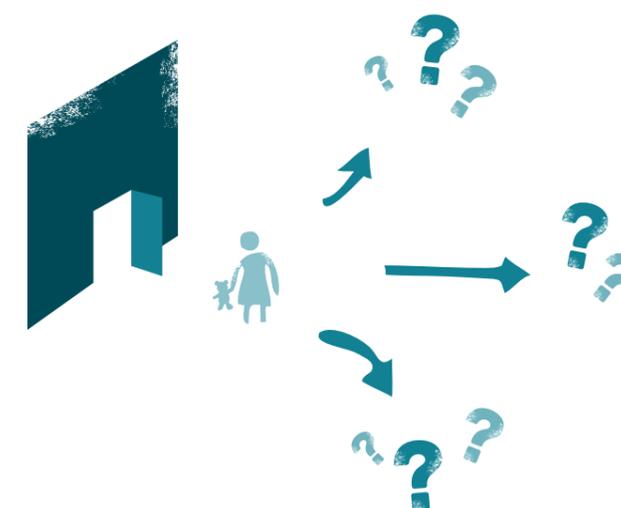


**In Latvia, deinstitutionalisation is explicitly mentioned in the Partnership Agreement**, in the context of 'promoting social inclusion by combating poverty and any type of discrimination'. In addition to measures for the labour market and social integration of the most disadvantaged groups, a strong emphasis is placed on measures for the deinstitutionalisation of adults with psycho-intellectual disabilities and children in care. The transition to community-based care as well as reducing the need for long-term care institutions, where possible, is foreseen through the development of community-based services. Both ESF and ERDF will provide support for promoting better access to health care for socially and territorially excluded people.

**In Lithuania, deinstitutionalisation is explicitly integrated into the Partnership Agreement.** In a broader context, the Partnership Agreement will ensure the compatibility and synergy of active labour market policies and social inclusion measures, as well as equal availability throughout Lithuania of adequate social and healthcare services to all residents, in particular by promoting a shift from institutional to community-based services. More explicit information on deinstitutionalisation, mainly related to the development of a network of community-based alternative services to institutional care of children deprived of parental care and people with disabilities, is provided in the section on promoting social inclusion and combating poverty of the Partnership Agreement.

**The Polish Partnership Agreement explicitly refers to deinstitutionalisation reforms.** It is stated that projects aimed at the establishment and development of deinstitutionalised forms of alternative care for children need strengthening. However, apart from transitional apartments for care leavers (independent living programmes) the Partnership Agreement does not mention which forms of deinstitutionalised care would be supported. No other examples of services placed in local communities are mentioned, such as prevention programmes, day care or programmes aimed at strengthening families in crisis or reintegration of children separated from their families. Additionally, it is important to emphasise that the same Partnership Agreement allows for continued support of forms of institutions, namely those for children with mental disabilities, children with serious psychiatric problems, and those for children requiring constant medical care where access to medical equipment is needed.

**Deinstitutionalisation is explicitly mentioned in the Romanian Partnership Agreement.** There is a single-standing chapter under 'Competitiveness Challenges: Extensive Poverty and Social Exclusion'. However, the Romanian National Coordinator reported that there is a gap between strategic actions and key target groups, including children. This connection to target groups would be very much appreciated. Moreover, deinstitutionalisation remains a challenge for adults, which, while outside the scope of the Opening Doors campaign on children, is important to it, for a long as certain groups of people remain institutionalised and not all institutions are close, all target groups remain at risk of re-institutionalisation. This indicates a need for the future projects, e.g. to focus on adult target groups such as persons with disabilities.



## OPERATIONAL PROGRAMMES

In **Bulgaria**, **deinstitutionalisation is included in the Operational Programme** for Development of Human Resources, and the majority of funding is planned under the European Social Fund. There is a strong focus on deinstitutionalisation, together with the development of services for prevention and early childhood development. There is also attention for marginalised groups (e.g. Roma people) and deinstitutionalisation for adults, including people with disabilities (in line with the National Long-Term Care Strategy).

**The Estonian Operational Programme explicitly mentions deinstitutionalisation** in the context of social welfare and accessibility to social services. The main goal, as in the Partnership Agreement, is to move people from institutions to community-based care. However, children in institutional care are not at the centre of attention (except for children with disabilities) and the concerns raised about this with regard to the Partnership Agreement apply here too.

In **Greece**, **there is no explicit mention of deinstitutionalisation in the relevant OP**. According to the coordinator, there is only a broad reference to poverty reduction on which applications meaning to achieve deinstitutionalisation reforms could be based.

In **Hungary**, **the Operational Programme for Human Resources explicitly mentions deinstitutionalisation** in the context of investment in infrastructure and social inclusion. However, the National Coordinator expressed a concern that, while it is mentioned, no specific measures are listed.

In **Latvia**, **deinstitutionalisation is explicitly integrated into the Operational Programme** (for both the ESF and ERDF). There is a specific objective on deinstitutionalisation in the Operational Programme and, what is more, Latvia has a DI action plan. However, it should be added that, for example, for foster care, more national financing is foreseen.

In **Lithuania**, **the Operational Programme explicitly mentions deinstitutionalisation** in the context of both ESF and ERDF. However, major Lithuanian child rights and disability CSOs do not consider the result/output indicators sufficient in order to achieve a real change and positive progress towards deinstitutionalisation in Lithuania.

In **Poland**, **deinstitutionalisation is explicitly mentioned in the Operational Programme** for Knowledge and Education. The development of social services is linked to DI, including increasing the number and capacity of family assistants, child care programmes and support for different kinds of housing for beneficiaries. Moreover, in this Operational Programme, it is stated that the current numbers of foster families and of family assistants are unsatisfactory. Additionally, this document underlines the necessity of capacity building programmes for local governments regarding projects reducing the number of institutions and developing family foster care. However, the Operational Programme does not directly mention the development of services strengthening biological families and preventing separation of children from their families.

**Deinstitutionalisation is explicitly mentioned in Romania's Operational Programme**. There are specific actions foreseen under the Operational Programmes for both ESF and ERDF. The only remaining concern was then that the actions identified in the OPs, would be implemented and that sufficient funding reached those programmes. Proper monitoring was considered crucial by the Coordinator so as to prevent failure in the implementation phase.

## OVERALL LEVEL OF ATTENTION

The **Bulgarian National Coordinator was satisfied** with the level of attention for deinstitutionalisation in these documents. The deinstitutionalisation process and reform started in the previous programming period and has now reached a level of momentum that would be difficult to stop.

In **Estonia**, **the level of attention to children's alternative care was not considered satisfactory**. Overall the main focus is Estonia is currently on the country's (un)employment issues.

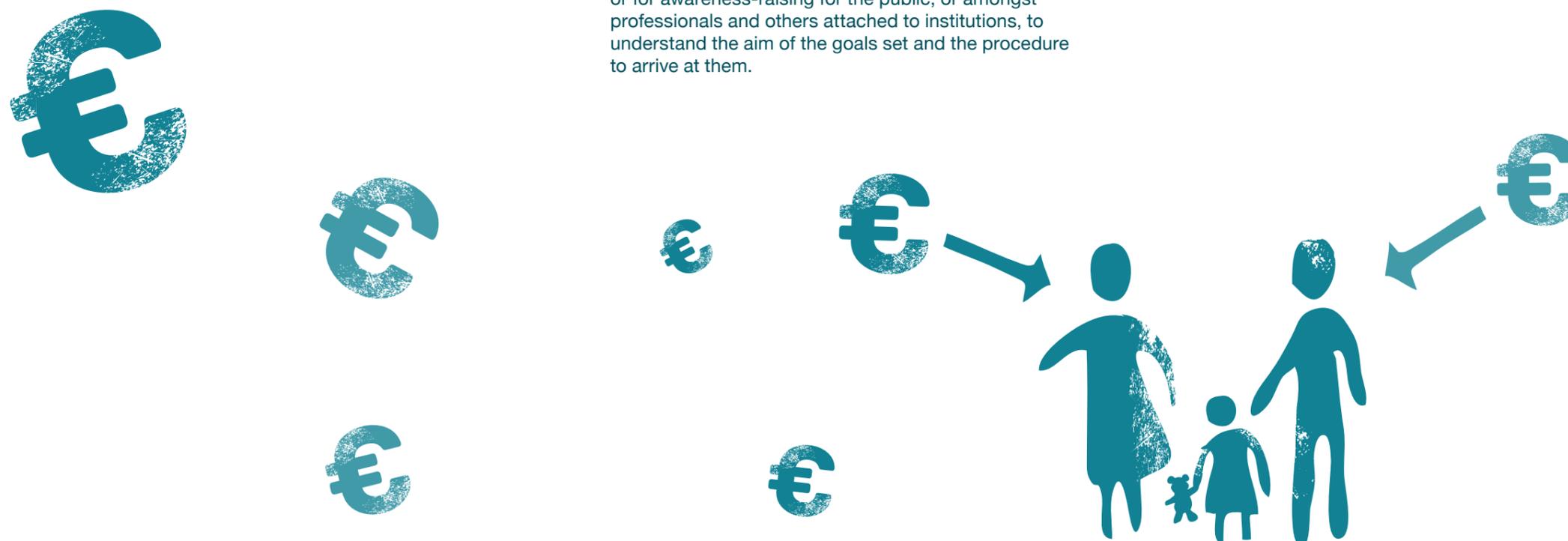
The **Greek National Coordinator** is overall very concerned about the **complete lack of attention for a transition to community based care**. The Coordinator identified the institutional culture which is deeply culturally and politically embedded as the main cause for this. Vested interests and the power of private institutions and residential homes were also mentioned as key challenges.

In **Hungary**, **the level of attention was deemed unsatisfactory**. According to the National Coordinator, the implementation phase and its monitoring, outcome measurement and evaluation will be crucial. In the existing legislation, institutions with less than 50 care places are not subject to the deinstitutionalisation process. Close monitoring will be needed to ensure EU funds will not be used to establish small institutions, with all the damaging characteristics of institutions, and to building renovation, as has happened on some occasions during the previous programming period. There are no provisions on prevention and gate-keeping, no planning for the methods of closing institutions, for quality assurance of the community-based programmes, or for awareness-raising for the public, or amongst professionals and others attached to institutions, to understand the aim of the goals set and the procedure to arrive at them.

The **Latvian** Coordinator concluded that deinstitutionalisation **gained significant attention**, and reported **a good level of satisfaction**. However, there could be more discussion about the prevention of family separation, about family support services and about the development of family-based care for children, and of support services for families at risk and for children in vulnerable situations. Overall, no links are made between deinstitutionalisation and preventative work with families, while in fact, these are two sides of the same coin.

The **Lithuanian** Coordinator expressed a **mixed opinion on the level of attention for DI in the official documents**. On one hand, the wording seemed convincing, but on the other hand, the proposed indicators could not be considered sufficient in order to achieve a tangible change.

The Coordinator in **Romania reported a satisfactory level of attention** for DI in the Partnership Agreement and Operational Programme. The main success factor identified was a proactive approach from civil society organisations: intensive advocacy, active stakeholders' involvement (including children), informing the decision makers, and providing relevant data and evidence collected via consultative processes. The proactive approach by civil society had resulted in the programming-related documents being based on the grassroots level's needs.



## ESIF BUDGET ALLOCATION FOR

### DEINSTITUTIONALISATION REFORMS

8% of the EU's investment funds go into the European Social Fund, and 20% of this fund is earmarked for projects on social inclusion, deinstitutionalisation being only one of the priorities under that heading. The European Regional Development Fund takes up a much larger share of the EU budget, but there is no specific budget percentage earmarked for social inclusion, or deinstitutionalisation. Prioritisation of DI in the Partnership Agreements and Operational Programmes therefore does not necessarily mean that the budget allocated to DI will be enough to spark significant reforms. We therefore asked Opening Doors National Coordinators whether a specific budget was allocated to DI in the Operational Programmes and, if so, whether it was in accordance with identified needs.

In **Bulgaria, the final budget was** still under review when the interview was conducted. Concrete measures and procedures still needed to be developed.

According to the National Coordinator in **Estonia, the budget reserved for deinstitutionalisation reforms was satisfying.** However, it is crucial to make sure that the programme meets the real needs of the target groups. Therefore, after the selection of proposed implementation projects, good monitoring will be needed.

In **Greece the Coordinator reported no dedicated budget for deinstitutionalisation.**

In **Hungary, it is not clear how much money is will be dedicated to DI and how it is planned to be spent.** The expectation of the Ministry that family-based care would be 40-60% cheaper than institutional care was considered unrealistic and indicating a lack of understanding of the dynamic of the DI processes and their implications.

The Latvian Coordinator was overall satisfied with the allocated budgets for deinstitutionalisation, but at the same time was concerned by the **lack of planned funding for family strengthening and prevention, and for foster care.**

In **Lithuania** there were no detailed budget lines – beyond the level of 8% fixed by the EU for social inclusion - which show how much money will be allocated for reintegration of children into families. Therefore, there is a real risk that specific target groups will be disadvantaged in favour of other target groups.

As noted before, in **Poland, the level of funding allocated for DI would not be adequate** to guarantee the planned reform of the current system. The foreseen numbers of persons to be trained (e.g. local government officials, social workers, family assistants etc.) are too low to be effective on a large scale. Moreover, pilot projects for fighting against poverty are organised in only 6 counties, while there are more than 450 counties in Poland.

The **Romanian coordinator reported a satisfactory budget** allocated for deinstitutionalisation for the programming period 2014-2020. If managed properly, the funding could be sufficient to instigate a significant paradigm shift by implementing deinstitutionalisation reforms and developing a model for the change in social protection systems.

## EX-ANTE CONDITIONALITY

Respect for the **ex-ante conditionality to promote investment in deinstitutionalisation** is rather good in the Member States covered by this report. Only in Poland, a concern was raised about the ambiguity of the legislation, which could open the door to funding institutions

Ex-ante conditionality 9.1 for deinstitutionalisation, under the thematic objective of “Promoting social inclusion combatting poverty and any discrimination” aims to stimulate investment into deinstitutionalisation. For all of the countries covered in this report it also requires that the countries’ strategic policy frameworks on poverty reduction include measures to support that shift. If an ex-ante conditionality is not fulfilled, technically the EC could suspend payment. Therefore, the national Opening Doors Coordinators were asked how well this conditionality is covered in the Partnership Agreements.

In **Bulgaria, the Partnership Agreement covers the thematic ex-ante conditionality to a large extent.** Deinstitutionalisation is seen as one of the major instruments for combating and reducing poverty and for promoting social inclusion.

In **Estonia**, there is no funding foreseen for institutional care but there is a lack of investment into quality care and investment into re-training of carers working with children in care.

In **Latvia**, it was noted, this conditionality is **always taken into consideration and is generally respected.**

In **Lithuania, the Partnership Agreement covers this ex-ante conditionality rather well.** It explicitly states that funds should be used for a transition from institutional to community-based care.

In **Poland, the ex-ante conditionality is not very well covered in the Partnership Agreement.** The Partnership Agreement mostly focuses on ‘transitional apartments’ and also lists cases in which institutional care should be supported. This might create a loophole for maintaining institutions that should in fact be closed.

In **Romania**, the Partnership Agreement covers all areas of the ex-ante conditionality related to deinstitutionalisation and the criteria for fulfilment.



## PARTNERSHIP PRINCIPLE

The European Code of Conduct on Partnership provides criteria for cooperation between public authorities and, among others, civil society organisations throughout the programming cycle – including the development, implementation, monitoring and evaluation. It requires a transparent procedure of selecting the most representative of relevant stakeholders. Obviously, not every interested organisation should necessarily be directly involved in all of the steps. Therefore we asked our National Coordinators about their direct and indirect involvement in various phases and about the transparency in the authorities' communications in the process.

### PREPARATION OF THE PARTNERSHIP AGREEMENT AND OPERATIONAL PROGRAMMES

In **Bulgaria**, a working group was formed by the Government during the preparation of the Partnership Agreement. **Different CSOs took part** in it including the Bulgarian Opening Doors National Coordinator. As a whole, the process was open and transparent and advocacy efforts were coordinated with other CSOs. **The Coordinator was involved in the preparation of the Operational Programmes** on Human Resources Development, Education and Good Governance. Moreover, a position prepared by the Coordinator that was sent to the ministries, the Managing Authority and the European Commission – on, among others, the eligibility of CSOs as beneficiaries and priority procedures and measures against the direct financing of state institutions - was largely reflected in the **adopted version of the Operational Programmes for Human Resources Development**.

In **Estonia**, neither the representatives of **child right organisations** nor any other CSOs working on deinstitutionalisation **were invited** to contribute to the development of the **Partnership Agreement or Operational Programmes**. CSOs expressed their interest in participating in the process, but the request was not honoured by the Ministry of Social Welfare. Deinstitutionalisation was approached first and foremost as deinstitutionalisation for the people with disabilities. As a result, only the Chamber of People with Disabilities was officially consulted in the development of the Partnership Agreement and Operational Programmes.

In **Greece**, to the Coordinator's knowledge, **CSOs were not involved in the development of the Partnership Agreement and Operational Programmes** and our National Coordinator felt that stakeholder involvement was not transparent.

In **Hungary**, an online consultation was held and all recommendations from the civil society and local service providers and individuals were made public.<sup>14</sup> Some of these recommendations were included in the Partnership Agreement, mainly those on child welfare issues and target groups.

In **Latvia**, **Alternative Child Care Alliance was not a member of the Temporary Surveillance Committee** that was established by the Ministry of Finance for planning the 2014-2020 period, and CSOs could not access information about the planning process. However, the Alliance participated in several meetings regarding social inclusion and could submit their proposals through the Ministry of Welfare. Moreover, the Alliance was able to contribute to the development of the National Development Plan 2014-2020 in 2012, which later served as a basis for the Partnership Agreement and other related documents. The aim to decrease the number of people in institutions was taken from this National Development Plan. The Opening Doors National Coordinator reported that the process of development of the Operational Programmes had not been very transparent. They could, however, submit their proposals through the Ministry of Welfare, and some of these were included into the Operational Programmes.

In **Poland**, **CSOs were involved in the development of the Partnership Agreement indirectly** through a conference organised in the Parliament in May 2014, and through own initiative advocacy activities. As a result, deinstitutionalisation was mentioned in the Agreement. However, a strong lobby by institutions for children with physical and mental disabilities succeeded in getting support for specialist institutions included in the Partnership Agreement, posing a threat to DI. **The National Coordinator's organisation was not involved in the preparation of the Operational Programme**. However, there may have been some indirect influence through active advocacy.

In **Lithuania**, neither the **Opening Doors National Coordinator nor any of their National Partner organisations were involved in the development of the Partnership Agreement**. The only opportunity for official input was given at the very beginning of the process, when they participated in a working group responsible for the development of a deinstitutionalisation strategy and action plan. In the later stages, the Ministry of Social Affairs completely overtook the role. During the development of the **Operational Programme, the National Coordinator and affiliated organisations were not involved either**. An attempt to address the situation by proposing alternative indicators to be added to the Operational Programme, was not taken into account.

The **Romanian National Coordinator reported that the drafting of the Partnership Agreement had been a complex process with many stakeholders involved**, including national organisations and international bodies such as UNICEF. The Opening Doors National Coordinator was instrumental in the identification of needs, conducting a series of consultations regarding the priorities for the national system of child protection. As part of the Opening Doors campaign, the National Coordinator organised an event with participation from more than 100 CSOs and representatives from local authorities. During this event, an extensive document, identifying the main needs and requests for the Romanian authorities, was prepared, and this was submitted to the ministry.

The conclusions of this consultation were used in the Partnership Agreement as well as in the National Strategy for Child Protection for 2014-2020. Following this, the National Coordinator was also invited to participate in the discussion of the ex-ante conditionalities, the selection of thematic objectives and their subsequent actions, the indicative allocation of the funding and the discussion on the mechanisms for coordination, among others. Later on, they were also invited into a consultation process on the Strategy for people with disabilities. Overall, the National Coordinator felt that they had been able to influence the development process of the Partnership Agreement. According to the National Coordinator, in order for own initiative consultations like the one conducted in Romania to have an effect, the activities would need to be planned well in advance. Despite an early start in spring 2013, preparation of the final Partnership Agreement had to happen in a rush due to delays in the Ministry, which created some frustration.

In **Romania**, the **Opening Doors National Coordinator reported being involved in the discussion, analysis and presentation of the Regional Operational Programme and in all stages of preparation of the Human Capital Operational Programme**. They were involved as part of an inter-agency group. It should be noted that the involvement in the preparation of the Operational Programmes was strongly intertwined with the preparation of the Partnership Agreement. The National Coordinator reported that there was a real rush with the Operational Programmes and CSOs did not have sufficient time to prepare their comments. The Coordinator reported that the common impression was that these delays were caused by the EU institutions taking too long to give feedback to the Romanian Government.



<sup>14</sup> Available in Hungarian here: [http://palyazat.gov.hu/2014\\_2020\\_as\\_operativ\\_programok\\_tarsadalmi\\_egyeztetese](http://palyazat.gov.hu/2014_2020_as_operativ_programok_tarsadalmi_egyeztetese)

## COMMUNICATION AND INFORMATION CHANNELS

The Bulgarian Government set up **communication channels through the secretariat of various working groups**. The National Coordinator is also member of a **multi-agency expert group** on deinstitutionalisation which also gave access to lots of information. Information regarding the Partnership Agreements and Operational Programmes is publicly accessible via the internet.<sup>15</sup>

In **Estonia, communication channels exist but are rather formal and lack effectiveness**. The most effective way to contribute was via direct contacts within the Ministry of Social Welfare. Moreover, the Ministry gave the impression not to have appointed a person responsible for communication with civil society, which is a barrier to active participation of the CSOs. Information about the Operational Programmes is publicly available via the internet.<sup>16</sup>

In Greece, CSOs were **in dialogue** with the Ministry of Justice and the Ministry of Labour and Welfare Protection. However, this **did not result in further cooperation**. Moreover, proposals for deinstitutionalisation reforms were denied as the key focus was on crisis and poverty reduction, not deinstitutionalisation. The Ministry of Finance did not actively involve CSOs. The Operational Programmes are public accessible.<sup>17</sup>

The Opening Doors National Coordinator in Hungary noted that, on the website used for the consultation, where recommendations could be submitted and where the final Partnership Agreement was published, there were no such communication channels available. Moreover, she added that some of information regarding the OP is publicly available even if not very detailed<sup>18</sup>. The National Coordinator noted that publicly available information is overall very limited and 'confidential', and journalists did not have an access to information either.

The Latvian National Coordinator identified the Ministry of Welfare as the most important channel of communication. Regarding the EU processes, desk officers from DG EMPL served as a communication channel. The Latvian Operational Programmes are publicly accessible.<sup>19</sup>

In **Lithuania, channels were set up** in the Ministry of Finance and the Ministry of Social Security and Labour, but it should be noted that the **responses were very formal and mainly referring to negotiations with the EC** (i.e. informing that the ministries are waiting for the EC decisions). There was public access to the programming documents.<sup>20</sup>

The Polish Opening Doors National Coordinator was not notified of any available channels through which questions could be asked; contributions provided, or information received about the preparation of the Partnership Agreements and Operational Programmes **in Poland. The Operational Programmes are accessible online**.<sup>21</sup>

In **Romania, there were several channels through which contributions could be made**. The central authorities (Ministry of European Funding and Ministry of Regional Development) were and continue to be very open and attentive. Overall, the structure created for the Partnership Agreement and Operational Programmes was very inclusive and encouraged participation of different actors. Moreover, there was online access to the Operational Programmes.<sup>22</sup>

## INFORMATION ON NEXT IMPORTANT STEPS

The situation in **Bulgaria was reported to be complex. For example, no dates could be fixed** due to the temporary nature of the Government at the time of interviewing.

The National Coordinator in **Estonia** received **limited information** at a seminar organised by the Ministry of Social Welfare, which aimed to introduce the concept of social welfare services (one of the cornerstones for deinstitutionalisation reform) but nothing more.

The National Coordinator in **Greece did not receive information on the most important steps**. There had been no visible actions at the time of interviewing beyond planning, to the organisation's knowledge.

National Coordinators in **both Hungary and Lithuania** reported that the information on the implementation of the Operational Programmes remained **rather vague and was difficult to access**.

In **Latvia**, the National Coordinator received **some information** from the Ministry of Welfare which was developing a deinstitutionalisation plan, which also included the distribution of funds. They obtained information on key next steps, which would be the **competition and the selection of the projects proposed by municipalities**.

In **Poland, the monitoring committee for the Operational Programme** for Knowledge and Development was established on 15 January 2015. The Coordinator obtained information that next important stage will be **in April when the methodology and selection criteria for the projects** will be published.

The National Coordinator in **Romania** obtained information on the most important dates such as the official launch of the Operational Programmes; the discussion on the implementation plans of the relevant strategies to prepare for deinstitutionalisation and to support projects. The timing of the key step of developing coherent and relevant applicant guidelines had not yet been identified at the time of the interview.

## MONITORING OF ESIF IMPLEMENTATION

In **Bulgaria, the National Coordinator is a member of the monitoring committees** for the Operational Programmes on Human Resources Development and Education.

In **Estonia, Greece and Hungary, interviewed organisations will not be part of the official monitoring committees**. The Estonian National Coordinator will monitor the implementation process informally through children's rights network Child Advocacy Chamber.

**Alternative Child Care Alliance in Latvia is a member of Social Service Council** under the Ministry of Welfare that will monitor the development of social services, including the implementation of deinstitutionalisation plan.

In **Lithuania, the Opening Doors National Coordinator interviewed is a member of the monitoring committee, alongside several other CSOs**.

The **Polish National Coordinator is not part of the monitoring committee**.

In **Romania, the National Coordinator will monitor informally**. The Coordinator reported that the scope of the organisation's work did not include an official monitoring function. Furthermore, they saw it as a conflict of interests to influence, implement and monitor funds themselves.

15 [www.eufunds.bg/en/page/32](http://www.eufunds.bg/en/page/32)

16 <http://www.strukturifondid.ee>

17 <http://www.esfhellas.gr/en>

18 [http://palyazat.gov.hu/nft\\_i\\_operativ\\_programok](http://palyazat.gov.hu/nft_i_operativ_programok)

19 <http://www.esfondi.lv/page.php?id=815>

20 [www.esinvesticijos.lt/en/documents-2014](http://www.esinvesticijos.lt/en/documents-2014)

21 [http://www.mir.gov.pl/fundusze/fundusze\\_europejskie\\_2014\\_2020/strony/start.spx](http://www.mir.gov.pl/fundusze/fundusze_europejskie_2014_2020/strony/start.spx)

22 [www.fonduri-ue.ro](http://www.fonduri-ue.ro)

## MAIN SUCCESS FACTORS AND BARRIERS FOR STRONG PARTNERSHIPS

In **Bulgaria** the National Coordinator felt that strong partnerships between CSOs and national governments are **inhibited by a lack of understanding about the dual role of CSOs as service providers and advocates**. Governments may perceive CSOs involvement in all stages of design, monitoring and evaluation of ESIF as a potential conflict of interest, as CSOs can also be recipients of funds. The National Coordinator also expressed concern that the **resources** had so far been **spent through direct project delivery by the central authorities**. There was no separate funding available for CSO capacity building and projects were implemented mainly by state institutions through the centralised projects.

The National Coordinator in **Estonia identified the weak participatory culture in the structures and values** of the Ministry of Social Welfare as the main barrier to a strong partnership. There was a lack of **communication** from the Ministry in the Coordinator's experience and the feeling that **CSO delegates were not welcomed** by the Ministry.

In **Greece**, the National Coordinator reported as key challenge the lack of **cooperation with and support from the ministries and district directors** who have the power to distribute the funds and who work closely with CSOs which operate residential homes for children. Moreover, as mentioned before, Greek children's organisations are not all on the same page with regard to deinstitutionalisation. The lack of public awareness on the damaging effects of institutionalisation is a serious concern and institutions are deeply embedded in Greek culture and society - a phenomenon that is reinforced through the media.

The key challenge to building partnerships in **Hungary**, according to the National Coordinator, is that the **Government excludes stakeholders who are critical about current** policies from the processes. Moreover, there is no comprehensive strategy, and planned steps are not in the compliance with EU targets.

The National Coordinator in **Latvia** identified that **information is not shared**, or at the very last minute, when there is **not enough time to prepare comprehensive comments and respond properly and that this constitutes** a significant barrier to a strong partnership.

The Lithuanian National Coordinator pointed to the **unclear selection process for deinstitutionalisation pilot projects** (there are a lot of concerns in relation to the quality of the content of these projects), the **lack of information and support for the local authorities** from the ministry (even though these local authorities are responsible for practically implementing deinstitutionalisation), and the fact that **CSOs are not considered as equal partners in the implementation of deinstitutionalisation**.

According to the National Coordinator in **Romania**, the main barriers for strong partnerships are **the lack of capacity at local and regional level, the absence of a sufficiently strong legal framework** to support the development of coherent prevention policies and actions, and a massive **lack of resources**. He also identified the following success factors: **a strong NGO-based infrastructure**, tried and tested **model for deinstitutionalisation** implemented in **sustainable partnerships** across the country, **good legal framework** for alternative care, and a **political will** and commitment for deinstitutionalisation. European documents prioritising deinstitutionalisation were really helpful too.



## LINK WITH EU2020 AND SEMESTER PROCESSES

The type of systemic change that Opening Doors for Europe's Children Campaign advocates for requires an integrated approach towards a number of policy areas that are often addressed in a fragmented way: poverty and social inclusion, disability, ethnic minorities, children rights and family support. In terms of implementation, this requires alignment of the thematic priorities for Structural and Investment Funds with the social dimension of EU policies. Both the Commission Recommendation 'Investing in Children, Breaking the Cycle of Disadvantage'<sup>23</sup> and the new cohesion policy legislation reflect a firm commitment both idealistically and financially to end institutional care and transition to family and community-based care. We are presented with a unique opportunity to support and implement systemic reform of children's services across Europe. Linking the European Semester and deinstitutionalisation reforms could help ensure better use of the European Structural and Investment Funds. In order to assess the scope for this, we asked whether current National Reform Programmes (NRPs), National Social Reports (NSRs) and Country Specific Recommendations (CSRs) reflected deinstitutionalisation as a priority in the eight Member States reviewed.

### NATIONAL REFORM PROGRAMMES (NRPS) AND NATIONAL SOCIAL REPORTS (NSRS) MENTIONING DI

In **Bulgaria**, deinstitutionalisation is included into **both the National Reform Programme and National Social Report**. According to the Opening Doors National Coordinator, the main limitation is that 'there is not sufficient focus on prevention, family support and early intervention'.

In **Greece** deinstitutionalisation is mentioned **neither in the 2014 NRP nor in the NSR**.

In the **Hungarian NRP**, deinstitutionalisation was **not mentioned** (and the NSR is not available in general). The National Coordinator in Hungary added that, due to a combination of political reasons, lack of professionalism and planning, there is no emphasis on supporting those children and families in the most vulnerable situations. The Coordinator also noted that, overall, there was a decrease in local services and public attitudes have become more punitive, putting all responsibility on those in need.

The **Estonian NRP and NSR do not mention** deinstitutionalisation at all.

In Latvia, deinstitutionalisation is explicitly mentioned in the NRP, in the context of the development of social services. The planned measures focus on providing society based social services that match the needs of individuals. Moreover, the NRP **lists key deinstitutionalisation measures to be launched** in 2014: revision of the requirements for placing persons in a care institution, drafting of an action plan for the implementation of deinstitutionalisation, developing a model for financing the principle 'money follows the client' in certain social services, and setting the criteria for classifying clients by care levels.

In **Lithuania**, deinstitutionalisation is **partially mentioned** in the context of reducing poverty and social exclusion.

**Deinstitutionalisation is explicitly mentioned in the Romanian NRP and NSR**. The NRP mentions the transition from institutional to community based-care as a relevant future measure, and refers to capacity building as well as poverty reduction. The reference to DI in the NSR is even more detailed: it discusses deinstitutionalisation reforms and **sets a specific objective for the transition** from institutional to community-based care.



## COUNTRY SPECIFIC RECOMMENDATIONS

### (CSRS) RELATED

#### TO DEINSTITUTIONALISATION

Country Specific Recommendations are prepared by the European Commission for each Member State, analysing its economic situation and providing recommendations on measures it should adopt over the coming twelve months. In principle the priorities in the Country Specific Recommendations, Partnership Agreements and Operational Programmes should reflect one another. Therefore we asked the National Coordinators about the attention for DI in the Country Specific Recommendations received.

**Bulgaria did not receive specific Country Specific Recommendations on DI.** A related issue was the recommendation to strictly implement the rules linking child allowance payments to participation in education. It was reported however that this could have an exacerbating effect on educational exclusion of children living in poverty.

**Estonia did not receive any Country Specific Recommendations relating to DI.**

For **Greece**, any possible recommendations on deinstitutionalisation fell off the table due to austerity and Greece's **limited financial resources**.

In **Hungary**, there were no Country Specific Recommendations directly linked to deinstitutionalisation. The recommendation to tackle poverty can be seen as a preventive measure supporting deinstitutionalisation. The connection is implicit but real: in Hungary, many children are still placed in institutional care due to poverty – even though this is prohibited – and their number is increasing due to the fast growing poverty and the sharp decrease of service provision and resources allocated for prevention and early intervention services.

**Latvia** received a **broader recommendation related to family support**. The Country Specific Recommendations included a proposal to reform social assistance and financing to further ensure a better coverage, adequacy of benefits, strengthened activation and targeted social services. However, the key challenge, as perceived by the Coordinator, is not at state level but at local level as it is municipalities who will be implementing these policies – which add a lot of complexity to the process of change.

**Lithuania and Poland did not receive any Country Specific Recommendations on, or linking to DI.**

**Romania was the only of the 8 Member States reviewed which received CSRs explicitly mentioning deinstitutionalisation.** In addition, there are tangible signs that these recommendations were taken into account. For example, Country Specific Recommendations played a role in drafting child protection legislation. However, the main challenge is the lack of adequate resources (including human resources), which in turn create a reduced capacity to implement reforms. Another challenge is the incompletely developed legal and policy framework for the deinstitutionalisation.

#### CSOS INVOLVEMENT IN NATIONAL REFORM PROGRAMMES AND NATIONAL SOCIAL REPORTS

In **Bulgaria**, the **Opening Doors National Coordinator was part of the reporting for the National Social Report**. They were a member of the working group, and had the opportunity to provide a statement and some other points that were included in the final version.

The Opening Doors National Coordinators in Estonia, Hungary and Latvia were not involved in the development of the NRPs and NSRs in their countries.

The National Coordinator in **Greece noted that they were a part of a working group with other NGOs**.

A national report on behalf of CSOs in Greece was prepared, from which the official report prepared by the Government differed rather strongly. Unfortunately, the 'alternative' report was not taken into account when developing the NRP and NSR.

In **Romania**, the **National Coordinator was part of the working group on the priorities**, in which the relevant authority for children also took part. Overall, significant progress was made.



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