

Towards inclusive communities

European Perspectives - Where are we - where should we go to in Europe?

Ladies and Gentlemen,

Good morning,

In front of you stands a Eurocrat, working in Brussels.

Many Europeans seem to be increasingly critical of what the European Union is doing to their lives, and the Eurocrats seem to be the main culprits. In the next two months until the EP elections there will be much discussion about our work. For an insider like me it is often astonishing how much incorrect information is given during the political debates. My main reason for coming here is to make you a better informed audience and to encourage you to work for a better and more inclusive Europe.

EU competence for the promotion of independent living and inclusion in the community is shared with the Member States. In the EU Disability Strategy the Commission promotes the use of EU Structural Funds to assist Member States in the transition from institutional to community-based services and to raise awareness of the situation of people with disabilities living in residential institutions, in particular children and elderly people. The Structural Funds are among the main tools of EU Cohesion Policy which aims to reduce disparities between the different European regions. The Funds are governed by a series of Regulations of general application and by specific regulations for each Fund.

The general Council Regulation of 2006 for the period 2007-2013 ((EC) No 1083/2006) with general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund, contained a non-discrimination provision covering the ground of disability, whereby, in particular, accessibility for disabled persons was identified as one of the criteria to be observed in defining operations co-financed by the Funds and taken into account during the various stages of implementation.

In 2007 the Commission funded a study by Kent University on progress towards community living across Europe. The study provided evidence in support of transition from institutional care to community-based alternatives as they can provide better results for users, their families and the staff while their costs are comparable if based on comparable quality standards. It also found that institutional care for disabled people in Europe fell short of acceptable standards and recommended wider use of community based services.

Five years later, in 2012, FRA published a report on the right to independent living and experiences of persons with intellectual disabilities and persons with mental health problems in nine Member States. The report highlighted the need for further efforts on de-institutionalisation accompanied by reforms in the areas of education, healthcare, employment, culture and support services.

In 2009 the Commission had produced a Toolkit to provide information to national managing authorities on how to understand the non-discrimination and accessibility requirements of EU Structural and Cohesion funds. The Commission has assessed the application of this provision and identified certain challenges. As a result the new set of European Structural and Investment Funds (ESI Funds) Regulations governing the programming period from 2014 to 2020 contain a series of novelties to reflect the entry into force of the UNCRPD and to enhance the promotion of equality, non-discrimination, inclusion and accessibility for persons with disabilities through the ESI Funds actions.

The new General Regulation requires that the Member States and the Commission take appropriate steps to prevent any discrimination based on disability during the preparation and implementation of programmes and that accessibility for persons with disabilities is taken into account throughout the preparation and implementation of programmes. Managing authorities must ensure that all products, goods, services and infrastructures that are open or provided to the public and are co-financed by the ESI Funds, are accessible to all citizens including those with disabilities in accordance with applicable law, thereby contributing to a barrier-free environment for persons with disabilities and the elderly. This applies in particular to the physical environment, transport and ICT. Actions may include

investments to improve accessibility in existing buildings and established services. Equality, non-discrimination and accessibility are mentioned also under specific provisions as regards for instance monitoring, reporting and evaluation. Member States must also ensure the participation of the relevant bodies responsible for promoting non-discrimination in the partnership, and ensure adequate structures in accordance with national practices to advise on gender equality, non-discrimination and accessibility in order to provide the necessary expertise in the preparation, monitoring and evaluation of the ESI Funds.

The General Regulation sets out for the first time ex-ante conditionalities as pre-conditions to ensure that institutional and strategic policy arrangements are in place for effective investment. Member States are to self-assess whether they fulfil the ex-ante conditions. The Commission is to review Member States' fulfilment of the ex-ante conditions and may decide to suspend all or part of interim payments pending the satisfactory completion of actions to fulfil an ex-ante conditionality.

There are **general** and **thematic** ex-ante conditionalities. **General** conditionalities apply to all sectors and policies supported by the ESI Funds. One of the seven **general** ex-ante conditionalities is the existence of administrative capacity for the implementation and application of the UNCRPD in the field of ESI Funds. Another **general** ex-ante conditionality is the existence of administrative capacity for the implementation and application of EU anti-discrimination law and policy in the field of ESI Funds. One of the **thematic** ex-ante conditionalities concerns active inclusion of people excluded from the labour market and may include measures for the shift from institutional to community-based care. The thematic ex-ante conditionality referring to the existence of a strategic policy framework for health will be verified also on the basis of the service delivery model, for example the shift from hospital and institutional-based care to community-based care.

The new European Social Fund (ESF) Regulation states that the Fund should support the fulfilment of the Union's obligation under the UNCRPD with regard inter alia to education, work, employment and accessibility. Article 8 of the ESF Regulation states that actions must aim to combat all forms of discrimination as well as to improve

accessibility for persons with disabilities, with a view to improving integration into employment, education and training, thereby enhancing social inclusion, reducing inequalities in terms of educational attainment and health status, and facilitating the transition from institutional to community-based care, in particular for those who face multiple discrimination. In the programming period 2014-2020 at least 20% of ESF funding will target social inclusion through:

employability measures such as individualised support, counselling, guidance, access to general and vocational education and training, as well as access to services, notably health and social services, child care, and internet services;

specific actions targeting people at risk of discrimination and people with disabilities and chronic disease with a view to increasing their labour market participation, enhancing their social inclusion, and reducing inequalities in terms of educational attainment and health status;

enhanced access to affordable, sustainable and high-quality social services such as employment and training services, services for the homeless, out of school care, childcare and long-term care services;

access to e-services to promote e-inclusion;

support for the transition from institutional care to community-based care services also for people with disabilities, the elderly, and people with mental disorders, with a focus on integration between health and social services.

Promoting the transition from institutional to community-based services is one of the investment priorities of the European Regional Development Fund (ERDF), which aims to strengthen economic and social cohesion in the EU.

The ERDF can support targeted investments in mainstream health and social infrastructure, education, housing and specialised services to enhance access to high-quality services in the community, with the aim of ensuring individualised care and support, social inclusion and respect for the rights of the service users. The ERDF should not be used to support the building of new residential institutions or the renovation and modernisation of existing ones. Targeted investments in existing institutions can be justified only exceptionally with the purpose of addressing urgent and life-threatening risks to residents

linked to poor material conditions, but only as transitional measures within the context of a de-institutionalisation strategy.

According to the principle of shared management to which the Funds are subject, the Commission has the responsibility to ensure that the Member States' operational programmes comply with EU law, including EU legislation and the CRPD, and their strategies are in line with the EU strategies and policies, including the Disability Strategy. Implementation on the other hand lies with the Member States. At the moment Member States have submitted their Partnership Agreements (PA) to the Commission. The Commission will make observations within 3 months of the date of submission of the PA by the Member State and shall adopt the Agreement no later than 4 months from its submission, provided that the Member State has adequately taken into account the observations made by the Commission.

This means that the PAs should be adopted by end of August 2014. The Operational Programmes (OPs) shall be submitted by Member States at the latest 3 months following the submission of the PA. Here again, the Commission shall make observations within 3 months of the date of submission of the OP and adopt the OP no later than 6 months from the date of its submission, provided that the Member State has adequately taken into account the Commission observations. All OPs are expected to be adopted by the end of January 2015.

The Commission recognises the important role of stakeholders, such as NGOs, DPOs and service providers, in monitoring investments, raise awareness of the situation of persons with disabilities in residential settings, and provide guidance for compliance with the principles of the CRPD for an effective transition to community-based living. This involvement of stakeholders can build on useful experiences made during the previous programming period.

To support the transition to community living, in 2009 Vladimir Spidla, then Commissioner responsible for Employment and Social Affairs, mandated an Ad Hoc Expert Group on Institutional Care Reform to deliver a stock-taking report. The Ad Hoc Expert Group was composed of representatives of major pan-European CSOs which deal with the issues of deinstitutionalisation and reform of institutional care. These include EASPD (European Association of

Service Providers for Persons with Disabilities), EDF (European Disability Forum), Inclusion Europe, Mental Health Europe, AGE (European Older People's Platform), COFACE (Confederation of Family Organisations in the EU), ECCL (European Coalition for Community Living) and the Children's High Level Group. The report drew up a set of common basic principles from existing good practice, including: respecting users rights and involving them in decision-making, prevention of institutionalisation, the creation of community-based services, the closure of institutions, restriction on investment in existing institutions, development of human resources, efficient use of resources, control of quality, the development of a holistic approach beyond independent living to cover related fields such as employment, social policy, transport, and continuous awareness raising.

The Commission has been cooperating with the European Expert Group on the transition from institutional to community based care, which succeeded to the Ad Hoc Expert Group, in the organisation of national seminars in the Member States to support the programming of ESI Funds actions promoting effective transition to community-based living. Organised by a national authority and facilitated by the Expert Group with the support of the Commission, each seminar has primarily addressed to representatives of national, regional and local authorities from social affairs and welfare, regional development and finances, ESF and ERDF management authorities as well service providers and users representatives.

Also in other policy areas the Commission is mainstreaming disability policy objectives like promoting and supporting independent living, for instance through e-accessibility and the development of ICT, including by funding research, development and innovation in these areas. The Competitiveness and Innovation Framework Programme 2007-2013 encouraged the development of ICT-based solutions to improve the lives of persons with disabilities. The EU has also been participating in the Ambient Assisted Living Joint Programme (AAL JP) and has co-financed actions to enhance the quality of life of older people through solutions for independent living using ICT.

This completes the overview that I wanted to give to you today, but I would like to add something else.

At the beginning of my talk I mentioned that many Europeans seem to be increasingly critical of what the European Union is doing to their lives. Also in the Disability movement the work of the EU Commission is followed very critically, and quite rightly so.

It was therefore a heart-warming moment for me earlier this week when I saw on the Euronews TV channel in the program U talk, one of the Disability movement leaders and a man well known for his outspokenness. It was Mr. Stig Langvad, Executive member of the European Disability Forum and also member of the UN Committee on the Rights of Persons with Disabilities. He told to viewers across Europe: "Over the last 15-20 years, I can see that the European Union has been the key driver of changes for persons with disabilities."

"They've made regulations in almost all areas concerning transport; they've made significant changes when we look upon the non-discrimination at the workplace; they're (now) working to make sure that public websites are becoming accessible and usable for persons with disabilities" (you heard that yesterday from my colleague Ramon Sanmartin)

Stig Langvad continued: "(These are) things that member states would not have been doing, if the European Commission and the European Parliament had not put pressure on them, probably because member states have the perception that it is expensive to live up to the needs of persons with disabilities, which is not correct."

"Everytime you make sure that persons with disabilities are able to cope by themselves, you don't have to provide assistance. The European Union can do even more: they could start focusing much more on standardisation to make sure that everytime you adapt, renovate, buy new equipment then it is accessible for persons with disabilities."

These words, that I have been quoting with great pleasure, are encouraging us to continue our work for a more inclusive and accessible Europe for all.