



**EUROPEAN EXPERT GROUP ON TRANSITION FROM
INSTITUTIONAL TO COMMUNITY-BASED CARE**

REPORT ON THE TRANSITION FROM INSTITUTIONAL CARE TO COMMUNITY-BASED SERVICES IN 27 EU MEMBER STATES

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Authors note

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Foreword

One step forward, two steps back?

The European Expert Group on the transition from institutional to community-based care (hereinafter: the “*EEG*”) introduces the **Report on the Transition from Institutional Care to Community-Based Services in 27 EU Member States** (hereinafter: the “*Report*” or the “*Study*”). This Study comes to mark 10 years from the publication of a first important report¹, mandated by EU-Commissioner Vladimir Špidla to address the issues of institutional care reform and find solutions for more humane, person-centred, and individualised models of care.

In times of the COVID-19 pandemic and lockdowns, this new Report comes at a critical juncture, where the defining negative aspects of institutionalisation (the congregation of a large number of people in one building and the deprivation of social contacts) are increasingly blatant and only tend to aggravate with exposure to the virus. The way this crisis is affecting those who need daily care and their support systems stems from structural underinvestment in the inclusion and well-being of all, and in the promotion of different models of support in the community. This is also reflected in the findings of this Report. If nothing changes, the consequences of this crisis are likely to be devastating to the most vulnerable, with long-term consequences on their well-being and development.

Again upon a mandate from the European Commission and in consultation with the members of the EEG, the authors of the present Report, Jan Šiška and Julie Beadle-Brown, inquired how far the transition from institutional to family and community-based care and support has progressed in the past 10 years. This Report offers a **broad picture on situations, solutions and trends in deinstitutionalisation and community-living** in the EU for **persons with disabilities, with mental health problems, experiencing homeless, children** (including children with disabilities and unaccompanied or separated migrant children), and **older adults in 27 EU countries**². The picture drawn in Europe highlights the following trends:

- there are still at least *1'438'696 persons living in institutions*;
- the *number of people in institutions* does not seem to have *substantially changed over the past 10 years*;
- *the number of children in residential care has slightly decreased*, with them moving to live with their families, being fostered, adopted, or reaching majority and therefore leaving residential care for children;
- *in all the 27 EU countries, people are living in residential care*, with only a small number of it being primarily small-scale and community-based, e.g. dispersed among ordinary housing in the general community. Small-scale residential services still represent a minority of the care settings in most of the 27 EU countries;
- in some of the countries, *people stayed longer in prison and hospitals than needed because of the lack of accommodation in the community*, while in others *institutional care was the main form of care provision for children without parental care*.
- in many countries, and especially those who started the process of deinstitutionalisation (or *DI*) some time ago *persons with intellectual disabilities and complex needs are most likely to still live in institutional settings*.

Based on these findings, the Report furthermore highlights **key concerns** and **potential solutions** that have emerged from its analysis, such as:

- The importance of *person-centred and individualised support for all*, including people with complex support needs, is the only way to ensure full inclusion and participation in the community. The *way* care is being provided, the *quality* of support, and their outcomes in terms of *quality of life* are key indicators.
- Although *DI* is also about the implementation of Article 19 of the UN Convention on the Rights of Persons with Disabilities, there is *very little information available on people's lived experiences in terms of choice and control, inclusion, and participation*. Understanding the impact of policies on the lives of people should be a key target. Clear *definitions, shared terminology, and independent research* are fundamental elements to achieve this.

¹ Ad Hoc Expert Group (2009) Report on Transition from Institutional to Community-based Care. Available at https://deinstitutionalisationdotcom.files.wordpress.com/2017/11/report-fo-the-ad-hoc_2009.pdf

² Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherland, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

- In almost all countries, the *lack of affordable community-based and social housing* is one of the primary barriers to scaling up community living, and to combating homelessness; *appropriate housing policies, strategies, and practices* are crucial to sustaining deinstitutionalisation efforts.
- *Many of the so-called “small-scale” residential care facilities continue to accommodate large groups of people*, making individualised attention and inclusion into the community rather difficult and, thereby, perpetuating a segregating culture, instead of promoting community-based alternatives.
- *Responsibility* is an issue. In many of the countries where DI is one of the EU priority areas, the transition risks being perceived as an “EU funded project”, lacking long-term sustainability, and scaling up of results beyond EU funding. Furthermore, there is a widespread *transfer of responsibility* from the national to the local level, *not always accompanied by funding*, with potential issues in terms of coordination, consistency, and competence of services. *National leadership* is essential in making widespread changes with multi-level and cross-sectoral *coordination*. *National strategies on DI need to comprise adequate funding, concrete implementation, and monitoring mechanisms*.

The EEG and its members are committed to continue their advocacy efforts and to support the EU, its Member States and other key actors in their deinstitutionalisation efforts and strongly encourages them to ensure that the rights of persons in need of care and support are not to further compromised by the consequences of the COVID-19 pandemic.

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EXECUTIVE SUMMARY

Introduction

Since 2009, numerous stakeholders at European and national level have been working on promoting social inclusion, combating poverty and discrimination, and making the shift from institutional to community-based care a reality for a variety of target groups in European countries.

There is strong evidence from research over many decades that community-based alternatives can provide better outcomes^{3,4,5}. In addition, costly improvements in the physical conditions of existing institutions or the division/redesign of existing institutions into smaller units fail to change the institutional culture and make it more difficult to close these institutions in the long term.

Previous research showed that such an institutional culture is often still present in smaller community-based residential services and relatively resistant to change even in the countries that started the process of deinstitutionalisation much earlier than others^{6,7}. The report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care⁸ noted the difficulties in defining what an institution is and focused instead on institutional culture. They use the following definition in the report: “any residential care where:

- users are isolated from the broader community and/or compelled to live together;
- these users do not have sufficient control over their lives and over decisions which affect them;
- the requirements of the organisation itself tend to take precedence over the users' individualised needs.”

The aim of this report was to collate information about policies and plans, changes over time, strengths and areas of concerns relevant to advancement in deinstitutionalisation in 27 EU countries and for six target groups: adults with disabilities, adults with mental health problems, children (including children with disabilities), unaccompanied or separated migrant children, homeless persons and older adults. However, as identified in other recent studies⁹, very limited information (either official statistics or research) is available for any country in Europe on the extent to which people participate in their community, how well they are accepted as part of their community, the choice they have over living situation, whether they have choice and control in their lives more generally and have freedom to leave where they live, the quality of the support they receive, whether they feel treated with dignity and respect, etc.

In the absence of such data, we have to resort to looking at living situation. Whilst it is accepted that living in an ordinary house, dispersed in the community is *not sufficient* for a better quality of life or full citizenship, especially for those with more severe and complex needs, it is a *necessary* condition¹⁰. Just looking at how many people are living in the community compared to in institutional settings, does not in itself tell us much about their quality of life or whether they have choice, control and are participating as full members of their community. However, having a home in the community just like everyone else is the first step to being present and visible in the community, which in turn is the first step to participation and being seen as a valued member of the community¹¹. Where possible we will differentiate between different models of services referred to as “community based” and between different services referred to as “institutions”. For adults, we will

³Mansell J., Knapp M., Beadle-Brown J. and Beecham, J. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 2: Main Report*. Canterbury: Tizard Centre, University of Kent.

⁴Kozma, A., Mansell J., Beadle-Brown J. Outcomes in different residential settings for people with intellectual disability: a systematic review. *Am J Intellect Dev Disability* 2009;114:193–222. doi:10.1352/1944-7558-114.3.193

⁵McCarron M, Lombard-Vance R, Murphy E, et al (2019) Effect of deinstitutionalisation on quality of life for adults with intellectual disabilities: a systematic review *BMJ Open* 2019;9:e025735. doi: 10.1136/bmjopen-2018-025735

⁶See for example, Ericsson, K. (2005) The Institution of the Mind - The Final Challenge, *Tizard Learning Disability Review*, Vol. 10 No. 1, pp. 57-61.

⁷Christine Bigby, Marie Knox, Julie Beadle-Brown, Tim Clement, Jim Mansell (2012) Uncovering Dimensions of Culture in Underperforming Group Homes for People with Severe Intellectual Disability. *Intellectual and Developmental Disabilities*: December 2012, Vol. 50, No. 6, pp. 452-467.

⁸Ad Hoc Expert Group (2009) Report on Transition from Institutional to Community-based Care. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes>

⁹Šiška, J, Beadle-Brown, J and Káňová, Š & Tøssebro, J (2017) Active citizenship and community living in Europe – current policy, practice and research. In: Halvorsen, Rune, Hvinden, Bjorn, Bickenback, Jerome, Derri, Delia, Rodrigues, Ana Marta Guillen, (Eds) *The Changing Disability Policy System: Active Citizenship and Disability in Europe Volume 1*. Routledge Advances in Disability Studies. Routledge, Abingdon UK and New York, 72 -89. ISBN 978-1-138-65288-0. E-ISBN 978-1-315-62393-1.

¹⁰Mansell, J. (2006) Deinstitutionalisation and community living: progress, problems and priorities. *Journal of Intellectual and Developmental Disability*, 31(2), 65-76

¹¹Šiška, J., Beadle-Brown, J., Káňová, Š. & Kittlessea, A (2017) Changes and Diversity in Community Living in Europe – the Experiences of Persons with Disabilities. In: Halvorsen, Rune, Bjørn, Hvinden, Julie, Beadle Brown, Mario, Biggeri, and, Tøssebro & Anne, Waldschmidt (Eds). *The lived experiences of persons with disabilities in nine countries: Active Citizenship and disability in Europe Volume 2. 1*, Routledge Advances in Disability Studies, 2017.

try to differentiate between independent/supported living (defined as where housing and support are separate), small-scale community-based services where people may not own or rent their own home but otherwise live in an ordinary home in the community, and larger scale residential services. For children we will differentiate where possible between living in a family setting (with biological, adopted or foster families) from any other type of arrangement.

This report will look at both change over time with a particular focus on evidence related to the closure of institutions and the development of alternative arrangements in the community, as well as broader actions to reform legislation and public services. To some extent, the report also reflects the impact of European Union strategy and actions including the European structural and investment funds, on advancing the right to live independently and to be included in the community.

Methodology

The compilation of national reports was mainly based on desk analysis of existing legislation and policy documents, already published reports, academic literature, datasets and information from national authorities available in the public domain rather than on primary research.

The report draws on a number of key sources of information, including: The European Expert Group on the Transition from Institutional to Community-based Care (EEG) guideline and reports; European Social Policy Network reports on fighting homelessness and social exclusion; Structural Funds Watch documents; Eurochild Opening Doors Country Fact Sheets; European Semester Country Reports; EEG Country Reports; the Academic Network of European Disability Experts (ANED) country reports, country reports on migration and asylum in relevant countries.

Where these did not provide sufficient information, additional searches were conducted for other reports, academic papers and online information about systems and policies to help to make the reports as comprehensive as possible in the time available. Particular use was made of the European Agency for Fundamental Rights reports on independent living, reports of the Open Society Foundation and Mental Health Europe, Lumos Foundation publications on children, European Migration Network country reports, DECLOC 2007 original reports on outcomes and costs of deinstitutionalisation, UNICEF TransmonEE datasets, Eurofound report on care homes for older Europeans, European Network for Independent Living (ENIL), Eurostat database, and monitoring reports of the United Nation Human Rights Committee.

It is important to note that any review such as this is only as good as the data that is available to collate. It is recognised that the data are limited in a number of ways. Firstly, there was a lack of data in some countries and therefore little information to collate.

Secondly, data from each country and related to each target groups often differed in a range of ways – in some countries data were given as people, in others as places. In some countries, older adults with age related disability were not distinguished from those with disabilities that existed prior to older age. In some cases, data for children were not disaggregated so that knowing how many children have disabilities was not known.

Thirdly, differences in terminology and definitions created problems with comparability and sometimes discrepancies between different sources. For example, a key issue was the definition of residential care and of institutional care. Some sources and some countries include all service provision within the definition of “institution”. Others include any residential care, i.e. where support and accommodation are provided together. Still others refer to institutions as services over a certain size (e.g. 30 places).

Fourthly, the data presented in already published reports are taken as an accurate picture of the situation at the time the data were collected and analysed. It was not possible to check the accuracy of every piece of information read but where primary authors commented on a lack of accuracy of data this was taken into account in deciding whether to use it or not. This report is not therefore a result of a systematic review. However, attention was also paid to discrepancies in the data available and this was highlighted and commented on where needed.

In addition, different countries are at different points in the process of transformation, face different challenges and vary in the size of population. As such, the aim was not to compare one country to another in terms of absolute numbers but to look for trends and think about the current situation of people in the target groups in each country.

Overall, the report is not intended as a fully representative and comprehensive source of information. Nonetheless, for the first time, this study collates information from a range of target groups in one place and offers a broader picture on situations, solutions and positive trends in deinstitutionalisation and community-living for adults and children in 27 EU

countries. The evidence gathered makes it possible to formulate some conclusions about the current situation and the trends in living and support arrangements over the past decade within Europe. As such, it also allows us to draw out potential indicators of the impact of policy and funding on policy, practice on the lives of EU citizens in need of support. Despite the limitations, it is hoped that it may at the very least provide a baseline against which to compare outcomes, including the available of data, at the end of the next EU session.

Overview of key findings

Is policy supportive of the transition to community living for all people?

Considering policy and systems relevant to adults with disabilities, children, adults with mental health problems and older adults, no country had specific policy (legislation or strategy papers) covering all four of these groups although Romania and Hungary were the closest to doing so. In most countries, specific policies applied to only one or two groups (most commonly adults with disabilities and children) or reference to transforming services and deinstitutionalisation was more indirectly referenced in general policies. Policy in Spain appeared to make no specific reference to deinstitutionalisation and community living for any of the four groups.

Are people still living in institutions?

Using the definition set out in the introduction, available data for each country was collated for children and adults with disabilities, children without disabilities and people with mental health problems. Even where data were available, it wasn't always possible to distinguish different groups or ages. Also, data were not always very clear as to the nature of services included under the term "residential care". However, in general very few countries provided residential services for 6 or fewer people.

In order to provide an indication of the total number of people still in institutions, the total number of people (or in the absence of data on people, number of places) across each country and across the four groups was calculated. The analysis identified that there were at least 1,438,696 children and adults living in institutions.

This is likely to be a substantial under-estimate as it does not include unaccompanied migrant children who don't live in children's residential care homes and it does not include older adults, including some older adults with disabilities who are in older adult care homes. In addition, full data were not available for all countries and data were only included in the calculations when there could be some certainty about its accuracy and that it wasn't going to be double counted.

Table 1 below summarises where residential services over 30 places are still being used for any of the target groups - this was the definition used in the Deinstitutionalisation and Community Living Outcomes and Costs (DECLOC, 2007) report, which for many countries in this report was the main comparison point. The table below is for illustrative purposes to show the extent to which even larger institutions still exist.

Although the table only shows whether there were people in larger institutions, we note that in every country featured, at least some residential care was still provided for all groups, even for children without disabilities. Only in Sweden was all residential provision for adults small scale and community-based. In most countries, such small residential services were a minority form of services, although in a few countries such small residential services were part of the community-based provision for people with mental health problems.

As can be seen there is little data allowing us to comment on whether homeless people are in institutional services. Temporary shelters were not included as institutional settings. However, it is noted that in almost all countries homeless people stayed much longer than they should have in such temporary accommodation due to a lack of appropriate housing in the community. Although no one should end up in a shelter as a result of deinstitutionalisation, it was noted that in some countries people stayed longer in prison and hospitals than needed because of the lack of accommodation in the community. In some countries where institutional care was the main form of provision for children without parental care, homelessness was a relatively frequent outcomes on reaching 18.

Table 1: Summary of findings on the current living situation of each group – are larger institutional settings (defined solely for this purpose as over 30 places) still used?

Country	Children	Children with disabilities	Adults with disabilities	Adults with mental health problems	Older adults	Unaccompanied and migrant children	Homeless people
Austria	NO	YES	YES	YES	YES	YES	ND
Belgium	YES	YES	YES	YES	YES	YES	ND
Bulgaria	YES	YES	YES	YES	YES	YES	ND
Croatia	YES	YES	YES	YES	YES	YES	ND
Cyprus	YES	YES	YES	YES	YES	YES	ND
Czechia	YES	YES	YES	YES	YES	YES	ND
Denmark	YES	YES	YES	YES	YES	YES	ND
Estonia	YES	YES	YES	YES	YES	ND	ND
Finland	ND	YES	YES	YES	YES	(NO)	ND
France	YES	YES	YES	YES	YES	YES	ND
Germany	YES	YES	YES	YES	YES	YES	ND
Greece	YES	YES	YES	YES	YES	YES	YES
Hungary	YES	YES	YES	YES	YES	YES	YES
Ireland	NO	YES	YES	YES	YES	NO	ND
Italy	YES		YES	YES	YES	YES	ND
Latvia	YES	YES	YES	YES	YES	ND	ND
Lithuania	YES	YES	YES	YES	YES	ND	ND
Luxembourg	DN	(YES)	YES	YES	YES	NO	YES
Malta	DN	(YES)	YES	YES	YES	(YES)	ND
Netherlands	YES	YES	YES	YES	YES	(NO)	ND
Poland	YES	YES	YES	YES	YES	YES	YES
Portugal	YES	YES	YES	YES	YES	YES	ND
Romania	YES	YES	YES	YES	YES	YES	ND
Slovakia	YES	YES	YES	YES	YES	YES	ND
Slovenia	YES	YES	YES	YES	YES	YES	ND
Spain	YES	YES	YES	YES	YES	YES	ND
Sweden	NO	NO	NO	NO	NO	NO	ND

Key: ND = no data available; YES = large residential services used; (YES) = large residential services used very occasionally or for a very small number of people; NO = large residential services not used; (NO) = large residential services almost never used for this group (only used with unaccompanied migrant children).

Are people living independently in the community, receiving support in their own homes?

Although detailed information on the number of people receiving personal assistance (through a personal budget or paid directly by health or social care services) is not available for most countries, we can look at least at whether personal assistance is part of the community-based support system. In 16 countries, at least in some form and for some groups, usually for adults with disabilities. In another 6 countries, there were plans to introduce personal assistance for adults with disabilities or a pilot project was in place. However, only in Sweden was personal assistance the predominant model of community-based provision.

It was less clear about the use of personal assistance for people with mental health problems, although, from the information that was available, it appeared that personal assistance was rarely available for this group. In only five countries was it clear that people with mental health problems could be supported via personal assistance. In two of these countries, it was limited to only a very small number of people. For example, in the Netherlands, personal assistance was used by families with a child with mental health problems while in Slovakia, personal assistance was available but only used by a very small number of people with mental health problems, primarily due to a lack of awareness of its availability.

The development or expansion of personal assistance schemes was a key recommendation from the UN CRPD Committee for many countries.

Has the situation changed in the past 10 years?

At an overall level, the total number of people or places reported above was compared (with some adaptation) to the data from the DECLOC 2007 study. Including data just for children with disabilities and omitting Croatia (which was not included in the DECLOC study), Greece and Austria for which no data at all was available in 2007, the total number of people in institutions was calculated as at least 1,294,253 children and adults with disabilities and mental health problems. This was compared to the estimated prevalence data in Table 10 of the DECLOC report (without the UK, Turkey and Sweden) which was calculated at 1,286,059. As such, at a general level there appears to be very little change over time.

However, the overall figure masks some differences between countries and target groups. Table 2 summarises the changes that occurred in terms of a shift towards deinstitutionalisation in each country. In some countries and for some groups, it was not possible to look, even crudely, at change over time, as the data were just not available. As can be seen from Table 2, the most positive changes have occurred for children in terms of a reduction in the number of children in residential care. In many cases, these children moved back to live with their families or were fostered or adopted. In some cases, they left because they had reached the age of majority. It was not always known what happened to these young people once they left but at least in some countries they ended up homeless initially and some for extended periods. In most countries, at least some children moved to another residential care service.

However, there has also been some positive change in some countries for adults with disabilities. The countries that showed the most consistent change for both children and adults were, for the most part, those that have benefitted from European structural funds (highlighted in bold). However, as table 1 illustrated, residential care, including larger institutions, is not limited to central and eastern Europe but is an issue across almost all countries for almost all groups of people. Increased residential care for older adults was only indicated where there was no evidence of an increase in home and community care as well as residential care – the reason for expansion of older adults' care was primarily due to a fast aging population in most countries.

Table 2: Summary of change in institutionalisation over time from 2009 (or as close to that year as data available) for each country

Country	Children	Children with disabilities	Adults with disabilities	Adults with mental health problems	Older adults
Austria	ND	ND	ND	↓	NA
Belgium	↑	ND	ND	↓	ND
Bulgaria	↓	↓	NC	NC	NC
Croatia	↓	↓	↓	NC	↑
Cyprus	ND	ND	NC	NC	ND
Czechia	↓	NC	↓	NC	NC
Denmark	↓	ND	NC	ND	ND
Estonia	↓	NC	↓	ND	ND
Finland	ND	↓	↓	ND	ND
France	NC	NC	↑	ND	↑
Germany	ND	ND	ND	ND	↑
Greece	↑	↑	NC	↓	ND
Hungary	NC	↓	NC	↑	ND
Ireland	NA	↓	↓	↓	↑
Italy	↑	↑	ND	ND	NC
Latvia	↓	↓	↓	↑	↓
Lithuania	↓	↓	↑	ND	NC
Luxembourg	ND	ND	↑	ND	ND
Malta	ND	ND	ND	NC	↑
Netherlands	↑	ND	↓	↓	ND
Poland	↓	↓	NC	NC	↑
Portugal	ND	ND	↑	↓	↓
Romania	↓	↓	NC	↓	↑
Slovakia	↓	NC	↓	NC	↑
Slovenia	↓	↓	ND	ND	NC
Spain	ND	ND	ND	ND	↓
Sweden	NA	NA	NA	NA	NA

Key: ND = no data available to determine change; NA = not applicable as institutional services no longer used; ↑ = increase in institutional services; ↑ = slight increase in institutional/decrease in community services; ↓ = decrease in institutional services; ↓ = slight decrease in institutional settings; NC = no change; ↓ = reduction in older adults using residential services because they moved back home to contribute pension/benefits to family income.

Summary and conclusions

The first key finding is that there were slightly more data available now on living situation than there had been in 2007. Although this wasn't true for all groups of people, at least some data were available for all countries, whereas in 2007 there were some countries where no data were available at all. In particular, data on adults with disabilities was available in some format for all 27 countries. It was also possible now to separate older adults from younger adults for most countries, although older adults with disabilities were likely to be subsumed under older adults more generally. Data on the situation of children was most comprehensive, thanks primarily to the work of Unicef, Eurochild and Lumos.

The data reviewed showed that in all countries there are still people living in residential care, although in a few countries this is primarily small-scale and community-based (i.e. dispersed among ordinary housing in the general community). The estimated number of people in residential care (the majority of which is still large-scale, segregated and congregate) has not changed since 2007. In almost all countries, independent living through personal assistance is still a minority form of provision and even small community-based residential settings are a minority form of provision.

However, despite the limitations in the data available and the overall picture, there is evidence of some progress, especially for children, and in countries within the group of 12¹² where deinstitutionalisation was one of the priority areas for investments for 2014 – 2020. Evidence of increased support for families and increased use of and support for foster families is encouraging, although of course such approaches need to be scaled up and applied much more widely. Those who were most likely to be in larger residential provisions were: 1) children with disabilities, in particular those with intellectual disabilities, autism and those who showed challenging behaviour; and 2) unaccompanied and separated migrant children.

Positive change was less obvious for adults with disabilities and for people with mental health problems, although data were not always available to allow comparison over time. For adults with disabilities there had been some progress, but this was not consistent - in some countries, there appeared to be evidence of more people living in residential care than in 2007. People with intellectual disabilities were the most likely to be living in institutional settings.

For those countries where there was some data on people with mental health problems, the most common pattern was no change. Personal assistance was not at all common for those with mental health problems, potentially because it is not always viewed as a long-term condition and flexibility of services and the ability of services to respond to changes in the needs of individuals with mental health problems is likely to be an issue¹³.

Trends for older adults are difficult to pull out from the existing data as the growing population of older adults has resulted in urgent investment in more places in care homes in some countries, thus confounding patterns of change. In some countries, institutional and community-based services/places for older adults are reported together with other groups using long-term care and, in most countries, detailed information on the number receiving homecare and for how long and how important that was in preventing admission to a care home was not available. In addition, some interesting patterns emerged in some countries where the economic crisis had hit hardest - reductions in the number of people in care homes did not necessarily reflect any policy or plan but rather decisions by older adults to go back to live with their offspring so that their pension or benefits could support the family rather than being given to the care home.

Data on accommodation for homeless people was limited especially in terms of the number of people who stayed or went to live in institutions because they were homeless. However, this clearly was happening in some countries. In addition, homelessness was often found to be associated with mental health problems and drug and alcohol dependency, as well as, in some countries, nowhere to go for those young people living in children's institutions when they reached the age of majority.

There are many points arising from the data that warrant discussion and substantially more detailed synthesis of the available information would be possible. However, we highlight here a number of the key themes, issues and potential solutions that have emerged from the analysis. A common theme across all the countries was the importance of housing policy, strategies and practices. In almost all countries, a general lack of affordable community-based housing (and in some cases social housing) was likely to be a primary barrier to scaling up community living as well as combatting homelessness.

¹²Bulgaria, Croatia, Czechia, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

¹³Šiška, J., Beadle-Brown, J., Káňová, Š. & Kittlesea, A. Changes and Diversity in Community Living in Europe – the Experiences of Persons with Disabilities. In: Halvorsen, Rune, Bjørn, Hvinden, Julie, Beadle Brown, Mario, Biggeri, Jan, Tøssebro & Anne, Waldschmidt (Eds). *The lived experiences of persons with disabilities in nine countries: Active Citizenship and disability in Europe Volume 2. 1*, Routledge Advances in Disability Studies, 2017.

A lack of attention given to social housing and affordable housing was observed in many different forms. For example, issues included: a lack of actual houses, low rental stock due to historical and culture patterns, and the problem of increased house prices and rental costs; generally increase housing related costs (utilities, maintenance etc.); and increased unemployment and general poverty, in many places due to the financial crisis. In addition, the creation of larger buildings to host temporary increases in the number of immigrants has provided in some countries a source of institutional style accommodation for people with disabilities.

A second theme that emerged was the increased prevalence of the transfer of responsibility for these target groups from national or federal level to regional or municipality level. This provides a challenge, not only because the transfer of responsibility is not always accompanied by the transfer of relevant funding, but such transfers of responsibility can create issues in terms of co-ordination, consistency and competence of services. As noted already in the DECLOC study (2007¹⁴), national leadership is essential in making widespread changes and co-ordination is needed not just vertically through different levels of government but across sectors. The shared issues, barriers and potential opportunities created by working across the different target groups and across different sectors (e.g. health, social care, housing, social protection, education, transport, employment) emerged as a potentially key factor in success, as observed in both the DECLOC study¹⁵ and the FP 7 DISCIT study¹⁶.

Another common issue in a number of countries, in particular those within the group of 12¹⁷ where deinstitutionalisation is one of the priority areas for investments for 2014 – 2020, is that the policies and national strategies that have been developed often lack details about implementation and monitoring. In some cases, the intention to work towards deinstitutionalisation and a better system of community support is only mentioned “in passing” in more general policies. In many of these countries, there was a sense that deinstitutionalisation was still seen as an “EU funded project” and little attention is given to long-term sustainability, how to scale up the results and how progress will be continued once European Structural and Investment Funds are not available. In some countries, it appears that the only changes seen have come about as a direct result of structural fund investments and this begs the question as to whether it would have happened at all without such investment.

The lack of defined targets in plans and the lack of well thought out data makes progress difficult to assess. It also makes it problematic to encourage accountability. Other reports recommended a minimum dataset and various suggestions of what these might include have already been made (DISCIT 6.3)¹⁸. The UNICEF Transmonee dataset¹⁹ would be a good model for this. However, it is important not to just collect information on how many people there are in institutions (with a clear definition provided) but also for example, how many have moved out, what made them move and to where they have moved. In addition, it is important to know the number of people not placed in institutions - where they are living and how their support is provided. The data provided in the current report could potentially act as a first baseline and an indication of where data are currently missing.

Another key point, especially in thinking about whether the UN CRPD Article 19 is actually being “progressively realised”, is the fact that some of the community-based services developed do not meet the definition of community living set out in Article 19 of the UN CRPD, or indeed any earlier definitions of community living (e.g. Mansell and Beadle-Brown, 2010²⁰). There are many examples of smaller institutions being created and older institutions being reorganised into smaller units but essentially the provision is still a large group of people on one site. Even with personal budgets/direct payments there were differences in how they could be used – in some countries they could be used to buy places in residential care rather than used for personal assistance to help people live in their own home with support coming into them. Services referred to as “supported living” also varied in model and size with few countries providing supported living arrangements that met

¹⁴ Mansell J., Knapp M., Beadle-Brown J. and Beecham, J. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 2: Main Report*. Canterbury: Tizard Centre, University of Kent.

¹⁵Ibid.

¹⁶Šiška, Jan; Beadle Brown, Julie and Káňová, Šárka(2016). *DISCIT Making Persons with Disabilities Full Citizens – New Knowledge for an Inclusive and Sustainable European Social Model Deliverable 6.3 (D6.3) Transitions from institutions to community living in Europe*. Available at: https://blogg.hioa.no/discit/files/2016/02/DISCIT-D6_3-Final-July-2015.pdf

¹⁷Bulgaria, Croatia, the Czechia, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

¹⁸ Šiška, Jan; Beadle Brown, Julie and Šárka Káňová (2016). *DISCIT Making Persons with Disabilities Full Citizens – New Knowledge for an Inclusive and Sustainable European Social Model Deliverable 6.3 (D6.3) Transitions from institutions to community living in Europe*. Available at: https://blogg.hioa.no/discit/files/2016/02/DISCIT-D6_3-Final-July-2015.pdf

¹⁹See <http://transmonee.org/dashboard/Transmonee2018#/>

²⁰Mansell, J., & Beadle-Brown, J. (2010). Deinstitutionalisation and community living: Position statement of the comparative policy and practice special interest research group of the international association for the scientific study of intellectual disabilities. *Journal of Intellectual Disability Research* 54(2), 104-112.

the definition or were consistent with the ethos of supported living. In addition, little attention appears to have been given to the issue of support and the skills and motivation of those who provide the support²¹.

We know that for those who need more intensive or regular support in order to access the opportunities available for a good life in the community, how support is provided (minute-by-minute, day by day) has been found to be key²². Research has shown that size of setting can facilitate or impede staff providing enabling and empowering support and that once settings go above six places, the quality of support and the quality of life outcomes of people, including choice and control start to deteriorate, even when staff are well trained²³. Research has also found that living in your own flat with support from a personal assistant or a team of staff, does not guarantee that the quality of support will be good and that people will be full participants in their community²⁴. However, although supporting people in their own home should at least in theory make it easier for staff to provide good support especially for choice and control, recent research²⁵ highlighted that not all countries have the systems yet that enable people with disabilities or mental health problems to own or rent their own home, especially in countries where homelessness or risk of housing exclusion is high for the general population. Lack of affordable housing, lack or low levels of housing benefits, poorly developed support services in the community and the fact that many people are still under guardianship and therefore cannot sign a contract are all factors potentially inhibiting a system based on supported-living and personal assistance.

As noted already Article 19 is not just about where people live but about “experiencing full inclusion and participation in the community” – being present in the community is only the first step in this process. Participating in the community and experiencing choice and control over not only your living situation but other areas of your life will often require support. However, as observed above and in other studies²⁶, there is very little information available on people’s lived experiences in terms of choice and control, inclusion and participation.

The FP7 DISCIT study was one of the few projects that attempted to gain the lived experience of people in different parts of Europe and to look at choice and control and whether people felt that they were active citizens, participating in their community. One important finding from this study was that the one group that was least likely to be *living* in the community, never mind experiencing inclusion and full participation, were people with intellectual disabilities. The continued exclusion and segregation of people with intellectual disabilities was also a finding from the current review. In many countries, especially those who started the process of deinstitutionalisation some time ago, it is those with intellectual disabilities who are still in institutional settings. Even in Sweden, where large scale institutions no longer exist, it is people with more severe intellectual disability and those with complex needs²⁷ who are least likely to be benefitting from personal assistance and more likely to be in residential care such as group homes.

Understanding the impact of policies and practice on the lives of people should be a key target – numbers related to where people live will only tell a very small part of the story. The role of research is critical here, especially to create a body of research that is independent from the agendas of policy makers, service providers and other stakeholders. However, in order for this to be possible, clear definitions and shared terminology and understanding are important.

²¹ Šiška, J., Beadle-Brown, J., Káňová, Š. & Kittlesea, A Changes and Diversity in Community Living in Europe – the Experiences of Persons with Disabilities. In: Halvorsen, Rune, Bjørn, Hvinden, Julie, Beadle Brown, Mario, Biggeri, Jan, Tøssebro & Anne, Waldschmidt (Eds). *The lived experiences of persons with disabilities in nine countries: Active Citizenship and disability in Europe Volume 2*. 1, Routledge Advances in Disability Studies, 2017.

²² For a review, see Mansell, Jim, Beadle-Brown, Julie (2012) *Active support: enabling and empowering people with intellectual disabilities*. Jessica Kingsley Publishers, London, 224 pp. ISBN 978-1-84905-111-8

²³ Bigby, C., Bould, E., Iacono, T., Kavanagh, S. and Beadle-Brown, J. (2019). Factors that predict good Active Support in services for people with intellectual disabilities: *A multilevel model*. *Journal of Applied Research in Intellectual Disabilities* [Online]. Available at: <https://doi.org/10.1111/jar.12675>.

²⁴ For example, see: Beadle-Brown, J., Leigh, J., Whelton, B., Richardson, L., Beecham, J., Bäumker, T. and Bradshaw, J. (2015). Quality of life and quality of support for people with severe intellectual disability and complex needs. *Journal of Applied Research in Intellectual Disabilities* [Online] online:0-0. Available at: <http://dx.doi.org/10.1111/jar.12200> and Bigby, Christine, Bould, Emma, Beadle-Brown, Julie (2017) Comparing costs and outcomes of supported living with group homes in Australia., *Journal of Intellectual & Developmental Disability*, . pp. 1-13. ISSN 1366-8250.

²⁵ Šiška, J., Beadle-Brown, J and Káňová, Š and Tøssebro, J (2017) Active citizenship and community living in Europe – current policy, practice and research. In: Halvorsen, Rune, Hvinden, Bjorn and Bickenback, Jerome and Derri, Delia, Rodrigues, Ana Marta Guillen, (EDS) *The Changing Disability Policy System: Active Citizenship and Disability in Europe Volume 1*. Routledge Advances in Disability Studies. Routledge, Abingdon UK and New York, 72 -89. ISBN 978-1-138-65288-0. E-ISBN 978-1-315-62393-1.

²⁶ Šiška, J., Beadle-Brown, J., and Káňová, Š. and Tøssebro, J (2017) Active citizenship and community living in Europe – current policy, practice and research. In: Halvorsen, Rune and Hvinden, Bjorn and Bickenback, Jerome and Derri, Delia and Rodrigues, Ana Marta Guillen, eds. *The Changing Disability Policy System: Active Citizenship and Disability in Europe Volume 1*. Routledge Advances in Disability Studies. Routledge, Abingdon UK and New York, 72 -89. ISBN 978-1-138-65288-0. E-ISBN 978-1-315-62393-1.

²⁷ For example, multiple physical or sensory disabilities, communication difficulties, autism and those who show challenging behaviour.

COUNTRY PROFILES

Austria

Key developments in legislation, policies and systems

Adults with disabilities

The National Action Plan on Disability 2012 – 2020 (along with a few other disability specific documents) sets a requirement for de-institutionalisation across all nine states, with the dismantling of large institutions and the development of new schemes to support independent living.²⁸ However, there is little reference in any other more general documentation and implementation of the strategy to date has been described as unsatisfactory.²⁹

Adults with mental health problems

Reform of the Austrian mental system started in the 1970s and current systems rely on acute inpatient and community-based services only. In 2008, after a recognition of a lack of such services, the Child and Youth Health Strategy called for a rapid expansion of acute mental health in-patient and outpatient/community-based services for children and young people.³⁰

Children (including children with disabilities)

The process for transition from institutional care to family and community-based solutions for children began in the mid-1980s and is reported to be almost complete. However, various obstacles have been identified such as the absence of nationwide quality standards, financial resources and structures for aftercare support. In 2018, the Austrian Parliament transferred responsibility for children and youth welfare from the federal level to the state level.³¹ In terms of children with disabilities, The National Action Plan on Disability 2012-2020³² sets out importance of support to ensure that families can look after their child at home as well as support to allow parents to work during the day and an increase in rehabilitation services. It also sets out first steps for moving towards an inclusive education system. However, a comprehensive policy on inclusive education is absent in Austria.

Homeless

Integrated homelessness strategies have been developed for Vienna, Upper Austria and Vorarlberg. However, these strategies are not uniformly regulated at national level and there are no national-level homelessness strategies or plans³³.

Unaccompanied or separated migrant children

The Austrian child protection system has been recently confronted by the influx of unaccompanied migrant children. Although living conditions of unaccompanied migrant children have improved, children are still being discriminated against due to their status³⁴.

Older adults

Enshrining the “National Quality Certificate for Senior Citizens’ and Nursing Homes” in the Federal Senior Citizens’ Act 2013 strengthened the rights of older persons as consumers, which was seen as a decisive contribution to safeguarding and improving the quality of residential care.³⁵ In addition, mobile/community-based services and technologies for supporting care at home have been expanded and extra- and intramural hospice and palliative care have been strengthened.

²⁸Austria, Federal Ministry of Labour, Social Affairs and Consumer Protection (2012). *NATIONAL ACTION PLAN ON DISABILITY 2012–2020. Strategy of the Austrian Federal Government for the implementation of the UN Disability Rights Convention*.

²⁹Flieger, Petra; Naue, Ursula (2019). *ANED 2018-19. Task 1.2. Living independently and being included in the community. Austria*. ANED. Available at: <https://www.disability-europe.net/theme/independent-living>

³⁰EACEA NATIONAL POLICIES PLATFORM (2018). *7.5 Mental Health: Austria*.

³¹European Commission (2018). *Country profiles - Austria: Policies and progress towards investing in children*. Available at: <https://ec.europa.eu/social/main.jsp?catId=1248&intPageId=3632&langId=en>

³²Austria. Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK). *NATIONAL ACTION PLAN ON DISABILITY 2012–2020 Strategy of the Austrian Federal Government for the implementation of the UN Disability Rights Convention*. Available at: <https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=225>

³³Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies. Publications office of European Union*.

³⁴Eurochild (2018). *Opening Doors for Europe’s Children*. Available at: <https://www.openingdoors.eu>

³⁵Winkler, Erika; Spreitzer, Hannes (2016). *Ensuring a society for all ages: Promoting quality of life and active ageing National Report Austria*. Ageing, Population and Volunteering Policies Unit Federal Ministry of Labour, Social Affairs and Consumer Protection.

Changes over time

Adults with disabilities

In 2016³⁶, the ANED report on Austria identified a lack of data as a key issue in Austria. The most recent data available on adults with disabilities was from 2010 and indicated around 13,000 people with disabilities were still in residential and care facilities. The FRA Community living Mapping report for Austria³⁷ identified that in 2014-2015 there were still large residential homes (for between 30 and 100 people). It had also not been possible to collate data for the Deinstitutionalisation and Community Living Outcomes and Costs report (2007)³⁸.

Adults with mental health problems

Key trends for adults with mental health problems

- Lack of data makes it difficult to trace change over time but it now appears to be the case that long-term beds in psychiatric wards or hospitals have been replaced by long term support, including residential support in community settings.
- There are still 14 residential rehabilitation services that are bigger in size (average 85 places) but average length of stay is 6-8 weeks.
- Whether there are persons who stay longer than this is not known.

In 2012³⁹, it was reported that lack of data were an issue but that there were 3,330 inpatient beds for people with mental health problems. There were 650 places in 5 psychiatric hospitals/departments within hospitals and 120 places in one psychiatric rehabilitation centre. However, how many of these were long-term beds and the average stay was not known. In terms of community based residential support, 4 organisations provide around 28 groups home projects with approx. 15 places per project. In addition, 5 organisations were providing supported living or home-based support. More data were available in the 2017 updated “Mapping and Understanding Exclusion” report⁴⁰ and it was reported that there were no long-term beds in psychiatric hospitals. In 2013, it was reported that 46,000 people had been treated in psychiatric departments in general or specific hospitals with an average length of stay of 20 days. There were now 14 residential rehabilitation centres providing 1,193 places where the average length of stay was 6-8 weeks. In 2014, there were 386 community based residential arrangements (group homes and supported living) providing for 5,178 children and adults with mental health problems.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- No long-term data are available to describe trends over time and no data are available on children with disabilities.
- Increases since 2015 in the number of children in the alternative care system and in particular in residential care appear to be due to the influx of unaccompanied migrant and refugee children.
- Residential care services for children are relatively small and generally community based.

The only data available on children in Austria is through the Eurochild Opening Doors reports⁴¹. In 2017 it was reported that 8,307 children are in residential care in Austria – this is 61% of the 13,617 children in the alternative care system. In 2016, it was reported that there were 8,423 children in residential care, and this had been a substantial increase from 2015 when the number had been 6,486. The proportion has been consistently around 60% of those in the alternative care system. The majority of children are in approximately 600 social pedagogical facilities, which are small group homes normally for a maximum of eight children (max 12 in one region). No breakdown is available by age or disability.

³⁶Flieger, Petra; Naue, Ursula (2019). *ANED 2018-19. Task 1.2. Living independently and being included in the community. Austria*. ANED. ANED report on Independent Living (2018). Available at: <https://www.disability-europe.net/theme/independent-living>

³⁷European Agency for Fundamental Rights (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Austria (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁸Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³⁹Kozma, Agnes; Petri, Gabor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe (2012)*. OSF and MHE. Available at: https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁴⁰Baptista, Isabel; Marlier, Eric (2017). *Mapping and Understanding Exclusion in Europe: institutional, coercive and community-based services and practices across Europe*. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴¹Eurochild (2018). *Opening Doors for Europe’s Children. Austria*. Available at <https://www.openingdoors.eu>

Unaccompanied or separated migrant children

Key trends for unaccompanied or separated migrant children

- After a dramatic increase in 2015, the number of unaccompanied children has reduced again.
- Most of the children under 16 are in community based residential care, with the number of those being fostered likely to increase due to recent changes in policy.

In 2015, Austria saw a dramatic influx in the number of unaccompanied migrant and refugee children – with 8,277 in 2015. This had reduced to 1,751 in 2017. This explains the rise in the number of children in residential care between 2015 and 2016 as the majority of unaccompanied children under 16 go to the social pedagogical facilities mentioned above. The number of foster placements for these children is increasing but no data are available yet. Those above 16 tend to stay at the Reception Centres until their asylum is considered. This can be between a few days and 2-3 months.

Homeless

Key trends for homeless people

- There has been an increase in the number of homeless people in Austria over the past 10 years, at least partly explained by the influx of migrants since 2015.
- 40% of people who are homeless were registered as accessing “institutions for the homeless”. However, these tend to be emergency shelters and day centres rather than long-term accommodation options.
- Migrant status is a risk factor for being “roofless”.

Between 2008 and 2017 there had been an increase of 21% in the number of homeless people in Austria⁴². In 2017, 21,567 people were recorded as homeless – 8,688 were recorded as living in institutions for the homeless, with the rest recorded as “roofless”. In 2012, forty percent of all people registered as “roofless” were aged 15-29 compared to 20% of those accessing institutions. Those who were not Austrian citizens or long-term residents of Austria were less likely to have a place in the institutions. The most common types of “institution” available are emergency accommodation and day centres. Most of these are support-focused and not housing-focused. However, there are some which provide a focus on accommodation although data are limited. As an example, Vienna has three emergency shelters which have provided a total of about 450 overnight places. Around 300 of these places were in shelters that are not closed in the day. During November 2018 and April 2019 an additional 900 places were provided with shared rooms and open to those who would not normally be able to access these services.

Older adults

In 2010⁴³, there were reported to be 424 publicly run homes for older adults with 35,525 services users accessing them. In addition, there were 215 private for-profit homes providing for 14,352 users and 223 private not-for-profit organisations providing for 24,993 users. It has been reported that, by 2018, there had been a substantial increase with almost 100,000 older people in institutional care.

Strengths and areas for improvement

Strengths

- Community-based mental health services have been developed though expanding day clinic services for children, youth and adults.
- Attention has been given to new home-based support schemes for older people such as mobile assistance, use of communication technologies and assistive devices.

Areas for improvement

- There is a high number of children with disabilities living in institutions. Measures should be taken to further strengthen support to families to prevent children being institutionalised and to support those currently in institutions to live with their parents or in foster families where this is not possible. Attention on what will happen to children in institutions when they reach 18 is also needed. Community-based services for adults still require substantial development which should be guided by a shared understating of deinstitutionalisation

⁴²Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁴³Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

- A complete lack of data on the living situation of persons with disabilities makes attempts to analyse and report on progress towards community-based services on both the national and European level very difficult. A minimum dataset at European level would encourage all countries to collect data that allow monitoring of progress over time but commitment from regional and national governments to provided and collate this data will be needed in Austria.

Belgium

Key developments in legislation, policies and systems

Adults with disabilities

Belgian policy does not focus on deinstitutionalisation directly and, in 2014, there was still no plan for persons with disabilities, according to the UN CRPD Committee concluding observations. Promoting independent living is not an explicit policy target, neither at national nor at regional level. Personal assistance budgets appear to be less available and large investments in new institutions continue to be made⁴⁴.

Adults with mental health problems

Belgium has a very high number of both long-term and acute psychiatric beds. In 2011, Belgium adopted a deinstitutionalisation strategy known as Article 107. The programme proposed the creation of networks of care in order to develop community-based options to replace institutional care. However, comprehensive data on the progress towards Article 107 are not available⁴⁵.

Children (including children with disabilities)

Children deprived of parental care are predominantly placed in institutional residential care, with children with disabilities being among the most likely to be placed in such settings. There is no deinstitutionalisation strategy for children living in institutions. The Opening Doors 2018 report on Belgium stated that deinstitutionalisation in Belgium is considered by social workers and national agencies as an austerity measure, and stable employment of professionals working within institutions is a priority for the state. The average waiting time for personal budget is reported to be four times longer than waiting time for a place in an institution⁴⁶.

In addition, due to the influx of unaccompanied migrant and refugee children, more institutions have now been opened or existing institutions extended⁴⁷.

Unaccompanied or separated migrant children

In Belgium dedicated units which deal inter alia with unaccompanied children, women, victims of torture as well as victims of human trafficking have been recently established⁴⁸. Once asylum is granted it is less clear about the nature of services although it appears that special semi-independent living units have been developed.

Homeless

Housing and homelessness are in principle the responsibility of both regions and communities in Belgium and there is no integrated national homelessness strategy. However, since 2014 the federal government is responsible for ensuring that the Cooperation Agreement on Homelessness between the federal state, regions and communities is implemented. The first Flemish Integrated Homelessness action plan was developed for 2017-2019. Strategies in Belgium have generally focused on "Housing First" strategies, increasing social housing and support for those with psychological difficulties to avoid eviction⁴⁹.

Older adults

In 2016, it was reported that policy on older adults was undergoing substantial change and since 2014 responsibility for policy on older adults (and thus residential and long-term care) changed from federal level to regional level. As such there are regional differences in many aspects of elderly care and in some cases, processes are still under-development. However, there is no policy that talks about transferring older adult care from institutional to more community-based

⁴⁴ Leyeseele, Evelien (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Belgium*. ANED. Available at: <https://www.disability-europe.net>

⁴⁵ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴⁶ Katrijn Ruts. *Inclusie betekent in Vlaanderen nog vaak: trek je plan*. Available at: <https://sociaal.net/ opinie/inclusie-betekent-nog-vaak-trek-je-plan/>

⁴⁷ Eurochild (2018). *Opening Doors for European Children. Belgium*. Available at: <https://www.openingdoors.eu/category/resources/publications/>

⁴⁸ AIDA. Asylum Information Database. (2018). *Boundaries of liberty Asylum and de facto detention in Europe*.

⁴⁹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

models. In fact, focus is on increasing the capacity of residential care in order to meet the predicted increases in the number of older adults in the future^{50,51}.

Changes over time

Data for Belgium are difficult to summarise at national level, with substantial regional variation in both the services and the availability of data. However, drawing on the Fundamental Rights Agency findings on Community Living⁵², it is clear that in 2017, many institutional type services (providing for as many as 30-100 people on one site) still exist for both children and adults. Some of these provide for people with a range of different disabilities (although not mixed disabilities in one service). The available data are summarised below.

Adults with disabilities

Key trends for adults with disabilities

- Lack of comparable data makes it difficult to draw out national trends.
- However, there appears to be no reduction, and potentially an increase, in the number of places in residential care facilities compared to 2006.
- There remains only a small number of people accessing personal assistance.

In 2018⁵³, it was noted that no data were available for the German speaking part of Belgium apart from the fact that there were 42 people in independent living (defined as living alone or with a maximum of 4 people with a disability). In Flanders, 24,200 budgets were reported in 2017 and of these it was reported that 20,882 people use disability specific services and institutions, with only 1,800 using their budget to buy personal assistance. In Brussels, it was reported that there was an increase in the number of adults in institutional services due to the construction of a new residential centre⁵³. There were 409 adults in 20 institutions. Twenty-six people had a personal budget. In Wallonia, data from 2016⁵³ indicated that 383 people with a disability had a personal budget. There were 349 residential and day services for people with disabilities providing for a total of 8,928 people, with 3,521 people reported to be in 102 residential care services for adults, 2,089 in one of 52 residential care services for young people and 484 people in 32 residential night services for adults. All of these settings were over 30 places in size⁵².

Although the most recent data available cannot be definitively divided into service type and size of setting, it appears that there are at least 27,385 people accessing residential care options across Belgium. This compares to an estimate of at least 18,011 places available in similar types of settings in 2006⁵⁴ (data available were available only for Flanders and Walloon regions and most accurate for people with intellectual disabilities).

Adults with mental health problems

Key trends for adults with mental health problems

- There appears to have been a substantial reduction in the number of long-stay hospital beds in psychiatric hospitals or nursing homes.
- There has been an increase in the number of beds in supported living arrangements although it appears that the number of people together in each location may have increased.

In 2011⁵⁵, there were reported to be 13,429 long-stay psychiatric beds in 70 hospitals, plus 3,286 places in 12 psychiatric nursing homes. There were also reported to be 990 psychogeriatric beds across 36 hospitals and 168-night care beds in 38 hospitals (of which 42 were for children). Finally, there was reported to be 45 organisations providing 3,899 supported

⁵⁰ Interfederal Centre for Equal Opportunities (2016). *Human Rights of Older Persons and Long-Term Care*. Available at: <http://ennhri.org/wp-content/uploads/2019/10/belgium.pdf>

⁵¹ Van den Bosch K, Willemé P, Geerts J, Breda J, Peeters S, Van de Sande S, Vrijens F, Van de Voorde C, Stordeur S. *Residential care for older persons in Belgium: projections 2011 – 2025 - Synthesis*. Health Services Research (HSR). Brussels: Belgian Health Care Knowledge Centre (KCE). 2011. KCE Reports 167C. D/2011/10.273/67 https://kce.fgov.be/sites/default/files/atoms/files/KCE_167C_residential_care_in_Belgium_synthesis.pdf

⁵² See synthesis report https://fra.europa.eu/sites/default/files/fra_uploads/2017-10-independent-living-mapping-paper_en.pdf and the Belgium country background report downloaded from <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵³ Leyseele, Evelien (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community*. Country: Belgium. ANED. Available at: <https://www.disability-europe.net>

⁵⁴ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study*. Volume 3: Country Reports. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁵⁵ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at: https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

living places across 715 locations, with the maximum size of unit being 10 places. In 2016⁵⁶, the latter figure had increased to 4,347 places in 88 different units. By 2016 the number of places in psychiatric beds in hospitals appeared to have substantially decreased to 5,339 with average length of stay being 95 days. There appeared to be an increase in the number of psychiatric nursing homes (from 12 to 40) but a decrease in the number of places overall (2,943) with average length of stay being 167 days.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Although there is a lack of detailed data, the number of children in residential care settings appears to be increasing rather than decreasing.
- Although increases in unaccompanied migrant children may explain some of this, there does not appear to be a substantial decrease in the number of children with disabilities in residential care.
- Comparatively few families are accessing personal budgets for their child.

Data collected and summarised by Eurochild⁵⁷ identified 13,500 children across French and Flemish speaking regions as being in institutional care. In the French community, 372 children were reported to be below 3 years of age although this didn't include around 300 babies who live in hospital. In terms of the number of children with disabilities, 2,031 out of 5,583 were children with disabilities. In Brussels, 489 children with disabilities were reported to be in 13 residential care settings⁵⁸.

In the Flemish community, 466 children were reported to be below 5 years of age and 7,286 out of 7,917 accessing residential care were children with disabilities. The ANED report⁵⁶ highlighted that it is not completely clear how long children stay in what are referred to as "Multifunctional Centres" although 7,215 were reported to have stayed at least once.

The Opening Doors report concluded that the number of places in institutions for children with disabilities has increased in Belgium and that new institutions continue to be built. Although the increase in Migrant children may have contributed to this, institutions are not closing for other children and there is a five-year waiting list for personal budgets for children. The ANED report on community living in Belgium², reported that in Flanders 679 children have a personal budget.

Unaccompanied or separated migrant children

In 2018, 750 asylum seekers were considered to be unaccompanied or separated migrant children⁵⁹. At its peak (2015) 2,545 unaccompanied children applied for asylum. In terms of accommodation, it was noted that unaccompanied children initially stay in a special centre called "centre of observation and orientation" to establish their age, vulnerability and potential suitable future accommodation options.⁶⁰ After a month, they transfer to a "second-line reception and accommodation centres for asylum seekers" where they stay until asylum is granted or they turn 18 – these places are usually between 50 and 80 places and located in Brussels. If they are granted asylum, they move to semi-independent housing, although no further information is provided about this.

Homeless

There has been a substantial rise in homelessness across Belgium in the past 10 years, with an 100% increase in Brussels since 2006. Almost 3500 people were found to be homeless in Brussels in 2016⁶¹. Evictions have increased homelessness with the major causes being identified as increases in house prices over and above salary rises and generally over indebtedness due to high cost of living. However, little information is available on the number of homeless people accessing institutional care.

⁵⁶ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁷ Eurochild (2018). *Opening Doors for Europe's Children. Belgium*. Available at <https://www.openingdoors.eu>

⁵⁸ Leyseele, Evelien (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Belgium*. ANED. Available at: <https://www.disability-europe.net>

⁵⁹ Eurostat data on Unaccompanied Migrant Children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁶⁰ International Humanitarian Aid. *Young Refugees living in reception & accommodation centres in Brussels*. Available at: <https://www.sboverseas.org/2019/12/01/report-young-refugees-living-in-reception-accommodation-centres-in-brussels/>

⁶¹ Homeless World Cup Foundation. *Global Homelessness Statistics. Belgium*. Available at: <https://homelessworldcup.org/homelessness-statistics/>

Older adults

Data on number of users of older adult services and size was only available for Belgium in 2013⁶². There were just under 42,300 people in publicly run homes for older adults, just under 47,000 using private (for profit) homes and just over 54,500 people using not-for-profit homes for older adults. Average size ranged from 71 to 104 places.

Strengths and areas for improvement

Strengths

- Although the number of forced evictions has increased, Belgium has provided examples of good practice related to preventing homelessness, for example, assigning staff to work with those at risk to prevent evictions and the use of the Belgian Homeless Cup (BHC) to foster the social inclusion and self-confidence of homeless people.⁶³
- In 2014, the My Future project was established to support unaccompanied migrant children who are under protection and have not been given a residence permit and to reduce the risk of fleeing before they turn 18. This consists of three elements: professional, intensive training, an information trajectory mainly about voluntary return, irregular stay and migration to other countries, and individual and group coaching sessions⁶⁴.

Areas for improvement

- The Belgian federal and national policies do not spell out deinstitutionalisation as an explicit target. Slow progress towards community-based services seems to also be at least partially explained by a funding system that appears to prioritise residential care over community-based support. Addressing perverse incentives in the funding system and providing national leadership for deinstitutionalisation should be a priority going forward.
- Services for children with disabilities are still largely provided in institutional settings. The number of places in such institutions has increased and new institutions continue to be built. Working to strengthen systems of family support and foster care are essential in order to improve this situation.

⁶² Eurofound (2017), Care homes for older Europeans: Public, for-profit and non-profit providers, Publications Office of the European Union, Luxembourg.

⁶³ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁶⁴ EMN (2018). *European Migration Network Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway. Synthesis Report for the EMN Study*.

Bulgaria

Key developments in legislation, policies and systems

Adults with disabilities

The 2018-2021 Action Plan for Implementation of the National Strategy for Long-term Care focuses primarily on the quality of institutions rather than the transformation to community-based services, highlighting the urgent need to secure “good quality living conditions to the persons with psycho-social disabilities and intellectual disabilities, who are placed in specialised institutions”⁶⁵.

Adults with mental health problems

The strategy “Objectives for Health 2020” underlines that Bulgaria still relies on the traditional psychiatric services. Psychiatric treatment is largely carried out in remote psychiatric hospitals. Moreover, professionals working in mental health services are not coordinated. No plans on deinstitutionalisation are mentioned⁶⁶.

Children (including children with disabilities)

Since embarking on a comprehensive child protection reform in 2007, Bulgaria has made a creditable progress. The national strategy ‘Vision for Deinstitutionalisation of Children in Bulgaria (2010– 2025)’ sets an objective of no children in institutions by 2025. Although by 2015 all institutions for children with intellectual disabilities were officially closed, some of these turned into institutions for adults to accommodate the young people who had reached 18 years of age⁶⁷. However, where these children have moved to is not always clear. In addition, early childhood intervention is not well developed which is resulting in children with complex needs ending up in small group homes for long-term care, separated from their families and communities. Biological parents of children with disabilities have limited support provided by the health and education system⁶⁸.

Unaccompanied or separated migrant children

The European Council on Refugees and Exiles reports that unaccompanied asylum-seeking children continue to be accommodated in mixed dormitories often with unrelated adults. These children often complain of being deprived of sleep on account of noise, gambling or alcohol consumption during the night by the adults accommodated in their rooms, or by being forced to run errands for them such as shopping, doing laundry or cleaning⁶⁹.

Homeless

Homelessness appears not to be a specific priority in Bulgarian housing policies. In addition, homelessness is not addressed by any national strategy except the “National Strategy for Reducing Poverty and Promoting Social Inclusion for 2020”⁷⁰.

Older adults

Recent reforms in Bulgaria improved non-residential services such as adult day centres, and meal programs as well as retirement/residential care homes⁷¹. The number of care homes in Bulgaria is reported to be the lowest in Europe. However, few people use these facilities (0.35% of older adults) due to important role family plays in Bulgarian culture.

⁶⁵ Government of Bulgaria. *Action Plan for the 2018-2021 period on the Implementation of the National Strategy for Long-term Care*, January 2018, <http://www.strategy.bg/PublicConsultations/View.aspx?lang=bg-BG&id=3108>.

⁶⁶ Dimova, Antoniya et al. (2018). *Health Systems in Transition*. 20, 4, 2018. European Observatory on Health Systems and Policies.

⁶⁷ Bulgarian Helsinki Committee (2016). *Unhappening Deinstitutionalization of Persons with Mental Disabilities*, p.12-13, available at: http://www.bghelsinki.org/media/uploads/documents/reports/special/2016_nesluchvashtata_se_deinstitucionalizacia_na_licata_s_umstveni_zatrudnena_v_bulgaria_1978-954-9738-37-71.pdf.

⁶⁸ Yosifov, Yordan; Banova, Vesela; Zhupunov, Lyubomir; Marinova, Annet; Kotzeva, Tatyana Prof.; Moraliyska, Stanislava; Dimitrova, Elitsa Assoc. Prof.; Ilieva, Kalina; Gerginova, Elitsa (2018). *A study of the systems supporting early childhood development, the interaction and cooperation between them and with parents*. Available at: https://cdn.detebg.org/uploads/2018/07/2018_Summary_Early-childhood-development-For-Our-Children-Foundation.pdf

⁶⁹ European Council on Refugees and Exiles (2018). *Country Report: Bulgaria*. ECRE.

⁷⁰ Bogdanov, George (2019). *National strategies to fight homelessness and housing exclusion: Bulgaria*. European Social Policy Network (ESPN). Available at: <https://ec.europa.eu/social/main.jsp?catId=1135&furtherNews=yes&langId=en&newsId=9456>

⁷¹ Natalie Pithechkoff, Aging in the Republic of Bulgaria, *The Gerontologist*, Volume 57, Issue 5, October 2017, Pages 809–815, Available at: <https://doi.org/10.1093/geront/gnx075>

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There appears to have been little change in the number of adults with disabilities living in large scale residential institutions. There were only 500 fewer people in institutions in 2019 than there had been places in institutions in 2006.
- Although the average size of institution appears to have reduced slightly over time, this does not appear to be the case for all groups of adults with disabilities – those with intellectual disabilities still live with approximately 80 other people on average.
- Community-based services are primarily residential (with around 10 people living together) or large-scale day services and social rehabilitation centres.

In May 2017⁷², 11,000 older adults and adults with disabilities lived in 161 specialised institutions. At that time, 3,600 people were on the waiting list for institutions almost two thirds of whom were people with mental health conditions, intellectual disabilities and dementia. In January 2019, it was reported that there were 5,341 people in 79 institutions for adults with disabilities and 2,833 people in 266 residential community-based services. Average size of institutions was 68 places, which did not change between 2017 and 2019; average size of community-based services was 10-11 places. There were also just over 5,000 people accessing 81 day centres and 101 centres for social rehabilitation and integration.

In the DECLOC report (2007)⁷³, there were reported to be 5,808 people/places in these same services, with most services between 50 and 100 places.

The Structural Funds Watch report (2018)⁷⁴ highlighted that alternative models of care needed to be further developed and that adults being placed in “family type placement centres” could live with families or independently in the community with some support. Issues identified included a lack of staff and lack of training and support for staff.

Adults with mental health problems

In 2012⁷⁵, it was reported that there were very little data related specifically to people with mental health problems. The majority of people with mental health problems lived in institutions (along with people with disabilities) and psychiatric hospitals. Although the average length of stay in the 11 psychiatric hospitals was reported as 60 days, it was noted that in reality each hospital had a long-term department where 30% of patients had stayed for more than 3 years. In 2017⁷⁶, it was highlighted that there are still no residential services in the community for people with mental health problems. Altogether there are almost 4,000 beds in 54 different residential institutions, providing for both people with mental health problems and people with intellectual or developmental disorders. There were also over 3,000 beds in 33 acute hospitals and 60 beds in 2 forensic. However, length of stay was not available for these services. Due to the limitations in the data it is not possible to draw conclusions about trends but there had been no improvement in the provision of community based residential options and no strategy for deinstitutionalisation of people with mental health needs in Bulgaria.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Although different sources report slightly different figures, there has been a reduction in the rate at which children are placed in institutional care since 2009.
- The number of children in institutional services has decreased as has the size of such settings.

⁷² Kukova Slavka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Bulgaria*. ANED. Available at <https://www.disability-europe.net>

⁷³ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁷⁴ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

⁷⁵ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe (2012)*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁷⁶ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

- Many of the children placed in residential care (institutional or community based) have a living parent and could be supported to live with their family.
- Some community-based provisions are reported to provide for up to 30 children.

In 2017, Unicef TransmonEE dataset⁷⁷ reported that there were 4,347 children in residential care, which was a reduction from 5,606 in 2012. Rate of institutionalisation had decreased from 612 per 100,000 in 2009 to 364 per 100,000 in 2017. The number of children with disabilities in institutional residential care fluctuated substantially over time, from 2,050 in 2012 to 2,050 in 2016 to 1,554 in 2017. The number of children who left residential care had been 3,365 in 2013 (of which 138 went to another institution) and 2,133 in 2016 (of which 198 went to another institution). In 2017, 1,034 left residential care but data on where they moved to was not available. Interestingly, in Bulgaria almost all of the children in residential care had at least one living parent⁷⁸.

The Structural Funds Watch report (2018) indicated that the number of children in large-scale institutions had decreased from 6,730 children in 2009 to 906 children at the end of 2017 (an 86% reduction). However, many children, including those who had families, were being placed in what were called “family type placement centres”, which although much smaller than the old institutions still provided for between 6 and 15 children under one roof. Issues in the quality of these centres have also been raised⁷⁹.

Similarly, the Eurochild Opening Doors report for Bulgaria observed that there were currently 979 children in institutions in 2017 but that this didn’t include almost 200 children who were classified as “In conflict with the law” or children with delinquent behaviour. The Opening Doors report noted that 49% of children in institutional care were 3 years old or younger. It also stated that 101 of 137 institutions identified for closure in 2009 had closed and all specialised institutions for children with disabilities had closed by 2015. Admissions to institutions had decreased by 60% and the numbers of children placed in smaller community-based settings had dramatically increased. The number of family type accommodation centres increased from 48 in 2010 to 282 in 2017, with 145 for children and youth without disabilities, 128 for children and youth with disabilities and 8 for children and youth in need of permanent medical care. There continues to be a high risk of children being abandoned and being placed in formal care rather than supported to remain in their family, with 3,800 children separated from their family every year.

Finally, as of April 2019⁸⁰, it was reported that 829 children were living in institutions – 13 institutions for 347 children aged 7 to 18 without parental care and 14 institutions for medico-social care for 482 children aged 0-3 years. How many of these children had a disability was not available. Average size of institution is just over 30 places. Although all specialised institutions for children were reported to have been closed by the end of 2015, 6 of them had become institutions for adults as the children who were placed in them turned 18.

Unaccompanied or separated migrant children

In 2018, 480 asylum seekers were considered to be unaccompanied or separated migrant children⁸¹. The Eurochild 2019 Semester report on rights of the child⁸² shows that unaccompanied and separated migrant children are primarily placed in Reception and Registration Centres for refugees (RRCs) where, it is noted, conditions are not suitable for providing adequate care and ensuring children’s safety.

Homeless

In September 2013⁸³, 1,370 people were officially registered as homeless (ie. had a government-issued ID). The real number is likely to be much higher and to have increased since 2013. Refugees, Roma, the elderly, and young people out of foster homes were most likely to be homeless. There is no further data on the situation of homeless people in Bulgaria,

⁷⁷ UNICEF. *TransmonEE Dashboard*. 2019 dashboard used for the report. Most up-to-date information is Available at: <http://transmonEE.org>

⁷⁸ Csáky, C. (2009). *Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care*. London, UK: Save the Children. p7. Better Care Network. (2009). Global facts about orphanages. (data provided by by Lumos).

⁷⁹ <https://www.driadvocacy.org/wp-content/uploads/Bulgaria-final-web.pdf>

⁸⁰ Kukova Slavka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Bulgaria*. ANED. Available at <https://www.disability-europe.net>

⁸¹ Eurostat data on unaccompanied migrant children <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁸² Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester*. Available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/2019_Eurochild_report_on_European_Semester.pdf

⁸³ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

but it is noted⁸⁴ that services are very limited and those that exist focus on those already homeless rather than preventing homelessness. Social housing is extremely limited, and priority is given to families with children. There are a few “temporary placement centres” in cities but people are only allowed to stay there a maximum of 3 months in the year. A few NGOs provide some additional services in big cities.

Older adults

Key trends for older adults

- There appears to have been little change in the number of older adults in institutional care but there is a shortage of services available in general.

There are limited data on services for older adults although issues of difficulties accessing services have been highlighted⁸⁵, with a lack of places available. The FRA Independent living background report⁸⁶ noted that in 2013 there were 825 places in social care homes for people with dementia and 5,593 places in social care homes for older adults. These were generally 60-70 places in size. The 2007 DECLOC country report⁸⁷ had identified 869 places for adults with dementia indicating little change over time for this group. As noted above, ANED reported that in 2017 there were 11,000 elderly people and adults with disabilities in 161 specialised institutions, while in 2019 there were 5,341 people with disabilities in the institutions, implying that there were still around 5,500 older adults in institutions.

Strengths and areas for improvement

Strengths

- The process of deinstitutionalisation has been recently supported by the preparation of legislation on the quality of social services. A set of quality standards includes assessment of needs of service users, financial and quality assurance mechanisms.
- Substantial progress has been made in reducing the number of children in institutions, including children with disabilities. All large institutions have now been closed but residential services in the community can still be up to 15 children and support for those who leave institutions because they are aged 18 is not known. Continued focus on building family support systems will ensure the continuation of deinstitutionalisation and the prevention of institutionalisation.

Areas for improvement

- The general shortage of community-based services for persons with mental health problems, persons with disabilities and for older people is concerning. EU funds play an important role in development of community-based services but these are still not being used to develop community-based options for adults. Starting to build a stock of affordable and social housing that is dispersed in the community and can be used to accommodate people at risk of homelessness and people who are leaving institutions will be an important first step.
- The ANED report⁸⁸ indicates that children and adults with disabilities living in institutions are treated as a homogenous group rather than individuals and a lack of person-centred approaches is highlighted. This is also true of at least some of the newer community-based services. Personal budgets and personal assistance schemes are not available. Working towards an ultimate goal of having a well developed system of personal assistance and personal budgets would keep the focus on full achievement of article 19 and also ensuring that there are strategies for improving everyday choice and control in first stage community-based services such as group home will be key in the interim.

⁸⁴ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁸⁵ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

⁸⁶ The European Agency for Fundamental Rights (FRA). *Bulgarian background report on independent living*. Available at: from <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁸⁷ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁸⁸ Kukova, Slavka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Bulgaria*. ANED. Available at: <https://www.disability-europe.net>

Croatia

Key developments in legislation, policies and systems

Adults with disabilities and adults with mental health problems

There have been a number of policy developments over the past ten years, which have emphasised the transition from institution to community-based services⁸⁹. The Operational Plan for deinstitutionalisation for the period of 2018-2020 follows on from the 2011- 2016 (2018) Master Plan on Deinstitutionalisation and covers children, adults and older adults. However, those with mental health problems are only marginally covered. The strategy aims to continue and expand the process of transformation to new user groups and to ensure regional equity, accessibility of services and social inclusion. However, there are concerns about the use and oversight of EU funds allocated for DI reform, e.g. adult fostering schemes and the division/renovation of previous institutions into smaller units.

Children (including children with disabilities)

The recently adopted 2018-2020 Plan on Deinstitutionalisation states that the goal of a 40% reduction in placements for children and youth with behavioural problems, set in the 2011-2016 (2018) Master Plan, has not been reached. Moreover, there is an increase in the number of children in institutions while the main factor for separation of children from their parents was poverty⁹⁰.

Unaccompanied or separated migrant children

Those who are younger than 14 years old are placed in homes for children without adequate parental care. Children between 14-16 years of age are placed in homes for children with emotional and behavioural disorders, and those above 16 years of age are placed in reception centres together with adults. Civil society in Croatia is particularly concerned regarding this unequal treatment of children that has resulted in 133 escapes from institutions or reception centres in 2017⁹¹.

Homeless

The Strategy for Combating Poverty and Social Exclusion includes specific reference to those who are homeless both in terms of support and improving data collection. However, the implementation of the strategies in the report addressing homelessness rely heavily on social funds and mainly through support given to civil society organisations⁹².

Older adults

Although elderly people are included in the general deinstitutionalisation policy, there is also a Strategy of Social Welfare for Elderly Persons in Croatia for the period 2017–2020⁹³. However, Croatia lacks a strategic approach to long-term care which identifies short-, medium- and long-term priorities and sets out goals, responsibilities and, financing. Although home care for older adults is a possibility in Croatia, very few people access it and the demand for institutional care for older people exceeds supply in Croatia⁹⁴.

⁸⁹ Žiljak, Tihomir (2019). *ANED 2018-19, Task 1.2. Living independently and being included in the community living. Croatia*. ANED. Available at <https://www.disability-europe.net/country/croatia>

⁹⁰ Openingdoors (2018). *Country Fact Sheet Croatia*. Available at: <https://www.openingdoors.eu/wp-content/uploads/2019/03/country-fiche-Croatia-2018.pdf>

⁹¹ Eurochild (2018). *Opening Doors for European Children. Croatia*. Available at <https://www.openingdoors.eu/category/resources/publications/>

⁹² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁹³ Gîrlescu Oana. (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living*. Community Living for Europe: Structural Funds Watch. Available at https://eustrucutralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf

⁹⁴ Stubbs, Paul, Zrinščak, Siniša European Social Policy Network (2018). *ESPN Thematic Report on Challenges in long-term care Croatia. 2018*.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There has been a 30% reduction in the number of adults with disabilities living in large residential care services in Croatia between 2013 and 2018.
- 717 people are reported have moved out of large residential care services since 2011.
- 29 of the 32 large residential care services are reported to be in the process of transformation but this has now slowed. Only four institutions have actually closed, and a few have increased the number of people.

In 2018¹, there were 7,268 adults with disabilities living in social welfare homes. This compared to 10,372 in 2013. A slightly higher figure of over 7,800 people was reported by ENIL and included those living in smaller institutions for 20 people called “family homes”⁹⁵. The Structural Funds Watch report (2018) highlights that 717 people with disabilities have moved out of large residential care services since 2011 mostly to organised housing which is defined in the Social Welfare Law as an apartment or other living unit in the community for up to 8 people. However, these can be grouped together in a “community of units”. The Ombudswoman report (2019)⁹⁶ for Croatia noted that of the people who moved from institutions, 371 were living in organised housing.

Twenty-nine of the 32 large residential care services in Croatia were reported to be in the process of transformation – 15 of these are for people with disabilities (the others are for children and youth). However, progress is reported to have slowed. Only 4 institutions have actually closed and many of the others have failed to reduce the numbers significantly, with a few actually increasing in size. Issues noted included difficulties such as finding eligible applicants for calls for EU funded project proposals. Concerns were raised by Structural Funds Watch, the Committee of the Rights of Persons with Disabilities and the Croatian Ombudswoman⁹⁷ about the inappropriateness of adult fostering, a key strategy being used by the Croatian Government.

Adults with mental health problems

Key trends for adults with mental health problems

- There had been a slight increase in terms of the number of people supported in community-based settings in the community although many of these were run by the institutions.
- There appeared to be a slight decrease in the number of places in specialist psychiatric hospitals between 2011 and 2015.

In 2011⁹⁸, there were seven psychiatric institutions recorded providing for 3,353 people. Most people with mental health needs lived in social care homes – in 2011, there were 3,999 people in these settings, with only 75 people supported in community-based residential support. By 2015⁹⁹, there were 28 social care homes for people with psychosocial disabilities providing 3,823 places (occupancy at the time was 3,715). In addition, there were 2,829 beds in specialist hospitals where the average length of stay was 52 days. No information was available on how many people were admitted to these facilities on a more long-term basis. In 2015, 213 people were receiving some form of community based residential support.

⁹⁵ ENIL (2018). *Croatia: End Confinement of People with Disabilities*. Available at <https://enil.eu/news/croatia-end-confinement-of-people-with-disabilities/>

⁹⁶ <http://posi.hr/wp-content/uploads/2018/04/Sa%C5%BEetak-izvje%C5%A1%C4%87a-o-radu-Pravobraniteljia-za-osobe-s-invaliditetom-2017.-1.pdf> .

⁹⁷ ENIL (2018). *Croatia: End Confinement of People with Disabilities*. Available at <https://enil.eu/news/croatia-end-confinement-of-people-with-disabilities/>

⁹⁸ Kozma, Agnes; Petri, Gabor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe* (2012). OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁹⁹ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017*. OSF and MHE. Available at <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Children (including children with disabilities)

Key trends for children

- The number of children in institutions in Croatia reduced by 28% between 2010 and 2017.
- The number of children with disabilities in institutions decreased by 55% between 2010 and 2017.
- However, the rate of transition for children had started reducing by the end of this period and in 2017 there appeared to be a small increase in the number of children in institutions. This slight increase was true for children under 7 and for children with disabilities.
- In 2017, around 22% of children were still transitioning to other institutions rather than community-based care.

The Unicef TransmonEE dataset¹⁰⁰ indicated that, in 2010, 4,710 children had been in formal residential care. This included 2,206 children with disabilities. This dropped to 2,581 in 2017, with 1,005 being children with disabilities. Rate of placement in residential care was available for 2010 with 588 children per 100,000 placed in residential care compared to 360 per 100,000 in 2017. Children under 2 in residential care reduced from 89 in 2014 to 102 in 2017. During 2010, 1,725 children (37% of those in the institutions) left institutions and 273 (10% of those still in institutions) in 2017. Of these 20% (2010) and 22% (2017) went to another institution.

The Structural Funds Watch report (2018) looked at the changes between 2015 and 2017 and found a reduction of just under 51% from 2,873 to 1,459 children in institutions. However, according to the data collected by Eurochild¹⁰¹ the number of children in institutions had increased slightly between 2016 and 2017 from 796 to 818 - 231 of the 818 were children under the age of 7 and 268 were children with disabilities.

Unaccompanied or separated migrant children

In 2018, there were just 25 asylum seekers who were considered to be unaccompanied or separated migrant children. At its peak in 2016, Croatia had 170 unaccompanied migrant children applying for asylum. There is no information on the number of children placed in different settings but as noted above unaccompanied migrant children are placed in residential care settings.

Homeless

Although the Croatian Homelessness Network estimates around 2,000 people are sleeping rough and that homelessness has increased over the past decade¹⁰², there are no available statistics on the number of people in institutions due to homelessness. However, it is likely that this figure is close to 5,000¹⁰³.

Older adults

Key trends for older adults

- There has also been more than a 35% increase in the number of older adults living in residential care. This appears to have been accounted for an increase in the size of the public care homes and the number of private care homes.

Between 2004 and 2014, Croatia saw the largest increase of people in care homes for older people (35%) than any other country for which data were available¹⁰⁴. This increase was particularly high in public homes although the actual number of publicly run homes stayed consistently around 45. However, in 2014 these homes were providing for 13,725 people. It has been noted that some public homes for older people are overcrowded¹⁰. The number of privately-run homes increased between 2003 and 2010 (an increase from 48 to 82) and then stayed relatively constant until 2014. These homes provided for 5,066 users, indicating that these were smaller than the public services. Information on the impact of the “National Strategy for Long-term Care” (2014) is not yet available.

¹⁰⁰ UNICEF. Transmonee data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonee.org>

¹⁰¹ Eurochild (2018). *Opening Doors for European Children. Croatia*. Available at <https://www.openingdoors.eu/category/resources/publications/>

¹⁰² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁰³ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

¹⁰⁴ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

Strengths and areas for improvement

Strengths

- The commitment to transformation from institutions to community support is a key element of recent policy across all groups.
- There has been substantial progress in the transition to community services for children, especially children with disabilities over the past 10 years. There has also been some change for adults with disabilities.

Areas for improvement

- Despite good progress since 2009, the rate of transition has slowed in the past 3 years. Of those who are leaving institutions, some children are still transferring to other institutions each year and children and adults are being placed in institutions. Unequal distribution of community-based services is a feature. Ensuring a move from a project-based approach to a mainstream activity within central budgets appears to be a priority if the development of more community-based services is going to be achieved. The importance of the development of affordable housing, expanding the rental market and considering the development of social housing and/or housing benefit schemes is likely to be important.
- The recent call for EU funded projects appeared to suggest that the funding could be used for the renovation or redevelopment of institutions into supported living environments, despite this not being allowed under EU Funds regulation¹⁰⁵. Interestingly it was reported that not many applications were received for this call. It is important that a clear vision of community-living and community-based support is set out at policy level and in practice.

¹⁰⁵ Gîrlescu, Oana. (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living*. Community Living for Europe: Structural Funds Watch. Page 26 Available at: https://estructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf

Cyprus

Key developments in legislation, policies and systems

Adults with disabilities

Cyprus adopted the first National Disability Strategy in 2012 followed by the second National Disability Strategy 2018-2028¹⁰⁶. Deinstitutionalisation is highlighted in both strategies as one of the objectives. The right of disabled people to independent living is generally addressed by the People with Disabilities Act 127. The Act also sets a limit of the number of residents living in one residential setting for older people or for persons with disabilities. The New Scheme for the Inclusion of People with Severe Disabilities in Assisted Living Programmes¹⁰⁷ has been recently developed as part of an EU co-funded project “Development of New Residences of Assisted Living”.

Adults with mental health problems

The Psychiatric Care Law of 1997 and its later amendments gave momentum for psychiatric reform, deinstitutionalization and establishment of Community Psychiatry. However, in Cyprus, people with mental health problems are often placed into homes for the elderly or social care institutions for people with intellectual disabilities. Community-based residential support is only available for people with intellectual disabilities¹⁰⁸.

Children (including children with disabilities)

Social problems persist in Cyprus. Particularly worrisome is the lack of progress in the reform of the social protection system, which was supposed to be concluded by 2015 but this has not yet been done. In the meantime, poverty and exclusion in Cyprus are statistically on the rise, affecting children the most¹⁰⁹.

Unaccompanied or separated migrant children

Based on reports from asylum seekers and resulting visits by social advisors from the Cyprus Refugee Council, the Cypriot Human Rights Commissioner and UNHCR representative highlighted in a joint letter dated January 2017, that living conditions in the reception centre at Kofinou had gradually deteriorated and that health and safety problems had risen due to overcrowding and an inadequate number of staff.

Homeless

Cyprus does not have a specific policy on homelessness. ECRE reports that a highly restrictive policy relating to the level of allowance combined with the sharp increase in rent prices has resulted in an alarming homelessness problem¹¹⁰.

Older adults

Care of older adults in Cyprus relies heavily on the family. Home care is available and residential care is provided in the case where the family or home care services cannot meet the needs of the individual¹¹¹.

Changes over time

Data were limited on Cyprus for all groups and this was noted as a limitation in many reports. However, the FRA report for Cyprus¹¹² provided some detail on the types of residential services available in 2017. Services were reported as sometimes

¹⁰⁶ Mavrou, Katerina; Liasidou, Anastasia. (2019). *ANED report on Independent Living: Cyprus*. Available at: <https://www.disability-europe.net/theme/independent-living>

¹⁰⁷ Mavrou, Katerina; Liasidou, Anastasia. (2019). *ANED report on Independent Living: Cyprus*. Available at: <https://www.disability-europe.net/theme/independent-living>

¹⁰⁸ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

¹⁰⁹ Eurochild (2019). *Cyprus Welfare of Children (PCCPW). Country Profile on the 2018 European Semester from a children's rights perspective*. Available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/SemRep18_Country_profiles/Eurochild_Semester_CY.pdf

¹¹⁰ European Council on Refugees and Exiles (2018). *Housing out of reach? The reception of refugees and asylum seekers in Europe*. Brussels, ECRE.

¹¹¹ Republic of Cyprus. Social Welfare Services. Available at: <http://www.mlsi.gov.cy/mlsi/sws/sws.nsf/All/51950D3157907F4AC2256E7700387B35?OpenDocument>

¹¹² FRA (2017). Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

serving mixed groups – most commonly older adults and those with disabilities. Homes referred to as Older Adult and Disabled People’s homes tended to be between 11 and 30 places in size. Those referred to as Older Adult homes (“Mansions”) varied in size and were also accessed by younger adults with a range of disabilities and mental health problems. There were also several bigger settings specifically for people with intellectual disabilities – the Shelter for people with severe intellectual disabilities provided for between 30 and 100 children and adults with ID. What were known as “Residence Halls” also provided for between 30 and 100 children and adults with intellectual disabilities. One psychiatric hospital provided long-term (over 2-year stays) for over 100 adults with mental health problems and there were two units in general hospitals – one for children and one of adults, where length of stay varied and there were between 11 and 30 places. There was a number of smaller group homes in the community for 1-5 people, mostly for people with ID but some had mixed disability groups. Finally, there appeared to be at least one service for adults and older adults with visual impairment, providing 6 to 10 places.

Adults with disabilities

Key trends for adults with disabilities

- Lack of data but there appears to have been little change over time. Larger residential care services still exist and support mixed disability and age groups.

In the 2019 ANED country report¹¹³, the only data available were from the Committee for the Protection of the Rights of People with Intellectual Disabilities. There were 2866 people with ID registered with the Committee at that time. Of these, 227 were reported to be in residential care, 2309 with families, 96 living in the community and 65 in their own home with support from a carer. This was reported to be roughly similar to 2014.

Adults with mental health problems

Key trends for adults with mental health problems

- There appears to have been little change in the nature of service provision for adults with mental health problems in Cyprus.

In 2012¹¹⁴, one psychiatric institution with 168 places and one group home for 3 people with mental health problems were reported. It was reported that there had been a reduction (although baseline figure not provided) in people placed here during the 1990s to just 120 people in 2006 but the number had reportedly increased again after this. In 2017¹¹⁵, data were not available on the number of hospital beds for people with mental health problems, although it was reported in the FRA Independent Living background country report that at least one large psychiatric hospital and two psychiatric units in general hospitals did provide at least some long-term care for people with mental health problems in 2014-2015. There was also a unit for children established in the past 5 years, but it was not known how long children stay there.

The Mapping Exclusion report (2017) noted that the majority of people with mental health problems were generally placed in one of the 115 residential care institutions for elderly or disabled people. There were six social care homes where all residents (143 in total) were people with mental health problems. Data were not available on the number of people with mental health problems living in homes for elderly or disabled people. It was noted that a place in social care homes was only provided when the needs of the person cannot be met on a 24-hour basis by families and homecare/day-care services.

Children (including children with disabilities)

No information was available on the numbers of children (with or without disabilities) in residential care in Cyprus but, as mentioned above, it is known that residential care services exist for children and adults.

¹¹³ Mavrou, Katerina; Liasidou, Anastasia. (2019). *ANED report on Independent Living: Cyprus*. <https://www.disability-europe.net/theme/independent-living>

¹¹⁴ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

¹¹⁵ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Unaccompanied or separated migrant children

In 2018, 1,090 people applying for asylum in Cyprus were aged below 18 years of age¹¹⁶. Unaccompanied children who have applied for asylum are generally not accommodated in the reception centre but are generally placed in children's homes run or funded by the state. A very small number of children have been temporarily placed in foster families or with other adults¹¹⁷.

Homeless

Very little data are available on the situation of homeless people in Cyprus^{118 119}. However, it is generally considered that homelessness has been increasing. High unemployment, low wages, high rent levels and insufficient housing allowances put many people at risk of housing exclusion. Mental health problems, addiction and low levels of social and functional skills appear to be associated with homelessness.

Older adults

Key trends for older adults

- There appears to have been a slight decrease in the number of homes for older adults in Cyprus.

In 2014¹²⁰, it was reported that there were 510 people using public care homes and 791 people using private care homes. Between 2009 and 2014 there had been a slight reduction in the number of care homes in both sectors although in comparison to 2003, there had been a slight increase in publicly run homes and a reduction in privately run homes. This was thought to be due to changes in funding for not-for-profit organisations. Change in the size of homes was not available for Cyprus and as noted under the sections for adults with mental health problems and adults with disabilities, it appeared that care homes in Cyprus provided for mixed groups and therefore separating out data by user group is difficult.

Strengths and areas for improvement

Strengths

- National Disability Strategies 2012 and 2018 specifically includes deinstitutionalisation as a specific aim.
- Development of schemes such as “Houses in the community” and the “New Scheme for assisted living” have been reported as positive indication of progress towards de-institutionalization¹²¹.

Areas for improvement

- Although deinstitutionalisation is part of strategy at least for people with disabilities, Cyprus lacks an action plan to set clear target and milestones, resources, timeline and monitoring mechanisms. Attention should be given to developing this and should in particular focus on finding a way to monitor implementation of policy. Connecting housing policy with disability policy is also likely to be helpful.
- Poor living conditions in accommodation facilities where migrant children reside, partly due to overcrowding and lack of staff, have been reported. Very few unaccompanied migrant children are fostered or experience living in a family. However, this reflects the situation for children more generally in Cyprus. The development of alternative models of supporting children in the community more generally is needed – strengthening the foster, social work and community care system more generally to enable it to support vulnerable children will be key to improving the lives of all children currently in receipt of institutional care.

¹¹⁶ European Commission. *Country profiles - Cyprus: Policies and progress towards investing in children*.

Available at: <https://ec.europa.eu/social/main.jsp?catId=1248&langId=en&intPagId=3636>

¹¹⁷ ECRE. Cyprus Refugee Council. *Country Report: Cyprus 2018*. Available at: <http://www.asylumineurope.org/reports/country/cyprus>

¹¹⁸ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹¹⁹ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at: <https://homelessworldcup.org/homelessness-statistics/>

¹²⁰ Eurofound. (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

¹²¹ Mavrou, Katerina; Liasidou, Anastasia. (2019). *ANED report on Independent Living: Cyprus*. Available at: <https://www.disability-europe.net/theme/independent-living>

Czechia

Key developments in legislation, policies and systems

Adults with disabilities

There has been a series of National Disability Plans since the 1990s. The most recent plan, the National Disability Plan 2015-2020¹²², mentions community-based services as one of the priority areas. The most recent disability relevant strategy is also the National Strategy for Development of Social Services 2016 – 2025.¹²³ The strategy targets transition from the institutional care model for persons with disabilities to community-based support. However, there are no quantifiable targets presented. The strategy is also short of monitoring mechanisms. There has been an increase in social services funding, but this has been primarily financed by EU funds (with the required matched national contribution). In addition, funding mechanisms are not yet fully person-centred and still produce incentives for residential care rather than independent living. Deinstitutionalisation is still seen as a “project” (EU funded) rather than mainstream activity¹²⁴.

Adults with mental health problems

In Czechia, large residential psychiatric hospitals and social care homes are still common. In 2013 the government launched the national psychiatric reform programme with the aim of reducing the number of institutional places, to support adequate housing and to developing a network of outpatient mental health centres.¹²⁵ Implementation of the strategy heavily relies on EU funds.

Children (including children with disabilities)

Despite some promising efforts of the Government of the last decade (e.g. the National Strategy to Protect Children’s Rights and the National Action Plan for 2012–2015), deinstitutionalisation of the child protection system remains slow. Lumos identified several reasons for such unfavourable progress including: an inadequate network of community-based services in the face of growing need; mutual mistrust; and a lack of cooperation between child protection departments and community-based service providers, which is hindering the prevention of out-of-home placements¹²⁶.

Unaccompanied or separated migrant children

Czechia has not been affected in recent years by the same migration influx as neighbouring countries such as Hungary, Germany and Austria. Czechia does not have legal guardianship arrangements explicitly for unaccompanied minors. The Social and Legal Child Protection Authority is required to regularly evaluate the situation and, based on such evaluation, create an individual protection plan for the child in question. Both the evaluation of the child’s situation and the individual child protection plan also address issues concerning the residence status of the unaccompanied minor in the territory of Czechia and his/ her integration, even after reaching 18 years of age¹²⁷.

Homeless

The strategy on Preventing and Tackling Homelessness Issues in Czechia by 2020 focuses on ensuring access to or preserving housing, rather than providing shelter or temporary accommodation. Prevention, adequate support through all intervention stages and expanding housing availability are seen as essential.¹²⁸ However, evaluation has shown that progress has comprised of rapid re-housing of families with children, developing housing programmes in socially excluded regions, developing guidance for preventive services and strengthening capacity building of support workers, rather than legislative changes and supportive systems. EU funds play an important role in the renovation of social housing and are described as a promising opportunity¹²⁹.

¹²² Czech Republic (2015). *The National Plan of Support of Equal Opportunities for Persons with Disabilities 2015-2020*. Available at: https://www.vlada.cz/assets/ppov/vzpo/dokumenty/Narodni-plan-OZP-2015-2020_2.pdf

¹²³ Czech Republic. *Strategy on Social Services 2016-2015*. <https://www.databaze-strategie.cz/cz/mpsv/strategie/narodni-strategie-rozvoje-socialnich-sluzeb-2016-2025>

¹²⁴ ŠIŠKA, Jan. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Czech Republic*. ANED. Available at <https://www.disability-europe.net/country/czech-republic>

¹²⁵ Czech Republic. Ministry of Health (2013). *The Psychiatric Care Reform Strategy*. Available at <https://www.databaze-strategie.cz/cz/mzd/strategie/strategie-reformy-psychiatricke-pece?typ=struktura>.

¹²⁶ Lumos (2018). *Investing in Children The case for diverting Czech government finances away from institutions towards families and communities*. Available at: https://lumos.contentfiles.net/media/documents/document/2018/09/Czech_exec_summary_FINAL.PDF

¹²⁷ European Migration Network (2018). *Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway. Synthesis Report: July 2018*. Available at: https://emn.ie/files/p_201808090907072018_emn_sythesis_unaccompanied_minors_09.08.2018.pdf

¹²⁸ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹²⁹ Czech Republic (2020). *National Poverty Reduction and Social Inclusion Strategy*. 2020.

Older adults

The Strategy for Preparation of the Society for Ageing 2019-2025, while underlining the importance of creating community-based support, does not include the closure of institutions¹³⁰. The Partnership Agreement for Czechia, 2014-2020 (PA) raises the issue of the continuing use of institutional care. The PA focuses on financing priorities such as fostering social inclusion of vulnerable groups and combating poverty. Children, marginalised communities and people with disabilities are among those who should benefit the most¹³¹.

Change over time

Adults with disabilities

Key trends for adults with disabilities

- There has been a 10% reduction in the number of institutions and a 30% reduction in the number of people with disabilities living in institutions between 2007 and 2018.
- 1,563 people with disabilities have left institutions between 2014 and 2018.
- 16,000 adults with disability remain in institutional services.

In 2018¹ there were 11,999 beds (with 11,182 residents) in residential care homes, most of which were in one of the original 204 residential institutions, now called “Homes for persons with Disabilities”. This was a reduction of 26% from the capacity in 2007 (15,925 beds, with 15,925 people living there). Ten of the original 209 institutions have been since closed. In 2016, 520 people were reported as living in the community.

The Structural Funds Watch report (2018) highlights that 1,563 people with disabilities have moved out of large institutional care services since 2014 but that 16,000 adults with a disability still remain in these settings¹³².

Adults with mental health problems

Key trends for adults with mental health problems

- There appears to have been little change for those with mental health needs, although data are limited.
- More attention is given to mental health and to preventing segregation. There is a strategy to improve the social inclusion of persons with mental health problems through adequate housing and developing a network of outpatient mental health centres. Such an approach is expected to reduce referrals of persons with mental health problems to psychiatric hospitals and to decrease their social exclusion.

It was not always possible to draw out the number of people specifically with mental health problems as in some reports those with mental health problems are in the same services as those with disabilities and data are reported by the number of places in each type of setting. In 2012¹³³, there were 17 psychiatric institutions recorded with between 50 and 1,300 places (4 had over 1,000 places) and 4 were for children. In the 179 social care homes with special regime (ranging from 40-60 places) there were 8,396 places of which 55% were estimated to be for people with mental health needs). In 2017¹³⁴, there were 18 specialist hospitals with over 8,500 beds for both adults and children. There remained three psychiatric hospitals with over 1,000 beds each and an additional eight hospitals with an average of over 600 beds. However, how many of these were used for short-term care and how many for long-term care was not known. Average length of stay in special psychiatric hospitals was recorded as just over 2 months (76 days), although research¹³⁵ had indicated that for patients with Schizophrenia, all of the 3,601 patients identified between 1998 and 2012, had been in hospital for over 1 year, 7% for more than 20 years and 20% had died during hospitalisation.

¹³⁰ Czech Republic. MoLSA (2019). *Strategie přípravy na stárnutí společnosti 2019-2025*. Available at http://amsp.cz/wp-content/uploads/2019/08/Strategie-p%C5%99%C3%ADpravy-na-st%C3%A1rnutí%C3%AD-spole%C4%8Dnosti-2019-2025-ma_ALBSBADJYUA2.pdf

¹³¹ EUROPEAN COMMISSION. Brussels. (2014). *Summary of Partnership Agreement for Czechia. 2014-2020* Available at https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

¹³² Gîrlescu Oana. (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living*. Community Living for Europe: Structural Funds Watch. Available at https://eustructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf

¹³³ Kozma, Agnes; Petri, Gabor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

¹³⁴ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017*. OSF and MHE. Available at <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

¹³⁵ Winkler, Petr (2016). *Long-term hospitalisations for schizophrenia in Czechia 1998–2012*. Schizophrenia Research 175, 180–185.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- The number of children in residential institutional care in Czechia decreased by almost 29% between 2008 and 2018 (from approximately 10,500 to 7,500). For children with disabilities, the reduction was 46% (from 1,063 to 355).
- At least 7,500 children still remain in institutions.

The numbers of children in residential institutional care in the Czech Republic had decreased from approximately 10,388 in 2009 to approximately 7,800 in 2018¹³⁶ of which at least 98% have a living parent. The Structural Funds Watch report (2018), which draws on Lumos findings, indicated that approximately 8,000 children remained in institutions.

Unaccompanied or separated migrant children

In 2018, only 10 asylum seekers were considered to be unaccompanied or separated migrant children. Since 2009, the figure has consistently been between 0 and 15 children each year. Unaccompanied migrant children can be placed in foster care or adoption. If this is not possible then children are placed in residential care (usually institutions) such as children's homes, residential schools, institutions for diagnostic assessment etc¹³⁷.

Homeless

Homelessness in Czechia has increased in the past ten years, but monitoring is lacking. The most recent estimate (2016) was that there were around 68,500 homeless people and just under 120,000 at risk of homelessness (given a population of 10 million)¹³⁸. Indebtedness including through housing cost overburden/affordability is the most common reason for homelessness, with the lack of affordable or social housing and rise in housing prices being part of the reason for this. Children and adults in institutions are part of the picture of homelessness. Emergency and immediate responses include accommodation in overnight shelters, hostels or asylum houses and half-way houses. These are not just for people who are homeless per se but those who need refuge (e.g. abused women) and those who may be transitioning out of institutions. In the latter two options, people can stay for longer.

Older adults

Key trends for older adults

- There has been an increase in the number of care home beds for older adults, primarily in the private sector.

Between 2007 and 2014 there was an increase in the number of care homes and the number of beds for adults over 65, with the number of publicly run organisations decreasing slightly (from 376 – 357 home) and the increase primarily falling within the private sector (from 87 to 143 homes)¹³⁹. In 2014, the number of places in these services was approximately 36,600. This puts the average size of home at 73 places in 2014 which is lower size compared to most of other EU countries. However, no information is available on the changes in size over time or the rate or age of accessing residential care versus community-based support.

Strengths and areas for improvement

Strengths

- Policies makes a clear commitment to the transition from institution to community-based systems.
- Increased funding for the renovation and building of social housing is seen as a positive strategy and has potential implications for all target groups. It should be also noted that lack of social housing has impacted on those with disabilities and mental health problems, those who are elderly and in poverty and has contributed to homelessness.

¹³⁶ Lumos (2018). *Investing in Children The case for diverting Czech government finances away from institutions towards families and communities*. Available at: https://lumos.contentfiles.net/media/documents/document/2018/09/Czech_exec_summary_FINAL.PDF

¹³⁷ Štorková, Ivana (2017). *Reception of Children on the Move in Czechia*. Kids Empowerment. Available at: https://kidsempowerment.org/wp-content/uploads/2017/04/ReceptionOfChildrenOnTheMove_Czech_2017.pdf

¹³⁸ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹³⁹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

Areas for improvement

- Despite some initial advancement in terms of children and adults with disabilities transitioning from institutions to community settings, progress has now slowed. More definitive targets should be set with clear first steps identified by the government for how those targets can be achieved. Annual review of progress at national level is highly recommended. The introduction of the role of the National Ombudsman in monitoring residential services has potential to help in this regard.
- Although funding to social services appears to have increased, this is primarily related to those services financed by EU Social Funds. Deinstitutionalisation is still seen as a “project” in Czechia. Close attention needs to be given to the absence of legal framework for social housing, and how to scale up, sustain and continue the development of community-based support for all groups. Putting in place a legal framework for social housing is vital for building effective and stable housing support systems.

Denmark

Key developments in legislation, policies and systems

Adults with disabilities

Institutional care was abolished in Denmark by the Social Service reform in 1998. Housing and social benefits are separated which allows the use of the social benefits regardless of place of residence. However, such policy has not always led to small and community-based services. Clustered homes for 30 or 60 persons are not exceptional. The most recent is the government policy *Handicappolitisk reddegørelse*¹⁴⁰ from 2016 which spells out the right to lead an independent life, to be included in society and have the right to choose where you live.

Adults with mental health problems

For almost three decades, policy has focused on changing the system of psychiatric care provided in institutional facilities to a community-based service. The provision of services has been divided between counties and municipalities. However, organizational fragmentation of the services combined with general management challenges has been recently reported¹⁴¹.

Children (including children with disabilities)

Children without parental care reside either with another family or in an institution where each child has a single room. There are also other types of provisions - social educational places of residence and small and privately-run institutions¹⁴².

Unaccompanied or separated migrant children

The Danish Aliens Act does not include special rules for the treatment of asylum applications from children - unaccompanied children must fulfil the same conditions as other asylum seekers in order to obtain an eventual examination of their applications and subsequent grant of asylum. However, children are considered a particularly vulnerable group. While the application is processed, the children are housed by the Danish Red Cross in a special accommodation centre with specially trained personnel¹⁴³.

Homeless

Homelessness has been widely understood in Denmark as a consequence of both housing and social problems, and since 2009, The Housing First approach has played an important role in preventing homelessness for vulnerable young people, and even in rehousing homeless people with multiple social and health problems in permanent accommodation¹⁴⁴.

Older adults

The core approach of the Danish government to aging is that older citizens stay as long as possible in their own homes. The Danish legislation draws on the assumption that the help offered to citizens depends on individual needs, rather than their type of residence¹⁴⁵.

¹⁴⁰ Social- Og Indenrigsministeriet. *Handicappolitisk Reddegørelse* 2016. Available at: <https://socialministeriet.dk/publikationer/2016/feb/handicappolitisk-redegoerelse-2016/>.

¹⁴¹ HSPM Network. *Health Systems in Transition (HiT) profile of Denmark*. Available at <https://www.hspm.org/countries/denmark27012013/livinghit.aspx?Section=5.11%20Mental%20health%20care&Type=Section>

¹⁴² Steen Bengtsson. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Denmark*. ANED. Available at <https://www.disability-europe.net>

¹⁴³ Hannemann, Nina. *Childon. Denmark. UFC-Boern og unge*. Available at: <http://www.childoneurope.org/issues/unaccompanied/A%201.03%20Danimarca.pdf>

¹⁴⁴ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁴⁵ Denmark. Ministry of Health (2017). *Denmark's National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid Plan of Action on Ageing (MIPAA) from 2012-2016*.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Due to issues with how services are categorised and described, definitive trends are difficult to identify.
- Large residential services still exist for people with disabilities, especially for those with intellectual disability.

Between 2007 and 2012, it was noted that, despite changes in the system for gathering data, the number of adults in institutions had only changed by around 1,000¹⁴⁶. Data for 2016 and 2017 were noted to be less reliable than other years but there had been little change between 2016 and 2018. However, it was noted that adults with disabilities can be living in residential care settings from 10-50 places. In 2018, it was reported that 24,700 people were living in residential housing of varying sizes – the majority of these (17,900) were people with intellectual disability, 7,100 had mental health problems and 2,800 were reported to have “serious social problems”.

Although information on the size of each type of setting was not available and descriptions of services (including client group) was not always clear, the DECLOC report¹⁴⁷ reported that in 2006 there were approximately 30,000 adults (not including older adults) in some form of residential care institution. The FRA Independent Living country background report (2017)¹⁴⁸ also highlighted that a substantial number of service types still included at least some settings of over 100 places. Breaking down by disability group was also not possible for earlier data. As such, it is not possible to draw strong conclusions in terms of trends over time.

Adults with mental health problems

Key trends for adults with mental health problems

- Due to issues with how services are categorised and described, definitive trends are difficult to identify.
- Although very few people are reported to be in long-stay psychiatric beds there still appears to be over 7,000 people with mental health problems in residential care settings in the community.

In 2012¹⁴⁹ it was reported that there were no long-term psychiatric institutions in Denmark. The majority of people with mental health problems receive support in their own home, although some larger group homes and clustered houses do exist. However, there were around 3,000 places in 20 nursing homes for people with psycho-social disabilities, which ranged in size from 15 to 300 places. There were 1,500 places in 120 group homes (with between 5 and 20 places).

In 2017¹⁵⁰, it was reported that there were 2,739 beds in 30 general and specialist psychiatric hospitals with an average length of stay of 16 days. Data on community-based residential services was from 2012 and reported at that time 2,035 people were placed in temporary accommodation (813 different settings) where they can stay for years and 2,406 people in 367 different settings where there is no limit on the length of stay. No further information was available on these settings. However, the ANED data reported above in the section on adults with disabilities indicated that 7,100 people were living in residential housing of varying sizes in 2018.

¹⁴⁶ Steen Bengtsson. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Denmark*. ANED. Available at <https://www.disability-europe.net>

¹⁴⁷ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

¹⁴⁸ European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Denmark (2014-2015) <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

¹⁴⁹ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

¹⁵⁰ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There have been reductions in the number of children in institutions since 2006 but the rate of change seems to have slowed since 2011.

The 2019 ANED report on Independent Living¹⁵¹ reported that in 2017 there had been 2,405 children in residential institutions and 1,982 children in social educational establishments. Only 250 children were reported to be in an institution specifically for children with disabilities but at least some of the children in other settings have a disability. Data from 2016 had indicated that placement in an institution was likely to reflect challenging behaviour (52%), autism or ADHD (20%), mental health problems in 2% and other disabilities in 5% of cases. There had been few changes since 2011. This is substantially fewer than had been reported in 2007 (DECLOC report), when there were over 11,000 places in institutions, residential services, social pedagogical services and boarding schools. However, as for adults, services for children varied substantially in size¹⁵² – for example, services recorded as a “residential institution” in 2014 ranged in size from 1-5 places to over 100 places. This was also true for services referred to as “social housing” or “group homes” or “refuge houses”.

Unaccompanied or separated migrant children

In 2018 there were 240 asylum seekers who were considered as unaccompanied or separated migrant children. The peak in numbers was 2,125 in 2015. In 2018¹⁵³, it was reported that “unaccompanied asylum-seeking children no longer receive temporary residence permits but stay in the asylum centres until they are sufficiently mature to undergo an asylum procedure”. After asylum has been granted the municipality and the young person will decide where they should live. Those under 16-17 years may be offered a foster family (full-time or at the weekends/holidays if they stay in an institution) but mostly they are offered a place in an institution (usually the same as Danish children in care) or a shared house for young people¹⁵⁴.

Homeless people

Key trends for homeless people

- Although the number of homeless people increased over time, most homeless people had some form of accommodation.
- The number of homeless people in institutions had slightly decreased.

The number of people homeless in Denmark in 2017 was estimated to be 6,635¹⁵⁵, which was an increase of 1,600 (that is 32%) from 2009. The biggest increase seen was for those between 18 and 29 years of age. At least 39 children were known to be homeless (5 without parents). One fifth of homeless people were immigrants or descendants of immigrants¹⁵⁶. Two factors were felt to play a role in the increase – 1) house price increases combined with a lack of adequate and affordable housing and 2) cuts in psychiatric treatment.

Between 2019 and 2017¹⁵⁷, there had been an increase in the number of people sleeping rough (from 506 to 648), in the number of people in homeless hostels (1,952 to 2,217), in the number of people in temporary accommodation such as hotels (88 to 165) and in the number of people who were staying temporarily with friends or family (1,086 to 2,177). There had been a slight decrease in the number of people in emergency accommodation (living in overnight shelters – 355 to 305) and a 13% reduction in the number in healthcare institutions (149 people in 2017) and 21% reduction in the number in penal institutions (68 people in 2017).

¹⁵¹ Steen Bengtsson. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Denmark*. ANED. Available at <https://www.disability-europe.net>

¹⁵² European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Denmark (2014-2015). Available at <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

¹⁵³ European Union. *Compilation of Data, Situation on Media Reports on Children on Migration Part 1 - Data And Situation Reports*. Available at: Information on Refugee in Denmark. Available at: http://ec.europa.eu/justice/fundamental-rights/files/rights_child/data_children_in_migration.pdf

¹⁵⁴ Defugee.dk. Information on refuge in Denmark. (2016). *Alone in A Strange Country – Unaccompanied Refugee Children*. Available at: <http://refugees.dk/en/focus/2016/july/alone-in-a-strange-country-unaccompanied-refugee-children/>

¹⁵⁵ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

¹⁵⁶ *Fighting homelessness and housing exclusion in Europe A study of national policies (2019). Summary report and the country report for Denmark*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁵⁷ ESPN. *Thematic Report on National strategies to fight homelessness and housing exclusion: Denmark 2019*

Older adults

Data on change in provision over time for older adults in Denmark was not available. The only data available was for 2016¹⁵⁸, when there were 925 publicly run care homes, 9 private for-profit, 136 not-for-profit and 28 classified as other. Data on size of care home was not available but it was noted that there was a trend towards bigger homes with more residents. People in Denmark were least likely to report issues with accessibility and access.

Strengths and areas for improvement

Strengths

- Denmark has a strong tradition in the Housing First approach to dealing with housing exclusion. This approach could usefully influence other areas such as moving people with disabilities from residential care into community-based services.
- The Open Dialogue method developed in Finland has been successfully implemented in Denmark. The aim of the method is to increase self-determination of people with serious mental health problems via regular meetings between the person and their chosen networks of friends, carers, family and members of the healthcare team.

Areas for improvement

- Deinstitutionalisation has been reported as completed in Denmark. However, a number of persons with disabilities still reside in institution-like housing facilities, some as big as 50 people, which offer limited opportunities for living an independent life and being included in society and making choices over their life. In addition, municipalities in Denmark have started to build housing facilities with a number of places from 30 to 60 or even more. This reversing trend towards to the institutional care model has not been questioned by any policy action. This needs to be addressed now in order to prevent re-institutionalisation especially of adults with disabilities.
- Assistance provided to homeless persons is fragmented. The personal coordinator scheme should be introduced as part of the on-going work to revise social law to make the assistance more holistic. In addition, a focus on developing affordable and social housing schemes would benefit all of those still living in residential and often institutionalised settings.

¹⁵⁸ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

Estonia

Key developments in legislation, policies and systems

The key legislation that goes across all target groups in Estonia is the Social Welfare Act (2016). Importantly this establishes a number of schemes that promote community living even when in need of long-term care, for example, it sets in law personal assistance as a key method for maintaining and promoting independence¹⁵⁹. It also provides more support for families providing informal support such as carers allowances. The provision of social housing is also mentioned here, including for people with disabilities.

Adults with disabilities

The recent Welfare Development Plan for 2016-2023 sets an objective of providing high-quality social services, which respond to the individual needs of service users. This includes the closure of long-stay residential institutions for adults with intellectual disabilities and mental health problems by 2023 and the reduction of unit size to a maximum of 30 residents¹⁶⁰.

Adults with mental health problems

The National Health Plan 2009–2020 is the key health strategy covering mental health.¹⁶¹ As part of this strategy, a number of projects have been developed to design innovative multi-disciplinary services, in particular for young persons with mental health and behavioural problems.

Children (including children with disabilities)

Estonia has taken important strides towards the transition from institutional to family and community-based care. In 2014, the Government introduced a systematic approach to the provision of alternative care in Estonia that would ensure the welfare and the rights of all children in care. The Social Welfare Act (2016) and the Development Plan for Children and Families 2012-2020¹⁶² established that family-based care should be the first option for children in alternative care and that it should be promoted by local municipalities¹⁶³.

Unaccompanied or separated migrant children

According to a report from 2009, unaccompanied migrant children may be placed in an appropriate child welfare institution or a foster family, in which case the financing is provided by a particular reception centre. The system is reported to be flexible as the reception centre may take into account the needs of a specific minor and establish contracts with service providers¹⁶⁴.

Homeless

The Development Plan for Children and Families 2012-2020 has an explicit objective to prevent and reduce poverty and social exclusion, which indirectly contributes to preventing homelessness¹⁶⁵.

Older adults

In Estonia, descendants have been expected to care for their elderly parents, once spouses can no longer care for each other¹⁶⁶. Access to formal care for older adults has traditionally been restricted to those with no family to care for them. The Nursing Care Network Development Plan 2004–2015 (MoSA, 2003) had set out the intention to develop a much better system of nursing support at home, including for older adults¹⁶⁷.

¹⁵⁹ Estonia, Social Welfare Act, 2016 Available at <https://www.riigiteataja.ee/en/eli/513072016001/consolide>

¹⁶⁰ Estonia. *Welfare Development Plan for 2016-2023*, p. 35

¹⁶¹ Estonia. *National Health Plan 2009–2020*.

¹⁶² Estonia (2011). *Strategy of Children and Families 2012 – 2020*. Available at https://www.sm.ee/sites/default/files/content-editors/Lapsed_ja_pered/lpa_fulltxt_eng_83a4_nobleed.pdf

¹⁶³ Eurochild (2018). *Opening Doors for European Children. Estonia*. Available at <https://www.openingdoors.eu/category/resources/publications/>

¹⁶⁴ Estonia (2009). *Response from the Republic of Estonia regarding the Human Rights Council resolution 12/6*

¹⁶⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁶⁶ Patt and Merilain (2010) The Long-Term Care System for the Elderly in Estonia. Available at <http://www.ancien-longtermcare.eu/sites/default/files/ENEPR1%20-ANCIE%20-%20Edited%20final.pdf>

¹⁶⁷ Estonia: Health System Review. Available at http://www.euro.who.int/_data/assets/pdf_file/0011/377417/hit-estonia-eng.pdf?ua=1

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although deinstitutionalisation has been part of policy and national plans, evidence for implementation of Article 19 of UN CRPD is limited.
- Some of older institutions have been closed but the services - “care villages” - that have replaced them are still quite large – in general up to 30 people together on the same site. Apartments are usually clustered together rather than dispersed in the community.

Between 2013 and 2017 there was an increase in the number of young people and adults (15 years and above) in what is referred to as special care settings¹⁶⁸. The majority of these are institutional settings. During 2017, 6,358 people had been in institutional settings. 6,088 were people with disabilities and 2,925 receive 24-hour support. There were fewer people receiving personal assistance in 2017 (318) compared to 2013 (389).

The Structural Funds Watch report (2018)¹⁶⁹ reported that between 2007 and 2013 there had been a programme of developing “care villages”. By 2013 there had been 550 places, with plans to reorganise or close all residential institutions for adults with intellectual disabilities and mental health problems and to create 1,400 more places in care villages and other types of units such as shared flats by 2023. However, these care villages had been criticised as not fulfilling the criteria for community living. They were generally organised as groups of 3 houses with 10 people in each. Apartments that have been created are also clustered – for example, one pilot project had 43 people with lower support needs living together, with no nighttime support. Plans for new services were reported as consisting of 24 people with similar needs living in “families” of six. In addition, it was noted that a 2016 research project found that institutional care was still happening in smaller settings.

Adults with mental health problems

In 2011¹⁷⁰, it was reported that there were 655 places in 14 psychiatric hospitals and units in regional hospitals and 150-200 places in nursing homes for psychiatric patients. It was noted that between 2003 and 2007 there had been a substantial reduction in both the number of people and length of stay in psychiatric hospitals or general hospitals. The reduction of people with mental health problems living in social care institutions was, however, less substantial, with a change from 53% in 2003 to 48% of people with mental health problems living in social care institution in 2007. However, no data were available in 2011 on the number of people in social care institutions.

However, in 2016 more information was available¹⁷¹. Four main categories of 24-hour services existed with length of stay in each one ranging from 9 to 11 months per year. At the end of 2016, there were 2,699 places in 46 settings. The total number of users during 2016 was 3,028. In addition, there were 152 general care homes in which 7,597 people were living at the end of 2016; 1,564 of these were people with a “mental disability”, including 799 people with dementia. Almost 90% of people in care homes were over 65 years of age. Average length of stay was just under 8 months.

There were 626 long-stay beds in psychiatric hospitals or psychiatric wards of general hospitals, but average length of stay was between 10 and 20 days.

Differences in the data available over time means that it is not possible to make conclusions on trends.

¹⁶⁸ Katre Pall, Lauri Leppik. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Estonia*. ANED. Available at <https://www.disability-europe.net>

¹⁶⁹ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

¹⁷⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁷¹ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- The number of children in institutions in Estonia has reduced by just 300 between 2009 and 2017. In 2017, around half of children in institutions had a disability.
- As for adults, there has been concern raised about whether the services replacing institutions really represented community living – the small group homes are often grouped together into clustered settings.

In 2018, Unicef TransmonEE dataset¹⁷² reported that there 990 children in residential care in 2017. This was a slight reduction from 2015, when there were 1,068 children in residential care, and 2009, when there were 1,284 children in residential care). An earlier report (2015) had reported that, in 2011, 253 children had left institutions with a further 311 doing so in 2012. However, in 2012, 133 children moved to another institution. In 2009, there had been 68 children between 0 and 2 years of age compared to 48 in 2012. In 2009 there were 409 children with disabilities in institutions and this had increased to 437 by 2012. Breakdown by disability, age and how many had left institutions was not available after 2012. However, the ANED report¹⁷³ indicated that children with disabilities in residential care had decreased from 479 in 2009 to 446 in 2017. The rate of institutionalisation between 2013 and 2017 had decreased only slightly from 440 to 395 per 100,000 population.

The Opening Doors report (2018)¹⁷⁴ reported a figure of 968 children in residential care in 2017 but noted that these places were in 40 services that varied in size and the majority of these are small group homes. However, both the Opening Doors report and the Structural Fund Watch report (2018) noted that these group homes were not necessarily good examples of community living – many were built next to each other rather than dispersed in the community. Quality, although better than it had been, still required improvement.

Unaccompanied or separated migrant children

According to Eurostat report on asylum applications considered unaccompanied minors¹⁷⁵ there were no asylum seekers considered to be unaccompanied minors in 2018.

Homeless

The exact number of people who are homeless in Estonia is not known¹⁷⁶. However, in 2017 the total number of people using shelters was 2,017 of whom 1,546 were actually homeless – an increase from 1,503 in 2016. Although statistics are available on the number of people using social and municipal dwellings or social housing (16,155) the number due to homelessness was not known. There were a total of 831 people in safe houses of whom 161 had nowhere to live. At the end of 2017 around 90% of beds in these places were occupied but there were waiting lists in 22 local government areas (out of 213 in total) due to a lack of places. However, how this has changed over time was not available.

Older adults

There was very little data available on older adult services in Estonia, however in 2016 there were 152 care homes for older adults¹⁷⁷. Most care was provided in residential care services and recommendations included investment in the transfer from institutional to home care.

¹⁷² UNICEF. TransmonEE data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonEE.org>

¹⁷³ Katre Pall, Lauri Leppik. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Estonia*. ANED. Available at <https://www.disability-europe.net>

¹⁷⁴ Eurochild (2018). *Opening Doors for European Children. Estonia*. Available at <https://www.openingdoors.eu/category/resources/publications/>

¹⁷⁵ Eurostat. Asylum applicants considered to be unaccompanied minors - annual data. Available at: <https://ec.europa.eu/eurostat/databrowser/view/tps00194/default/table?lang=en>

¹⁷⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁷⁷ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

Strengths and areas for improvement

Strengths

- The Social Welfare Act 2016 and the Welfare Development Plan for 2016-2023 comprises of a strong set of goals and indicators which are in line deinstitutionalisation and independent living, including the possibility for personal assistance.
- Successful projects on temporary accommodation services for former inmates and homelessness prevention services have been implemented with EU funding. Lessons learnt from these projects could usefully be applied to the accommodation of individuals with disability and mental health needs.

Areas for improvement

- Despite supportive policy, public finances continue to be used on large-scale institutional care facilities. In addition, the reduction of the number of people living in institutions has been achieved by transforming these institutions into “units” often replicating institutional culture and still clustered with other units for people with disabilities.
- The trends in homelessness are not systematically monitored which limits planning and delivery of assistance. A specific strategy on homelessness (situation analyses, pillars and objectives, interventions, and monitoring mechanism) with a focus on providing increased housing and support to maintain accommodation rather than emergency shelters would benefit all target groups.

Finland

Key developments in legislation, policies and systems

Adults with disabilities

The majority of persons with disabilities in Finland live in the community. Persons with complex needs and older persons with disabilities are likely to live in more institutional residential care facilities. In 2010, the government adopted a policy to close all institutions by 2020¹⁷⁸.

Adults with mental health problems

Finland has the highest estimated incidence of mental health problems in the EU.¹⁷⁹ During the past two decades, the Ministry of Social Affairs and Health has adopted several strategies and programmes which aims to develop community-based support and prevent exclusion of young persons with mental health problems in particular¹⁸⁰.

Children (including children with disabilities)

The deinstitutionalisation process for children with disabilities has not been progressing as well as for adults. Children with intellectual disabilities and children with mental health needs still reside in institutions¹⁸¹.

Homeless

Finland has adopted and implemented national plans for preventing homelessness (PAAVO I 2008-2015 and PAAVO II 2012-2015, AUNE 2016-2019) which aimed at reducing long-term homelessness through standardisation of the Housing First principle and replacing shelters by rental housing units. Finland is one of only few countries where the implementation of national homelessness strategies is being regularly monitored¹⁸².

Unaccompanied or separated migrant children

Unaccompanied and separated children under the age of 16 are placed in group homes. Children over the age of 16 are accommodated in supported living units. Children living in group homes and supported living arrangements receive social and financial support and have access to healthcare services¹⁸³.

Older adults

In regard to older adults, the Council of the European Union issued Country Specific Recommendations (CSRs) to Finland, encouraging the adoption and implementation of reforms in long-term care systems.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Almost all people with disabilities now live in community settings, although many in small group homes rather than using personal budgets and personal assistance in their own home.
- Those left in larger residential services tend to be people with intellectual disability.

¹⁷⁸ Tuokkola, K. and Katsui, H. (2018). *From institutions to community living: drivers and barriers of deinstitutionalisation Case study report: Finland 2018*. EUFRA. Brussels. Page 12. Available at <https://fra.europa.eu/en/country-data/2018/country-studies-project-right-independent-living-persons-disabilities-case-study>.

¹⁷⁹ Hewlett Emily and Kate Cornford (2018). *Finland's mental health challenge*. OECD Directorate for Employment, Labour and Social Affairs. Available at http://oecdobserver.org/news/fullstory.php/aid/6164/Finland_92s_mental_health_challenge.html

¹⁸⁰ European Union (2018). *Mental Health Briefing Sheets Facts and Activities in Member States. Finland*. Available at https://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/finland.pdf

¹⁸¹ Tuokkola, K. and Katsui, H. (2018). *From institutions to community living: drivers and barriers of deinstitutionalisation Case study report: Finland 2018*. EUFRA. Brussels. Page 12. Available at <https://fra.europa.eu/en/country-data/2018/country-studies-project-right-independent-living-persons-disabilities-case-study>.

¹⁸² Baptista, Isabel and Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁸³ Eurochild, SOS Children's Villages (2018). *Let Children be Children*.

In Finland¹⁸⁴, deinstitutionalisation of people with disabilities happened quite rapidly between the 1980 and 2000s with institutions being replaced by housing services in the community, mostly in the form of small group homes. After the 2000s the process slowed. In 2010, the DI process was restarted with a commitment to close all institutions by 2020. In 2010, there were 1,934 people with intellectual disability in residential care institutions; by 2015 this had dropped to 1,093 and by 2017 it was reported that there were 739 people. Data are only available for people with intellectual disabilities. It was reported that the change is now focused on what is referred to as the “second wave of DI” – ie. from group homes to community living more in line with Article 19 of the UN CRPD, where people have choice over where and with whom they live and are active participants in the community.

Adults with mental health problems

Key trends for adults with mental health problems

- Data does not allow comparisons of the number of people in psychiatric hospitals on a long-term basis, nor the number in supported living arrangements.
- There had been an increase of almost 3,000 in the number of people in relatively large community-based residential services.

In 2011¹⁸⁵ it was reported that people with 390 people with mental health problems lived in 2 psychiatric hospitals, generally for 12 months or longer. A further 340 people lived in a psychiatric ward in a general hospital. Some of the community-based residential support is provided in large group homes, ranging from 10 – 20 places. These were either daytime only support (n= 2,694 people); or 24-hour support (n= 2,504 people). In 2010, around half of people (5,000) were in supported living arrangements (for 1-3 people).

In 2015¹⁸⁶, it was reported that there were 23,431 patients in psychiatric hospitals or units attached to general hospitals whose treatment ended in 2015. There were 3,012 patients who were in treatment on Dec.31st 2015. Average length of stay was 31 days and patients included all ages. The number of long-term beds was not reported separately but it was reported that 10% of patients receive treatment for longer than 90 days. In addition, there were 4,344 clients in Psychiatric rehabilitation group homes with 24-hour assistance and 3,456 clients in Psychiatric rehabilitation homes with day-time only assistance on 31 Dec 2015. The number in supported living arrangements was not available for 2015.

Children (including children with disabilities)

There is limited data on the situation of children with or without disabilities in Finland. The only data available was from the ANED (2019) country reports: in 2017, there were 173 children with disabilities in institutions and it was noted that the process for children had not progressed as well as for adults – in 2015 it was 194. Children living in institutions tended to be children with intellectual disabilities and children on the autism spectrum who showed behaviour described as challenging.

Unaccompanied or separated migrant children

In Finland, 470 asylum applications (50 children arriving with families, 20 unaccompanied children and 140 women) were received in July 2017; 385 unaccompanied children had applied for asylum since January 2016¹⁸⁷. Finland is one of the few countries that have offered to relocate families and children from other countries such as Greece and has provided a home for 38 unaccompanied children (90% of all children in the relocation scheme). This has included married children.

The Compilation report on migration¹⁸⁸ also reported that there was an issue in terms of a lack of places allocated by municipalities to unaccompanied children, which can lead to a delay in placement. Where they stay until a placement is found and where they lived while their application of asylum is being processed is not identified in the report. However, a research paper by Kaukko, M., & Wernesjö (2017)¹⁸⁹, identified that unaccompanied children were living in reception

Hisayo Katsui, Katja Valkama and Teppo Kröger. (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Finland. ANED. Available at <https://www.disability-europe.net>

¹⁸⁵ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

¹⁸⁶ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

¹⁸⁷ European Union (2018). *Compilation of Data, Situation and Media Reports on Children in Migration*.

¹⁸⁸ European Union (2018). *Compilation of Data, Situation and Media Reports on Children in Migration*.

¹⁸⁹ Kaukko, M., & Wernesjö, U. (2017). *Belonging and participation in liminality: Unaccompanied children in Finland and Sweden*. *Childhood*, 24(1), 7–20,

centres. On the Finnish migration website¹⁹⁰, it is made clear that these reception centres are group homes or supported housing for unaccompanied children, but no further details were available.

Homeless

Key Trends for homeless people

- An overall reduction in the number of people who are homeless
- No one is now in healthcare institutions due to homelessness.

In 2017, it was reported that there were 7,112 homeless people in Finland. Of these, 411 were sleeping rough, 355 were in hostels, 516 were in institutions, and there were 5,503 living with family or friends¹⁹¹. This compared to over 8,000 in 2009. Finland was the only EU member state where homelessness had reduced for Finnish citizens. However, migrant status was particularly associated with homelessness and there had been an increase in the number of homeless migrants between 2013 and 2017¹⁹². Since 2009 the number of homeless people living in institutions had also reduced and the number in healthcare institutions due to lack of accommodation is minimal (0 in 2018). Mostly this category relates to people released from prison with nowhere to live. In 2018, this was 713 people. In 2018, 238 people had lived rough or used overnight shelters; 2326 people in Finland (not including Helsinki where data were not available) were living with friends or relatives temporarily.

A strong focus and investment in affordable housing and supporting rental options through housing benefits are likely to have played an important role in these reductions.

Older adults

Key trends for older adults

- Community based residential care options such as sheltered housing exist.
- The number of people in residential care has increased between 2004 and 2014.

Limited information is available on change in older adult service provision over time. However, in 2014 there were 29,519 people in publicly run and 18,771 people in privately run 24 hour sheltered housing (includes both group homes and individual apartment arrangements) and residential homes¹⁹³. The numbers in sheltered housing and residential homes separately was not available. Between 2004 and 2014, the number of people in sheltered housing and residential homes in Finland increased by approximately 60% for privately run services and 50% of publicly run services.

Strengths and areas for improvement

Strengths

- Finland is the only country where homelessness has fallen in recent decades. Lessons from the successful strategies employed could inform success in other areas such as supporting people with disabilities to live more independently in the community, especially around the provision of housing.
- There is a strong commitment of the government to close the remaining institutions for persons with disabilities by 2020. This vision has been materialised into deinstitutionalization practices at the local level. There is an awareness of the key reasons for the recent slowing of the process of deinstitutionalisation and plans to overcome these.

Areas for improvement

- Negative attitudes towards persons with disabilities have been reported as a barrier to deinstitutionalisation¹⁹⁴. Awareness raising and training have been suggested¹⁹⁵ to promote independent living and community participation of persons with disabilities.

¹⁹⁰ Finnish Immigration Service. *Living in a reception centre*. Available at: <https://migri.fi/en/living-in-a-reception-centre>

¹⁹¹ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at: <https://homelessworldcup.org/homelessness-statistics/>

¹⁹² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

¹⁹³ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

¹⁹⁴ Tuokkola, K. and Katsui, H. (2018). *From institutions to community living: drivers and barriers of deinstitutionalisation. Case study report: Finland 2018*. EUFRA. Brussels. Pg. 47.

¹⁹⁵ Hisayo Katsui, Katja Valkama and Teppo Kröger. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Finland*. ANED. Available at: <https://www.disability-europe.net>

- So called “neo-institutionalisation” has been observed in some group-homes. Even after the closure of the original institutions, institutional practices have appeared in some group homes. Capacity building activities of staff working in the residential facilities should be organised with aim to prevent maintaining such institutional culture.

France

Key developments in legislation, policies and systems

Adults with disabilities

The Act 2005-102 'Equal rights and opportunities, participation and citizenship of persons with disabilities' sets out inclusion in all areas of society, freedom of choice, and community participation as some of the principles for services for people with disabilities. However, right to independent living is not spelled out in the French legal provisions.

In addition, in 2018 the French government adopted a disability strategy that emphasised its commitment towards inclusion. The strategy sets up priorities and objectives in education, employment, and in the development of assistive technologies to support social participation and autonomy of persons with disabilities¹⁹⁶.

Adults with mental health problems

France no longer has a national mental health plan - mental health and psychiatry are managed and mainstreamed at an inter-ministerial level but with day-to-day responsibility at the level of regional "health territories". This results in large regional disparities in terms of policies, resources and provision of mental health services. Since the law reform in 2011/2013, general concerns include the high rate of long-term hospitalisation, increasing use of involuntary admission and forced treatments, compulsory treatment in the community and guardianship practices¹⁹⁷. In addition, concerns were raised by a group of European Disabled People's Organisations not only about France not providing the right for all persons with disabilities to live with their families and in their communities but effectively using freedom of movement to exile people. Given the lack of services in France, some persons and their families opted for support services in Belgium. In 2016, 5,653 adults and 1,459 children with disabilities were placed in residential care in Belgium¹⁹⁸.

Children (including children with disabilities)

Administrative procedures related to gaining support have continued to be reported as long and difficult, resulting in some parents becoming discouraged and giving up their rights, as well as the rights of their children with disabilities, for support. Stigmatisation is also reported as problematic¹⁹⁹.

Unaccompanied or separated migrant children

France shares obligations to afford unaccompanied and migrant children who arrive at its borders special safeguards that protect their human rights as set out in international and EU law. Separate reception facilities specifically for these children provide supervision, counselling and social support. They are also responsible for identifying and addressing the needs of these children.

Homeless

France has adopted a five-year plan to combat homelessness through the Housing First programme supervised by the inter-ministerial delegation for accommodation and access to housing (DIHAL). The Ministry for Territorial Development is responsible for general rehousing programmes, for the Housing First programme and for monitoring. Hotels/B&Bs and hostels are extensively used to accommodate families. The legislation prevents non-nationals awaiting or in the process of arranging settled status from accessing work and accommodation in the social housing sector. As the result, families are often accommodated for months or even years in overcrowded housing and social reinsertion centres or substandard hotels²⁰⁰.

¹⁹⁶ Nicolas, Carole; Ebersold, Serge (2019). ANED 2018-19. Task 1.2 *Living independently and being included in the community*. Country: France. ANED. Available at <https://www.disability-europe.net>

¹⁹⁷ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre.

¹⁹⁸ Inclusion Europe. *Organisations representing persons with disabilities lodge complaint against France*. Available at: <https://www.inclusion-europe.eu/organisations-representing-persons-with-disabilities-lodge-complaint-against-france/>

¹⁹⁹ Directorate General for Internal Policies Policy Department C (2013): *Citizens' Rights and Constitutional Affairs Civil Liberties, Justice And Home Affairs. Country Report on France for the Study on Member States' Policies for Children with Disabilities*.

²⁰⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Older adults

The French long-term care system has been substantially criticised over the years and has been identified as in need of substantial reform. The Libault Report (March 2019) sets out the reform needed in the long-term care system in France²⁰¹. It focuses on three key areas: reorganisation of the funding system to allow, for example, a home-based cash benefit to allow people to be supported at home for longer; the improvement of existing services and the development of 20,000 new places in residential and nursing homes and the development of new types of services that are community-based but offer more support than available with just homecare; and better support for those who are caring for older relatives at home. Implementation of such recommendations would be costly and so whether these recommendations will be undertaken remains to be seen.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although the data were not easy to compare across time, it appears to be clear that the number of adults living in institutional residential care has increased since the introduction of the UN CRPD.
- The provision of community care is still limited in France.

In 2014, it was reported that there were approximately 281,500 adults “taken care of” by specialist services²⁰², of which 172,308 live in those specialist institutions (the remainder attended the institutions only during the day). This is an increase from 2010 when 267,300 were provided support with 161,284 living in these services. A small number of people were reported to be living independently but it was not clear what this meant. In some types of institutions almost 100% of people lived there. According to the FRA Independent Living Background country report for France²⁰³, almost all of the residential services available in France are over 30 places in size. Breakdown by disability group was not available in this data and whether this data included older people with disabilities or mental health problems was not available.

In 2016 specific data for Maisons d’accueil specialise (MAS) were available – at that time 28,337 people were receiving support in 688 institutions with 91% of people resident there. These services are all bigger than 30 places – with an average size of 41 places. The number of people in MAS in 2016 was substantially higher than in 2007²⁰⁴, when there were approximately 15,000 places in MAS - almost 7,000 places were for people with intellectual disabilities, just over 1,000 for people with physical and sensory disabilities, just over 1,000 for people with mental health issues and just under 5,000 were for people with mixed disabilities. The number of places in the four main types of institutional services identified in 2007 was approximately 78,000.

²⁰¹Blanche Le Bihan – European Social Policy Network (2019). *Future trends in French long-term care policy: The Libault Report*.

²⁰² Nicolas, Carole; Ebersold, Serge (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: France. ANED*. Available at <https://www.disability-europe.net>

²⁰³ European Union Agency for Fundamental Rights (2017), *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: France (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²⁰⁴ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

Adults with mental health problems

Key trends for adults with mental health problems

- Detailed comparisons over time for people with mental health problems are not possible. However, residential services for those with mental health problems are still primarily institutional in nature.

As noted under adults with disabilities above, people with mental health problems were accommodated in the same type of services (and sometimes the same services) as people with intellectual or physical disabilities. Due to differences in the data available at different type points, drawing direct comparisons was not possible.

In 2012²⁰⁵, it was reported that there were 27,900 places in 90 public specialised psychiatric hospitals of around 100 places each. Nineteen percent of people admitted were reported to be in hospital for between 1 and 5 years and 23% over 5 years. There were also 6,100 places in 138 private non-profit health institutions of varying sizes. Eighteen percent were hospitalised between 1-5 years and 25% over 5 years. Finally, 9,000 people were on a psychiatric ward in one of 198 general hospitals, but length of stay was not known. It was also noted that there was a tendency for those with severe mental health needs to be placed in Belgium and an extra 200 places had been created (giving almost 650 places by 2013) in secure residential intensive care psychiatric facilities. Data on those in social care institutions were not available in 2012.

In 2017²⁰⁶, the issue of out of country placement to Belgium was still an issue and many services were still for mixed disability groups. However, between 13 and 32% of the 146,610 places in 4,480 social care institutions were reported to be used by people with mental health problems. Almost all of these services were bigger than 30 places. Psychiatric treatment was reported to be mostly provided on an acute basis in psychiatric hospitals or on psychiatric wards in general hospitals (providing almost 55,000 places) with average length of stay between 30 and 40 days. However, around 5% of people admitted to these hospitals stay for more than one year. This is equal to around 15,000 inpatients per year.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There appears to be have been little change in the number of children and young people living in institutional settings. Most of these appear to be educational establishments. However over 4,350 children are living in institutions which are not educational in function.

Although the data are not particularly clear, in 2014²⁰⁷ it was reported that approximately 10,000 children were “taken care of” by special institutions and not at school. Of these 4,352 were reported to live in the institutions, which compared to 4,264 in 2010. All the services for children (both those with an educational and those without an educational component) were greater than 30 places in size²⁰⁸. Many of the institutions for children were separated by disability type. How many children were living in educational based settings was not available in this data.

Earlier figures (e.g. from DECLOC, 2007) had not been possible to break down by resident versus day attendance and had also combined all different types of settings but it was suggested that almost 130,000 children were attending institutional settings. In the 2017 FRA Independent Living Background county report for France²⁰⁹, it was suggested that between 50 and 60% of places in all types of settings were residential, including in schools. The UN Special Rapporteur report from the visit in 2017²¹⁰ suggested that around 100,000 children with disabilities were still living in institutional care.

²⁰⁵ Mapping Exclusion: Mapping Exclusion Institutional and community-based services in the mental health field in Europe (2012) Available at: https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

²⁰⁶ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre.

Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

²⁰⁷ Nicolas, Carole; Ebersold, Serge (2019). ANED 2018-19. Task 1.2 *Living independently and being included in the community*. Country: France. ANED. Available at <https://www.disability-europe.net>

²⁰⁸ Fundamental Rights Agency (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: France (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²⁰⁹ Fundamental Rights Agency (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: France (2014-2015). Available at <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²¹⁰ United Nations. Human Rights. High Commissioner Office (2017). *UN Special Rapporteur report*. France.

Unaccompanied or separated migrant children

In 2018, there were 740 children officially considered as unaccompanied or separated migrant children²¹¹ and this was an increase from 2009. However, it was noted that France did not take in the number of children allocated²¹² and those they did were not offered the social protection they should be²¹³ and many were turned away from support services on the basis of their age being questioned. Little information was available regarding accommodation, but it was clear that some children were housed in reception centres (including in the camps in northern France) and others in children's homes across the country. UNICEF reported very poor conditions for children especially in the camps in Northern France. Children who were transported to other places returned to the camps in Calais to try to get to the UK by very risky and illegal means. Many end up homeless and sleeping rough. In 2018 Human rights Watch reported that around 200 unaccompanied migrant children were sleeping rough in Paris²¹⁴.

Homeless

It was reported that 141,500 people were homeless in France in 2012. This was almost 50% increase from 2001. Around 103,000 adults in French cities used some form of emergency accommodation or soup kitchen in 2012, which included approximately 30,000 children²¹⁵. The Fighting Homelessness and Housing Exclusion reports (2019)²¹⁶ noted a lack of up-to-date data for France but noted that in 2012 eight thousand people were reported to be without shelter. Risk factors included having been in care as a child and reasons for homelessness were related to financial situation in around one third and family situation in around a second third. Increases in homelessness were at least partly explained by those who were not French speaking. In terms of living situation, it was reported that: 30% were in housing provided by an association; one-third were in a shelter centre on a daily basis; 12% were staying in emergency shelters that they had to leave in the morning with no guarantee of a place for the following night; and 16% were in a hotel room (30% in the Paris region). No information was available on how this had changed over time since 2012.

Older adults

Key trends for older adults

- Between 2007 and 2011, care homes for older adults increased in size.
- No more up-to-date information is available.

In France there had been little change in the number of residential care homes for older between 2007 and 2011²¹⁷, in fact the number slightly decreased. However, the number of users in care homes had slightly increased, in particular in private for-profit home where the number of users increased by approximately 25%. Size of setting ranged from 70 places in privately run care homes to over 90 in publicly run care homes. Care homes increased their capacity by 5% between 2007 and 2011, when the average capacity across all types was 68 with almost 720,000 places across almost 10,500 facilities. No more recent data were available.

Strengths and areas for improvement

Strengths

- The current government policy is aimed at the modernisation of services provided to persons with disabilities which are flexible, tailored to the needs of an individual, and are community-based so that people are involved in every aspect of their lives. Financial support aimed at developing independent living has been increasing.
- France has a strategy for homelessness that focuses on a Housing First approach. Although not yet fully implemented, this policy could provide useful opportunities for combatting the exclusion of other target groups and potentially for moving people out of institutional services to more independent living arrangements.

²¹¹ Eurostat database. Available at: <https://ec.europa.eu/eurostat/databrowser/view/tps00194/default/table?lang=en>

²¹² European Union (2018). *Compilation of Data, Situation and Media Reports on Children in Migration. Part 1 - Data and Situation Reports*

²¹³ HRW (2019). *Subject to Whim. The Treatment of Unaccompanied Migrant Children in the French Hautes-Alpes*. Available at: <https://www.hrw.org/report/2019/09/05/subject-whim/treatment-unaccompanied-migrant-children-french-hautes-alpes>

²¹⁴ HRW (2018). *"Like a Lottery". Arbitrary Treatment of Unaccompanied Migrant Children in Paris*. Available at: <https://www.hrw.org/report/2018/07/04/lottery/arbitrary-treatment-unaccompanied-migrant-children-paris>

²¹⁵ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

²¹⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²¹⁷ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union. Luxembourg.

Areas for improvement

- Although policy aims are in line with community living, the provision of services for children and adults with disabilities, for those with mental health problems and for those who are older is still very reliant on large scale residential settings. The word “institution” is used differently in France, which makes it difficult to interpret available data but descriptions of services make it clear that the services that exist are institutional in nature. Ensuring that action, not just policy, moves towards the development of personal assistance models and, in the short term, smaller residential care facilities (less than 6 people) dispersed in the community (not clustered on one site) will be important to move forward the deinstitutionalisation agenda in France.
- The quality of emergency accommodation remains low for homeless people. The priorities for action relate to stopping using hotel rooms to accommodate families with children and to implement the Housing First strategy. This is likely to require investment in more affordable and social housing but is likely to have benefits for other groups as well.

Germany

Key developments in legislation, policies and systems

Adults with disabilities

The social assistance system (Social Code Book XII) and, the 'Integration Support for Disabled People' [Eingliederungshilfe für behinderte Menschen; section 53 ff. SGB XII] as well as the Long Term Care Insurance (Social Code Book XI) are based on the principle of community-based support and in general give disabled people the right to choose between institutional or home based support. However, other regulations (such as the 'higher cost reservation') can force people with disabilities, especially those with more severe disabilities, into institution-type homes, if community-based services are more expensive²¹⁸.

Adults with mental health problems

Although community psychiatry is available across the country, clinics and private psychiatric practitioners are still the dominant forms of outpatient support. Recent government reforms are aiming at developing more available community support, but funding is dropping which puts meaningful improvements at risk²¹⁹.

Children (including children with disabilities)

The 2019 Eurochild Semester report on the rights of children²²⁰ recognized that the separation of policy and systems for those with and without disabilities has created substantial issues and the current reform of the social security code VIII (Sozialgesetzbuch VIII) has been welcomed. Children and children with disabilities are mainly supported and protected through specific legal frameworks 1) for the protection of children, 2) for the rehabilitation and participation of persons with disabilities and 3) social aid²²¹. The German government has been called upon to take account of the needs of children who are particularly affected by "discrimination, disadvantage or bullying due to their social and cultural background or their disabilities and limitations".

Unaccompanied or separated migrant children

Unaccompanied children or juveniles entering Germany are taken into care by the youth welfare system (Kinder- und Jugendhilfe). Accommodation is mostly provided in a regular youth welfare institution or in facilities designed specifically for unaccompanied minors. However, lack of capacity and low levels of staff competence - especially with regards to traumatised unaccompanied minors²²² - are identified as challenges.

Homeless

The provision of homelessness services is not uniformly regulated at national level and there are no national-level homelessness strategies or plans. Immigration has been associated with rising homelessness. However, German housing policy has been criticised as misguided and an adequate response levels of poverty and homelessness²²³.

Older adults

In 1994, it became possible for private providers to provide long-term through the long-term care insurance scheme. The Long-term Care Enhancement Act (Pflegerweiterentwicklungsgesetz) of 2008 aimed to strengthen home-based care,

218 ANED (2019). *DOTCOM: the Disability Online Tool of the Commission. Germany*. Available at <https://www.disability-europe.net/dotcom>

219 Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

220 Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester*. Available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/2019_Eurochild_report_on_European_Semester.pdf

221 Directorate General for Internal Policies Policy Department C: (2018). *Citizens' Rights and Constitutional Affairs Civil Liberties, Justice And Home Affairs. Country Report on Germany for the Study on Member States' Policies for Children with Disabilities*. Available at http://www.europarl.europa.eu/meetdocs/2014_2019/documents/libe/dv/25_decountryreport_/25_decountryreport_en.pdf

222 Tangermann, Julian; Hoffmeyer-Zlotnik, Paula (2018). *Unaccompanied Minors in Germany Challenges and Measures after the Clarification of Residence Status. Germany*. German National Contact Point for the European Migration Network (EMN).

223 Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

making additional support services available to family caregivers in the course of this reform. In addition, since 2011, all licensed care facilities are annually monitored, and the results of the evaluation published²²⁴.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Comparisons in the exact number of people in institutions across time were not possible for Germany. However, it is clear that the majority of people with disabilities are still supported in residential services, especially those with more severe disabilities.
- Large residential settings (up to 100 people) still exist.

At the end of 2017, there were approximately 7.8 million severely disabled people in Germany, of which 911,106 were getting some form of individual case support²²⁵. Just over 60% were reported as being supported in institutions and the remainder outside of them. There had been an increase of just under 2% in the number of people getting individual case support since 2016. The ANED report highlighted that the majority of individual case support was given for “independent living” (just over 666,000 people), with just under 288,500 people getting benefits for working in sheltered workshops. However, it is hard to interpret these figures as different terms are used at different times and the descriptions of residential care, independent living, institutions etc. are not clear. The FRA background report on independent living in Germany²²⁶, highlighted that in 2014 services called “residential homes” could vary from 1 to 100 people on one site for people with intellectual disability and people with mental health problems and from 6 to 100 places for people with physical disabilities and people with sensory disabilities. Services called “small group homes” were also identified as existing but size of setting was only available for some of these – these tended to be smaller. However, the number in each of these different types of setting or numbers by size of setting was not known. People with more severe disabilities are often still channelled directly into institutional settings²²⁷.

Change from between 2010 was not possible to establish as few data are available. In 2007²²⁸, data were not available on a national level and were not considered reliable enough to include, although similar types of sizes of services were reported.

Adults with mental health problems

Key trends for adults with mental health problems

- A lack of data makes it difficult to draw comparisons. However, it appears that many people with mental health problems are still living in large institutional and residential care settings.

In 2012²²⁹, it was reported that there was a total of nearly 60,000 places in psychiatric clinics in Germany. The average length of stay in psychiatric hospitals was 23 days/patient; however, it had been estimated in 2007 that there were up to 20,000 long-stay patients in psychiatric hospitals²³⁰. In addition, it was reported that there were approximately 40,000 users in large residential home settings. In 2010, there had been 81,094²³¹ people accessing supported living arrangements

²²⁴ Aronson, Polina; Mahler, Claudia (2016). *Human Rights of Older Persons in Long-term Care: German National Report*. German Institute for Human Rights.

²²⁵ Rosken, Anne (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Germany*. ANED. Available at <https://www.disability-europe.net>

²²⁶ European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Germany (2014-2015) <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²²⁷ Anemari Karačić (2015). *Work Package 6. Active Citizenship as Community Living. Review of statistics, law, policy and research on deinstitutionalisation and community living for persons with disabilities: Germany*. FP7 DISCIT Project.

²²⁸ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

²²⁹ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

²³⁰ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

²³¹ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

but how many of these were people with mental health problems was not known and the nature of these settings was also not described (e.g. it was not known whether these were true independent living in normal houses in the community or clustered apartments all for people with disabilities).

In 2017²³², it was reported that there were now no long-term psychiatric beds in general hospitals and that mental health care is provided in the community through acute hospital beds, community centres, and multidisciplinary teams. Long-term inpatient mental health care is only provided in 77 forensic psychiatry units, where just over 12,000 people were currently living. However, there were also reported to be 89 asylums where people could be detained if considered a danger to themselves and others and many people with mental health problems still lived in social care institutions and care/nursing homes. The FRA independent living country report²³³ highlighted that in 2014 there were still large psychiatric institutions, rehabilitation services and transition services for people with mental health problems, ranging in size from 1 to 100 people.

Children (including children with disabilities)

There are very little data on the situation of children (with or without disabilities) in Germany.

Unaccompanied or separated migrant children

In 2018, there were just over 4,000 asylum seekers who were considered as unaccompanied children²³⁴. This was over three times as many as there had been in 2009. However, there had been a substantial increase to over 22,000 in 2015 and almost 36,000 in 2016. Very little information was available regarding living situation but guidance on the process of what normally happens when someone appears to be an unaccompanied child indicates that unaccompanied children are either sent to live with relatives if they have any in the country, are put into foster care or are housed in an asylum²³⁵. No further information on the later was available.

Homeless

In Germany, there are no official national statistics or regular national reporting systems on homelessness and housing exclusion. However, it was estimated by the Federal Association for Assistance to the Homeless that there were 860,000 homeless people in Germany in 2016 but that this reflected an 150% increase in just 2 years due to an influx of refugees during 2015-2016 which were now included in the statistics. Without refugees, the number of homeless people were between 335,000 and 420,000²³⁶. Approximately 52,000 people were living on the streets and one of the main reasons for the rise in homelessness (apart from the rise in population due to migration) was the lack of affordable housing, especially in more urban areas²³⁷. Housing costs form a substantial proportion of living costs for German citizens, especially those on low incomes. No statistics on the number of people accommodated in different types of settings were available.

Older adults

Key trends for older adults

- There has been an increase in the number of care homes for older adults, especially in the private sector.

In Germany, the number of care homes for older adults increased overall between 2009 and 2015²³⁸. This was particularly so for privately provided care homes with an increase from just over 10,000 homes to just over 13,000 homes compared to an increase from 554 to 599 publicly provided care homes. Data on the number of users in care homes was not available

²³² Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

²³³ European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Germany (2014-2015) <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²³⁴ Eurostat database. Available at: <https://ec.europa.eu/eurostat/databrowser/view/tps00194/default/table?lang=en>

²³⁵ Saleem Aasim (2018). *Unaccompanied minor refugees in Germany: What you need to know*. Infomigrants. Available at: <https://www.infomigrants.net/en/post/8552/unaccompanied-minor-refugees-in-germany-what-you-need-to-know>

²³⁶ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

²³⁷ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²³⁸ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

but it was noted that most care homes run by public or non-profit providers had between 60 and 150 places, whereas 50% of private for-profit homes had between 10 and 50 places.

Strengths and areas for improvement

Strengths

- Policy in Germany in general supports deinstitutionalisation and the expansion of community-based services. The Federal Participation Act gives clear guidance on how to scale up independent living services across the country. The availability of personal assistance is encouraging.
- The Saxon Housing Cooperatives (VSWG) operates a network of housing cooperatives, research institutions and companies working to adapt housing units of Saxon cooperatives to respond to the changing needs of their ageing inhabitants.²³⁹ The ambient-assisted living technologies and systems developed and tested link the health, security, comfort and leisure aspects with the housing.

Areas for improvement

- There is an absence of data on the living situation of most of the target groups. This includes information on the finances allocated to institutional care costs and to community-based services. Developing a national level dataset that collected consistent data across the Lander would be useful for monitoring the advancement of community-based services. This is especially important given the perverse incentives in the systems to maintain the institutionalisation of those with more severe disabilities.
- A strategy on homelessness or improved strategy on housing needs to be developed to include systems for developing more social and affordable housing – this would have benefits not just for responding to and reducing homelessness but also for providing people with disabilities and mental health problems more options for places to live outside of institutions.

²³⁹ European Commission. *European Innovation Partnership on Active and Healthy Ageing Excellent innovation for ageing A European Guide*. Available at: https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/rs_catalogue.pdf

Greece

Key developments in legislation, policies and systems

Adults with disabilities

Although some relevant legal and policy documents relating to the transition to family and community living are in place, Greece does not have a specific strategy on deinstitutionalisation. The National Strategic Policy Framework for Social Integration 2014 – 2020 recognises that people with disabilities and people in need of long-term care appear at increasing risk of poverty and social exclusion. Targeted objectives of the strategy include widening provision of community-based services, promoting de-institutionalisation e.g. widening implementation of supported living shelters schemes for adults and children with disabilities²⁴⁰.

Adults with mental health problems

Greece has been implementing psychiatric reform which resulted in replacing the traditional psychiatric hospitals by acute wards in general hospitals and there were many developments in community mental health care. However, community-based services are underdeveloped in many regions of the country. A comprehensive legislation to support independent living in the community is not in place²⁴¹.

Children (including children with disabilities)

Regarding children, the Strategy of the Region of Attika and Western Greece is the only document that (indirectly) addresses de-institutionalisation as a distinct policy measure.²⁴² It is noted that in Greece, there is a general perception that institutions are an appropriate solution for children in out-of-home care. Nevertheless, the new Law on Foster Care was adopted in May 2018 and came into force in September 2018. This progressive legislation is expected enable the development of family-based forms of care for children and to catalyse deinstitutionalisation reform at national level.²⁴³

Unaccompanied or separated migrant children

The situation of unaccompanied and separated migrant children in Greece remains unsatisfactory. In 2018, 3,250 unaccompanied and separated migrant children in Greece were reported living in shelters for unaccompanied children, police departments, reception centres, safe zones or temporary accommodation sites. These settings are usually not covered by transition strategies²⁴⁴.

Homeless

The new homelessness national strategy has been announced in Greece. However, it does not provide any kind of funding information, except for a short-term Action Plan for the period 2019-2021. In addition, it has been reported that there has been insufficient development of prevention mechanisms²⁴⁵.

Older adults

In Greece, long-term care continues to be an underdeveloped policy area. A comprehensive formal long-term care service guaranteeing universal coverage does not exist. The state's involvement is rather limited and consequently long-term care remains a 'family affair'²⁴⁶. In addition, austerity politics have caused further reliance on informal support networks and burdened the capacity of families to cope.

²⁴⁰ Strati, Eleni (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Greece*. ANED. Available at: <https://www.disability-europe.net>

²⁴¹ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre.

²⁴² *Regional Strategy for Social Inclusion and fight against poverty*. <http://www.pepattikis.gr/ftwxeia/> (see p. 244-245, p. 249).

²⁴³ Eurochild (2018). *Opening Doors for European Children. Greece*. Available at <https://www.openingdoors.eu/category/resources/publications/>

²⁴⁴ Gîrlescu Oana. (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living*. Community Living for Europe: Structural Funds Watch. Brussels. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf

²⁴⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁴⁶ Ziomas D., Konstantinidou D., Vezyrgianni K., Capella A. (2018). *ESPN Thematic Report on Challenges in long-term care Greece 2018*. EUROPEAN COMMISSION Directorate-General for Employment, Social Affairs and Inclusion.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although the available data are limited, there appears to have been little change in the number of adults with disabilities living in institutional residential settings.

In 2017²⁴⁷, 44 public sector institutions were recorded by the National Statistical service as providing for children, adults and older adults in all groups of people with impairments and chronic illnesses, homeless, elderly, migrants, refugees etc. Around half of these institutions provided for people with disabilities and it was estimated that 1,642 disabled people were living in public institutions in 2017 with a further 460 receiving rehabilitation services in residential units. The number of public sector institutions has remained relatively stable over time from 2013 and the number of adults with disabilities living in public institutions has decreased only very slightly over time – from 1,690 in 2013 to 1,642 in 2017. No data had been available for Greece in 2007²⁴⁸ and so longer-term comparisons are not possible. In terms of size of services, the FRA background country report²⁴⁹ suggested that most hostels and residential care units were less than 30 places with some smaller than 10 places. Greek Law sets the size of units. What is not clear from the data provided is whether such units are clustered together or truly dispersed.

There is no systematically collected data for private institutions although it is reported that there are roughly the same number of church and charity led institutions as public institutions. No more detailed data for adults were available.

The only community-based alternative to institutional residential care for adults with intellectual disabilities is supported living shelters of which there were 42 units (usually of 6 places or fewer²⁵⁰) across Greece supporting 267 individuals – this was estimated as only 3 places for every 200 people with intellectual disabilities.

The Structural Funds Watch report (2018)²⁵¹ highlighted that the lack of a deinstitutionalisation strategy has limited the availability of structural funds in Greece. The ENIL briefing on EU fund use²⁵², commented that there had been little progress towards deinstitutionalisation and services for disabilities people are primarily provided in large institutions.

Adults with mental health problems

Key trends for adults with mental health problems

- Since 2009 there has been a reduction in the number of specialist psychiatric hospitals and the number of long-term beds in general hospitals.
- However, the development of acute beds in general hospitals and the strengthening of community based mental health treatment has been slower than hoped, leaving people staying in acute beds for longer than necessary and allowing the development of private psychiatric units.

In 2012²⁵³, there were around 660 long stay patients in five psychiatric hospitals and around 2,689 people using community based residential services which for the most part were boarding houses (n=136) and hostels (n=85) for a maximum of 15 people. There were also 226 protected apartments for between 1 and 4 people.

²⁴⁷ Strati, Eleni (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Greece*. ANED. Available at <https://www.disability-europe.net>

²⁴⁸ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

²⁴⁹ European Agency for Fundamental Rights (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Greece*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²⁵⁰ European Agency for Fundamental Rights (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Greece*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²⁵¹ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

²⁵² Cojocariu, Ines, Buli; Kolic, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living*. European Network on Independent Living, March 2018.

²⁵³ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

In 2015²⁵⁴, after a continued period of reform, the preference and practice in all but one administrative region was to use acute beds in general hospitals for short-stays only with average length of stay being 26 days. There were no long-term beds in general hospitals, but it was noted that some people stayed longer on acute wards than they should due to a lack of alternative accommodation. There were now just three specialist hospitals providing long-term beds with 144 people accessing these in the period up to June 2015. The total number of beds or the size of these specialist hospitals was not available. These specialist hospitals also provided some short-term beds (average length of stay of around 30 days). There were also reported to be 36 private psychiatry units, but no further information was provided about these.

It was noted that, in 2015, psychiatric hospitals still represented 60% of hospitalisations of people with acute mental health problems. Those with longer term needs generally lived in community-based residential arrangements (now called group homes) where size was generally up to 15 people. At the end of the reform evaluation in 2015, there were 1,535 people living in 226 community-based group homes (maximum size 6 places). Three hundred and twenty-eight (328) people were living in supported living arrangements (261 units, maximum size of 4 places).

Finally, the Mapping Exclusion report also noted that there was still a worrying trend in 2017 for the number of involuntary admissions to be substantially higher than in many other countries, with a slight increase in the number of people with mental health problems being placed under guardianship (the majority of decisions are for plenary guardianship). It is likely that financial crisis contributed to a rising demand for mental health care at the same time as bringing about cuts in financial expenditure and staffing due to austerity measures.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Although only limited data are available, there appears to have been an increase in the number of children living in institutional and residential care since 2011, with more recent figures at under 3,000.

Children in Greece (with and without disabilities) live in the same settings as adults described above. The Eurochild Opening Doors report for Greece²⁵⁵ reported that in 2014 there were 2,850 children living in institutions and that 900 were children with disabilities and 150 were aged under 3 years. In 2015, it was reported by the Greek Child Ombudsman²⁵⁶ that there were 2,000 children in private institutions in addition to around 1,000 children hosted in public sector institutions. Another study in 2015 identified 2,825 children in 82 different institutions. In 2011, the Greek NGOs Network for the Convention on the Rights of the Child had estimated that there were approximately 1,000 children, adolescents and youth in long-stay institutions. The accuracy of these earlier figures is not known but the ANED Country report on Greece stated that the number of children in institutional care had slightly increased over time. It was reported that, in 2014, 760 of the 2,825 children and young people living in 85 institutional and residential care settings for children in Greece were over the age of 18²⁵⁷. This implies that young people were staying in children's institutions longer than they should due to a lack of appropriate alternative accommodation.

Unaccompanied or separated migrant children

In 2018, it was reported that 2,640 of those who applied for asylum were considered to be unaccompanied or separated children²⁵⁸. This was a substantial increase from the 40 children recorded in 2009.

In 2016, most of the 2,350 unaccompanied migrant children were relocated to other countries, many to Finland²⁵⁹. A similar situation was true in 2017. At the end of March 2019, it was reported that there were 3,774 unaccompanied or separated children living in Greece with around 605 reported to be homeless and 1,932 living in long-term or temporary accommodation, including institutions.

²⁵⁴ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

²⁵⁵ Eurochild (2018). *Opening Doors for European Children*. Greece. Available at <https://www.openingdoors.eu/category/resources/publications/>

²⁵⁶ Strati, Eleni (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Greece*. ANED. Available at <https://www.disability-europe.net>

²⁵⁷ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁵⁸ Eurostat. Unaccompanied migrant data. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

²⁵⁹ European Union (2018). *Compilation of Data, Situation and Media Reports on Children in Migration. Part 1 - Data and Situation Reports*

Homeless

There is no official data on homelessness in Greece, but it was estimated in 2017 by the UN Human Rights Council that 21,216 people in Greece were homeless²⁶⁰. The financial crisis (and accompanying unemployment and rising housing debts) have contributed substantially to a 70% increase in the number of evictions. Although some slightly more detailed information from several surveys and studies was available, none of these provided an accurate account of the number of people homeless nor the trends over time²⁶¹. One study in 2013²⁶² focusing on the wider metropolitan area of Athens found that of 17,800 people identified as homeless, 2,360 were sleeping rough and the rest were living in hostels, shelters and institutions. In addition to those actually homeless at that time, it was estimated that between 94,000 and 514,000 people were at a high risk of becoming homeless.

Older adults

Data on the number of care homes for older adults in Greece is only available for 2014²⁶³, and at that point there were only 2 homes that were publicly run and the remainder (239 homes providing almost 12,000 places) were privately run. A severe lack of places was noted and Greece recorded the greatest issues in terms of access to and accessibility of care homes. In terms of size, Greek care homes tended to be smaller than those in other countries with around 50 places in each home (data from 2015). It is evident that increasing the capacity (and thus the coverage) of the public long-term care system, improving the quality of services provision and governance, and ensuring financial sustainability are among the main long-term care challenges in Greece. Concerted action is needed to ensure that these challenges are adequately addressed.

Strengths and areas for improvement

Strengths

- Funding has been allocated and approved to support the resettlement of residents moving out of institutional care in the regions of Attika and Western Greece.
- Greece is one of the few countries that have established in law the maximum size of community-based residential settings. This protects to some extent against the development of new institutions as has happened in other countries.

Areas for improvement

- Violation of fundamental rights in institutional care settings has been regularly reported. Systems for monitoring the quality of residential services should be developed and implemented, along with training for staff on how to provide support in the community. In addition, the profession of carer should be legally recognised, especially of the elderly; that would provide more opportunities for the professional development of carers, their training and lifelong learning.
- There are systemic gaps in monitoring and data collection on residential services. Comprehensive systems of monitoring and data collections need to be developed and applied.

²⁶⁰ GLOBAL HOMELESSNESS STATISTICS. Available at: <https://homelessworldcup.org/homelessness-statistics/>

²⁶¹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁶² Arapoglou et al. (2015); Arapoglou and Gounis, 2015 cited in *Fighting homelessness and housing exclusion in Europe A study of national policies* (2019). Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁶³ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union. Luxembourg.

Hungary

Key developments in legislation, policies and systems

Adults with disabilities and adults with mental health problems

Positive progress in legislation which supports community-based services is reported for Hungary. However, the legislation falls short in defining the principles of independent living and social inclusion²⁶⁴. The National Disability Programme (2015-2025)²⁶⁵ does not mention deinstitutionalisation but talks about “redeeming residential institutions” and that steps have been taken to “disseminate the supported housing scheme”. The Deinstitutionalisation Strategy 2019-2036 includes both people with disabilities and people with mental health problems but has come under severe criticism²⁶⁶ as it sets maximum limit of people living together at 50. “Supported living” is mistakenly defined as people living in flats and houses for up to 12 people and in “compounds” of up to 50 people.

Children (including children with disabilities)

For the last 30 years, deinstitutionalisation has been part of the national child welfare and protection system. Significant developments in family- and community-based care has been reported. However, there is a lack of special programmes or adequate equipment to address children’s complex developmental needs²⁶⁷.

Unaccompanied or separated migrant children

According to legislation introduced in 2017, all asylum seekers in Hungary, including families with children of all ages and unaccompanied and separated children over the age of 14 are held in closed transit zones along the Serbian–Hungarian border. Only unaccompanied children under the age of 14 are exempted from detention and transferred to a particular care protection services²⁶⁸.

Homeless

Hungary is short of comprehensive and consistent housing policy framework, leading to a highly fragmented system fostering increasing inequalities²⁶⁹.

Older adults

In 2013, centralisation of care providers was introduced along with task-based financing and capacity regulation. As a result, the institutional system has lost the ability to respond effectively to local needs.²⁷⁰ Despite some development in home care over the past decade, it remains inadequate, and either places the burden on families or else leaves the needs of older people unmet. Moreover, this development is seen as an effort to create jobs and at the same time achieve a collateral improvement in the quality of life of the elderly, rather than as a proper social investment²⁷¹.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Little change in the number of people in institutional and residential care since 2006. If anything, there had been a slight increase in the number of people in residential care.

²⁶⁴ Gyulavári, Tamás; Gazsi, Adrienn; Matolcsi, Rita (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Hungary*. ANED. Available at: <https://www.disability-europe.net>

²⁶⁵ *National Disability Programme (2015-2025)* Available at: http://www.kormany.hu/download/c/e4/60000/NDP_2015-2025.pdf

²⁶⁶ See for example, <https://enil.eu/news/hungarian-new-deinstitutionalisation-strategy-must-be-scrapped/>

²⁶⁷ Eurochild (2018). *Opening Doors for European Children*. Hungary. Available at: <https://www.openingdoors.eu/category/resources/publications/>

²⁶⁸ Eurochild and SOS Children’s Villages (2017). *Let Children be Children. Lessons from the Field on the Protection and Integration of Refugee and Migrant Children in Europe*. Available at: <https://ec.europa.eu/migrant-integration/event/let-children-be-children-lessons-from-the-field-on-the-protection-and-integration-of-refugee-and-migrant-children-in-europe>

²⁶⁹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁷⁰ Gyarmati, Andrea (2019). *Ageing and Care for the Elderly in Hungary General Survey and Problems April 2019*. The Friedrich-Ebert-Stiftung

²⁷¹ I. Gal, Robert (2018). European Social Policy Network (ESPN). *ESPN Thematic Report on Challenges in long-term care Hungary 2018*.

There is very little published up-to-date data on the number of adults with disabilities living in residential institutions in Hungary²⁷². However, the European Agency for Fundamental Rights reported²⁷³ that the number of people with physical, sensory or intellectual disabilities living in residential institutions had decreased slightly from 15,169 in 2010 to 14,815 in 2013. However, compared to the figures reported in the DECLOC study²⁷⁴ these figures show little change – 14,074 people had been in residential care in 2006 (the majority of which were over 30 places in size). The European Semester report (2019)²⁷⁵ reported that in 2016, there had been around 26,000 people in residential institutions but disaggregation by user or age group was not available.

Both the Structural Funds Watch report (2018)²⁷⁶ and the ENIL Briefing on the use of EU funds (2018)²⁷⁷ highlighted a number of issues with the DI process in Hungary. Firstly, the focus is on closing residential institutions bigger than 50 places – legislation has made it illegal to build any setting bigger than 50 places and funding calls (drawing on structural funds) have focused only on projects that focus on closing places larger than 50 places. The lack of community-based services in rural/remote and poor areas was also noted as an issue. The development of supported living is seen as positive but the fact that apartments are being built in large blocks just for people with disabilities or mental health needs is seen as having potential for “re-institutionalisation”. Also, group homes are being built in remote locations, often not easily accessible by public transport, which necessitates a continued reliance on day services often based at the old institutions. The ENIL report comments that there is little evidence that those moving out of institutions are involved in decisions about where to live and that what is being developed as community-based care does not really conform to Article 19 in terms of choice and tailored personal support to be a full member of the local community.

Adults with mental health problems

Key trends for adults with mental health problems

- The number of social care institutions and number of people with mental health needs appear to have increased between 2006 and 2016.
- People are still accessing long-term beds in general and specialist hospitals.
- The number of people in group homes in the community has slightly decreased although the development of “supported living” is encouraging. However, the latter are very similar to group homes and can accommodate up to 12 people in a single setting. Places in community-based settings are not being fully utilised.

There are no long-stay psychiatric hospitals in Hungary and most people with mental health problems live in social care institutions. The number of those in long-term beds in general hospitals was not known. In 2010²⁷⁸, it was reported that there were four types of residential setting specifically for those with mental health problems - There were 7,140 people in the 50 social care homes for psychiatric patients (typical size between 50 and 900 places), 1,900 people in social care homes for people with addiction problems (typical size 100-200 places), 354 children in special homes for children and adolescents with psychiatric disability (usually between 16 and 65 places). The number of people in specialist homes for psychiatric patients appears to be greater in 2010 than in had been in 2006, when just under 8,000 people were reported to be in such settings²⁷⁹. The only community-based alternatives are group homes for between 8 and 14 people with mental

²⁷² Gyulavári, Tamás; Gázi, Adrienn; Matolcsi, Rita (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Hungary*. ANED. Available at: <https://www.disability-europe.net>

²⁷³ European Union Agency for Fundamental Rights (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Hungary (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

²⁷⁴ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

²⁷⁵ Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester*. Available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/2019_Eurochild_report_on_European_Semester.pdf

²⁷⁶ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

²⁷⁷ Cojocariu, Ines, Buli; Kocik, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living*. European Network on Independent Living, March 2018.

²⁷⁸ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

²⁷⁹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

health problems, which at that time were only accessed by 300 people. There were also many people with mental health problems in institutions for other groups – e.g. those with intellectual disability and institutions for older adults.

In 2016²⁸⁰, it was reported that there almost 3,000 acute beds in the 44 general hospitals and 152 beds in the one specialist hospital. Average length of stay in general hospitals was reported as 17 days. However, 20,000 people had used the 5,500 long-term beds in general hospitals (n=62) and 4,500 people had used the 338 beds in the 4 specialist hospitals. Average length of stay was just over 60 days. Just under 230 people accessed one of seven temporary homes for people with psychosocial disability, where average length of stay was 5 months. In addition almost 10,000 people with mental health problems were living in one of 78 social care institutions (with average length of stay reported as 107 months) and 174 people accessed one of 7 rehabilitation institutions and stayed on average 27 months).

In terms of community-based settings, there are 685 places in 43 group homes and supported living arrangements, where up to 12 people can live in one setting. Only just over 600 people appeared to have been accessing these settings in 2016.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There were little changes in the number of children in residential care in Hungary between 2009 and 2017, although a slight reduction in the number of children with a disability was noted.
- Between one quarter and one third of children who left residential care moved to another institution. This is among the highest observed across all the countries for whom data were available.

As for adults there was limited numerical data reported in ANED reports, in the Eurochild Opening Doors report and in the Structural Fund Watch and ENIL reports mentioned above. The main source of data available was through the Unicef TransmonEE dataset²⁸¹. In 2013, there had been 6,407 children placed in residential care. There had been an increase to 6,940 in 2014 and then a return to previous levels with 6,482 children in 2017. Between 2009 and 2017, the number of children placed in institutions per 100,000 population remained almost the same – 375 in 2009 and 378 in 2017. The number placed in family care increased slightly from 1,333 to 1,540. Of those children who were left without parental care during 2017 (89% because the parents were temporarily unavailable or unable to provide care), more than half (53%) went into residential care.

Of the 6,407 children in 2013, 1,924 were disabled (30%) compared to 1,721 disabled children in 2017 (27%). The proportion of children under the age of 2 remained stable at around 5% of all children in residential care.

Of the 4,080 who left an institution in 2013, 28% went to another institution. There was an increase in the number of children who left in 2015 to 6,117 and 31% of these children when to another institution. In 2017, 27% of those who left (4,280) went to another institution. The increase in number of children in 2014/2015 and placement in other settings at least in part corresponded with a substantial increase in the number of unaccompanied and separated migrant children (see below).

The DECLOC report had reported 2,329 children with disabilities in residential care settings all greater than 30 places. Although there was a slight reduction between 2006 and 2017, the lack of progress on deinstitutionalisation (and in particular the situation for children with disabilities) was highlighted as unsatisfactory in the European report on the 2019 Semester report on the Rights of Children²⁸².

Unaccompanied or separated migrant children

In 2018, the number of asylum seekers considered to be unaccompanied or separated migrants was 40, compared to 270 in 2009. However, 2014-2016 had seen a substantial rise in the number of unaccompanied or separated migrant children, reaching a peak of over 8,800 in 2015²⁸³. Children under the age of 14 have access to child protection services and are transferred to children's homes. They may also have a guardian appointed. No mention is made of whether any children

²⁸⁰ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

²⁸¹ UNICEF. Transmonee data. 2018 dashboard was used for this report. Most up-to-date information available at <http://transmonee.org>

²⁸² Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester*. Available at: https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/02_Child_Poverty/Eurochild/2019_Eurochild_report_on_European_Semester.pdf

²⁸³ Eurostat. Unaccompanied migrant data. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

are fostered but as there is a greater tendency for children without parental care to be in institutions rather than fostered²⁸⁴ this is likely to be the situation for unaccompanied and separated migrant children.

Children over 14 are transferred to what is referred to as the “transit zone” where they can apply for asylum²⁸⁵. While waiting for transfer asylum seekers (40% of whom are children) they are exposed sometimes for weeks to what is reported as inhuman conditions such as make shift tents, dirty mattresses, limited food etc.

Homeless

In a 2017 survey, 10,206 people were found to be homeless, with 3,422 sleeping on the street and 6,784 in hostels. However, is considered a substantial underestimate of the actual number²⁸⁶. In 2016 almost half of the Hungarian population was considered poor, living on less than \$300 per month and thus at risk of homelessness.

In Hungary, in addition to emergency overnight shelters, there are two types of institutions for people who are homeless - permanent homes for the elderly homeless and in-patient healthcare facilities for the homeless.²⁸⁷ Those who live in other types of institutions (health care institutions, prisons, social care institutions etc) are not considered homeless. However, the 2011 census did not differentiate and therefore the exact numbers of homeless people living in institutions cannot be determined and the comprehensiveness of the census and other homeless surveys was also questioned. However, it did appear that there had been a spike in homelessness in 2014, 2016 – 2018. By 2019, the number of people found to be homeless was similar to those in 2011. General levels of poverty and lack of affordable and adequate housing (including social housing) and an increase of refugees are likely to be key contributors to high levels of homelessness.

Older adults

Limited information on residential care for older adults is available for Hungary. Some of the data on institutions under adults with disabilities and people with mental health problems included older adults, in particular those with dementia. Although there was little change in the proportion of the care home provision that is in the private sector, there was been an increase between 2005 and 2013 in the number of users accessing private or other sector care homes and a slight reduction in those using publicly run care homes²⁸⁸. Since then there has been a trend for older people to move out of residential care to live with their families so that their families can access the person’s pension due to very poor financial situations. Over 60% of people surveyed in Hungary reported poor quality as a barrier to accessing long-term care services. Issues of overcrowding in public services was also identified as an issue. Only 3% of elderly people are able to take advantage of specialist care in a nursing home, while those on the ever-lengthening waiting lists already number more than half of those already in care institutions. No new places in state-funded nursing care accommodation have been created in the last eight years²⁸⁹.

Strengths and areas for improvement

Strengths

- The objective of deinstitutionalisation and the development of community-based support is clearly set out in policy related to children and adults with disabilities and people with mental health problems.
- It has become policy in Hungary that representatives of people with disabilities should be consulted and actively involved in the development and implementation of normative frameworks and policies and in other decision-making processes concerning issues relating to people with disabilities. Although this does not yet include those most affected by institutionalisation and evidence of impact on policy and practice is limited to date, this is an important step towards full participation of people with disabilities as active citizens²⁹⁰.

²⁸⁴ UNICEF. Transmonee data. 2018 dashboard was used for this report. Most up-to-date information available at <http://transmonee.org>

²⁸⁵ European Union. *Compilation of Data, Situation on Media Reports on Children on Migration Part 1 - Data And Situation Reports*. Available at: http://ec.europa.eu/justice/fundamental-rights/files/rights_child/data_children_in_migration.pdf

²⁸⁶ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at: <https://homelessworldcup.org/homelessness-statistics/>

²⁸⁷ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁸⁸ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

²⁸⁹ Gyarmati, Andrea (2019). *Ageing and Care for the Elderly in Hungary. General Survey and Problems*. Friedrich Ebert Stiftung. Available at: <https://library.fes.de/pdf-files/bueros/budapest/15482.pdf>

²⁹⁰ Gyulavári, Tamás; Gazsi, Adrienn; Matolcsi, Rita (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Hungary*. ANED. Available at <https://www.disability-europe.net>

Areas for improvement

- Although national legislation clearly sets a priority for deinstitutionalisation and prohibits both the building of new large residential care institutions and the expansion of existing residential institutions, the definition of “large” is over 50 places – this is clearly not in line with the principles of community or independent living. New developments have included clustered flats, with as many as 30 people in blocks of flats just for people with disabilities. The current legal system also seems to encourage the institutional culture. For example, participation of service users in decision-making is restricted – individuals usually have no or minimal influence on the services and supports they receive and do not have choice about who provides their support even in these new so called “community settings”.
- The absence of effective prevention mechanisms “puts people systematically at risk of homelessness”. In addition, although recent proposals have had to be recalled, repressive measures related to rough sleeping often involves institutionalisation²⁹¹. Preventative policies and practices such as the development of more affordable and social housing and support with rent would not only have benefits for those who are homeless or at risk of homelessness but provide more opportunities for those in institutions to live in the community. The local municipalities should be supported by the central government in developing supported housing projects.

²⁹¹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Ireland

Key developments in Legislation, policies and systems

Adults with disabilities

Ireland's deinstitutionalisation strategy *Time to Move on From Congregated Settings* was published in 2011²⁹². The strategy set a target to close all congregated settings within a 7-year timeframe, with new services being for no more than 4 people²⁹³. However, this target was not fully met.²⁹⁴ Ireland also has a National Disability Inclusion Strategy 2017-2021, which extends the intention to move away from residential institutions and strengthen community-based services to people with mental health problems.

Adults with mental health problems

The 2006 strategy *Vision for Change* set out a plan to reform Irish mental health services by developing stronger community-based services, working with the "recovery model" and ensuring more service user involvement. Although some progress was made in the form of more interdisciplinary mobile teams across the country, overall there has been a lack of progress in terms of the transformation of mental health services.

Children (including children with disabilities)

Traditionally services for children (with and without disabilities) have developed in an uncoordinated manner, resulting in a postcode lottery for services. Support largely depends on where the child lives and the nature of the child's disability. Since introduction of the legislation in 2000, the Children's Disability Network Team as well as Primary Care services have been in place to offer comprehensive support to disabled minors. The Disability Act 2005 empowers the Ombudsman to improve access to public services and facilities for disabled children. The National Childcare Scheme is also of relevance.

Unaccompanied or separated migrant children

Ireland is reported to lack a comprehensive legal framework to address the needs of migrant children including concern about the absence of clear, accessible formal procedures for conferring migration status on persons in irregular migration situations²⁹⁵.

Homeless

There are two main strategies which tackle homelessness in Ireland: *Rebuilding Ireland: Action Plan for Housing and Homelessness* and *The Housing First National Implementation Plan 2018-2021*. Ireland provides the best examples of countries where the implementation of national homelessness strategies is being regularly monitored²⁹⁶.

Older adults

The National Positive Ageing Strategy (NPAS 2013) provides a framework for cooperation to address age-related policy and service delivery across Government and society. The Strategy includes the national objective to remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities²⁹⁷.

²⁹² HSE (2018). *Progress Report on the Implementation of Time to Move on from Congregated Settings: A Strategy for Community Inclusion – Annual Report 2017*, p. 40.

²⁹³ HSE (2011). *Time to Move on from Congregated Settings – A strategy for Community Inclusion 2011*, p.121.

²⁹⁴ HSE (2011). *Time to Move on from Congregated Settings – A strategy for Community Inclusion 2011*, p.112.

²⁹⁵ Eurochild and SOS Children's Villages (2017). *Let Children be Children. Lessons from the Field on the Protection and Integration of Refugee and Migrant Children in Europe*. Available at: <https://ec.europa.eu/migrant-integration/event/let-children-be-children-lessons-from-the-field-on-the-protection-and-integration-of-refugee-and-migrant-children-in-europe>

²⁹⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

²⁹⁷ Ireland. *The National Positive Ageing Strategy 2013*. Available at: https://www.gov.ie/en/publication/737780-national-positive-ageing-strategy/?referrer=wp-content/uploads/2014/03/national_positive_ageing_strategy_english.pdf/

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There has been a substantial reduction in the number of people with disabilities living in congregate residential care services since 2006.
- Between 2011 and 2017, there had been a reduction of 41% in the number of places in congregate residential care for people with disabilities.
- Those still in these settings are primarily people with intellectual disabilities.

In 2017²⁹⁸, at least 2,370 people with disabilities were still living in congregate settings (i.e. 10 or more people living together). The majority of those still living in congregate residential care were people with intellectual disability, with just over a quarter being between 50 and 59 years of age. For those with just an intellectual disability, 27,985 were reported to be in receipt of services²⁹⁹. The majority lived with their family but 7,530 were in receipt of full-time residential support. Of these: 2,005 were in residential centres; 4,389 (58%) were in community group homes (limited to 4 places by law) and 4.3% were in an independent living setting.

This overall figure is a reduction from the 4,000 people reported to be in congregate settings in the 2011 *Time to Move on Strategy*. These figures do not include people with disabilities living in residential centres for people with autism or in mental health facilities, or people with disabilities in nursing homes. For example, it was known that, in 2017, there were 139 people with intellectual disabilities in psychiatric hospitals (compared to 148 in 2016).

By comparison, in 2006³⁰⁰, there had been 9,369 people with disabilities accessing residential care services, the majority of which were over 11 places, with many over 30 places in size. Just over 8,000 were people with intellectual disabilities; 317 were children, 6,937 were adults between 18 and 66 and 1,291 were adults over 65 with a disability.

Adults with mental health problems

Key trends for adults with mental health problems

- Differences in the data available at different time points has made comparisons difficult. However, it appears that people with mental health problems are experiencing shorter stays in psychiatric services.

In 2004, just under one third of patients had stayed in hospital longer than 5 years with nearly half of these people being older adults (over 65 years). Seventeen percent had lived in the hospital for more than 12 months but less than five years. In 2006³⁰¹, little data on psychiatric services and support for people with mental health needs was available. In 2012³⁰², it was reported that there were almost 3,000 people in 63 approved centres for psychiatric care (primarily long-stay psychiatric hospitals and acute psychiatric units).

In 2016³⁰³, it was reported that residential care is still provided primarily in psychiatric hospitals or care units. There were 27 hospitals and units where people stay on average 177 days (but with some individuals skewing the data – median length of stay was just 12 days), with just under 3,000 admissions per year. There were also 6 private units with 4,253 admissions in 2016 and an average length of stay of over a month. In 2014, approximately 1,500 people were living in 115 “community residences” for up to 25 people per unit and many live there for several years. There were also just over 1,000 acute beds

²⁹⁸ Moloney, Catriona (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Ireland*. Available at: <https://www.disability-europe.net>

²⁹⁹ Hourigan, Sarah; Fanagan, Sarah and Caraiosa, Kelly (2017). *Annual Report of the National Intellectual Disability Database Committee 2017. Main Findings*. HRB. Available at: https://www.hrb.ie/fileadmin/2.Plugin_related_files/Publications/2018_pubs/Disability/NIDD/NIDD_Annual_Report_2017.pdf

³⁰⁰ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³⁰¹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³⁰² Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

³⁰³ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

in general hospitals where the average length of stay is nearly one month. Little information was available on supported living services but in 2011 it was reported that there were approximately 800 supported living units.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There appears to be an almost complete reduction of children living in congregate settings in Ireland. However, incomplete data makes it difficult to be sure of this trend.

In 2017³⁰⁴, only 11 children were reported to live in congregate settings in Ireland. However, this figure does not include those in specialist autism centres, residential schools or mental health units and why these children still live in these settings is not known. In 2006, 317 children had been reported to live in congregate residential care services mostly all over 11 places in size.

Unaccompanied or separated migrant children

The number of asylum seekers considered to be unaccompanied or separated migrant children in Ireland reduced from 100 in 2008 to 15 in 2018³⁰⁵. In the EU Children in Migration report³⁰⁶, Ireland is highlighted as the source of good practice identified by the council of Europe in 2016 in term of the placement of unaccompanied migrant children in small residential centres or foster care.

Homeless

In January 2018, just over 9,000 people were accessing homeless accommodation, which was a 59% increase from 2016. Data collected in the week of the 25th March 2019 found 10,378 people were homeless – just over 3,800 were children and there were 1,733 families represented. This total figure was almost a 250% increase since 2015³⁰⁷ and puts homelessness at its highest level ever in Ireland. This is likely to be an underestimate given the narrow definition used in Ireland for monitoring homelessness. Information on the number sleeping rough is not available although on 24 April 2016 128 people were found sleeping rough on the streets in urban areas and on 27 November 2018 there were 156 people counted as sleeping rough in Dublin alone.

As for most countries, lack of preventative measures such as controlling the rental market, and lack of social housing (which has substantially reduced since 2008) were seen as major contributors to the level of homelessness. At a family level, a termination of privately rented accommodation or a breakdown in a relationship were thought to be key factors. The impact of recent strategies to combat homelessness is not yet known and some measures, such as the development Family Hubs have come under criticism. These hubs can cater for over 600 families across 26 hubs (22 of which were in Dublin) and, although intended as short-term emergency accommodation as an alternative to hotels and B&Bs, families live here for around 6 months.

Older adults

Key trends for older adults

- Increased capacity for residential care has been achieved primarily by increasing the number of beds in private nursing homes.
- Nursing homes in Ireland tend to be smaller than in many other countries.

The number of long-stay beds for older people doubled between 1998 (15,000 beds) and 2015 (30,000 beds). This was primarily explained by a growth in the private (mostly for-profit) sector. Between 2003 and 2014³⁰⁸, the number of places in private care homes increased by almost 50% from 14,946 in 2003 to 22,343 in 2014, while the number of places in publicly run nursing homes decreased by 26%. However, the actual number of private care homes only increased by 7% from 408 to 437 homes. By 2015, there were 439 private for-profit homes, 17 private not-for-profit and 121 public homes. This implies that increased capacity was being gained by increasing the size of existing homes rather than developing new services. This was further illustrated in the findings from the 2014 Annual Private Nursing Home Survey where respondents

³⁰⁴ Moloney, Catriona (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Ireland*. Available at: <https://www.disability-europe.net>

³⁰⁵ Eurostat. Unaccompanied Migrant Children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

³⁰⁶ European Union (2018). *Compilation of Data, Situation and Media Reports on Children in Migration. Part 1 - Data and Situation Reports*.

³⁰⁷ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

³⁰⁸ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

said that they intended to expand their service by an average of 19 places in the following year. Although the environment was rated better in private homes, private homes tended to be more remote and less accessible in terms of local facilities. Average size of setting was around 50 places.

Little information was available about alternatives to residential care.

Strengths and areas for improvement

Strengths

- Ireland has strongly established deinstitutionalisation in policy with clear targets and guidance on the design and organisation of community-based services. Ireland is also one of the few countries in Europe that has a long-established database that allows monitoring and strategic planning of services for people with disabilities.
- Support for unaccompanied migrant children in Ireland is highlighted as good practice, with legal support for reunification and family-based accommodation. The “Child Migration Matters” project was set up to advocate for the rights of migrant children in Ireland, to identify the problems they face and to engage with law and policymakers to improve their situation³⁰⁹.

Areas for improvement

- Although strongly established in policy, progress on deinstitutionalisation has slowed in recent years especially for people with intellectual disability. Delays in funding have been identified as contributing to this. Looking at developing housing strategies such as controlling rent levels and developing more affordable and social housing is likely to have a positive impact for all target groups.
- Some argue that the dominant model of childcare in Ireland is a market one, with expensive fees, variable quality and a regulatory system which focuses on health and safety issues and not children’s development.³¹⁰ More institutional type of services for children such as special units for autism, residential schools etc. are not included in the data available. Ensuring that a new institutional care strand is not allowed to develop for groups with more complex needs is essential.

³⁰⁹ Immigrant Council of Ireland. Available at: <https://www.immigrantcouncil.ie/>

³¹⁰ PolicyLinks: ISSUE 4 Childcare, Early Years and After School Care 7. Available at: <https://www.svp.ie/getattachment/eb127982-d19e-4b7e-8333-5a6f572ba05b/Policy-Links-Current-Shortcomings-in-ECCE,-Childca.aspx>

Italy

Key developments in legislation, policies and systems

Adults with disabilities and adults with mental health problems

Italy abolished state mental health institutions in 1978. However, institutional services are still the accepted model of provision for people with disabilities, especially those with intellectual disabilities as well as for people with mental health problems and for older adults. The Second Biennial National Action Programme on Disability of the National Observatory on the Condition of Persons with Disabilities includes measures to tackle isolation and segregation as a consequence of institutional care.³¹¹ However, regional responsibility for health and social services brings variation in provision although it was noted that some regions have approved or are preparing legal measures linked to a community-living model.³

Children (including children with disabilities)

Italy tradition of including marginalised children, particularly in education, stretches back to the 1970s. However, there is still progress needed in eradicating the micro exclusion that children with disabilities experience within inclusive settings. The Committee on the Rights of the Child noted in 2019 that that monitoring of the situation for children especially the very young and those with intellectual or psychosocial disabilities needed to be improved. The committee also recommended developing “an efficient system for diagnosing disability, which is necessary for putting in place appropriate policies and programmes, in consultation with children with disabilities and their representative organizations.”

Unaccompanied or separated migrant children

In recent years, Italy has become a major entry point for migrants and refugees who take the Mediterranean Sea route to Europe. In general, under Italian law, children should not be separated from their families, and reception structures should seek to keep families together. In practice, there have been several cases of fathers separated from the rest of the family and accommodated in different facilities³¹². Unaccompanied children who have been accommodated in the SIPROIMI as asylum seekers is the only category of persons for which a maximum period for continued residence is set after the grant of protection.³¹³ The concluding observations 2019³¹⁴ issued by the Committee on the Rights of the Child includes measures to ensure that migrant children are promptly identified at places of first arrival and, if unaccompanied or separated, are promptly referred to child protection authorities³¹⁵.

Homeless

Municipalities are responsible for planning, managing and delivering services and interventions related to homelessness. The system of service provision varies greatly at local level. More traditional approaches providing emergency and/or temporary accommodation still prevail, although housing-led programmes and high-intensity support services are increasingly being adopted in different cities and regions – the Housing First approach was officially adopted in 2015³¹⁶.

Older adults

Concerning older people, the implementation of rules on the accreditation of private residential facilities at regional level led to an increase in costs. In addition, during last decade, there was a reduction in public expenditure and household purchasing power, which contributed to the lowering of standards of service quality³¹⁷.

³¹¹ Griffo, Giampiero. Tarantino, Ciro (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Italy*. ANED. Available at <https://www.disability-europe.net>

³¹² Eurochild and SOS Children’s Villages (2017). *Let Children be Children. Lessons from the Field on the Protection and Integration of Refugee and Migrant Children in Europe*. Available at: <https://ec.europa.eu/migrant-integration/event/let-children-be-children-lessons-from-the-field-on-the-protection-and-integration-of-refugee-and-migrant-children-in-europe>

³¹³ AIDA (2018). *Country Report Italy*. Update, April 2019.

³¹⁴ Committee on the Rights of the Child (2019). *Concluding observations on the combined fifth and sixth periodic reports of Italy for Italy 2019*. p. 14. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/ITA/CO/5-6&Lang=En

³¹⁵ Committee on the Rights of the Child (2019). *Concluding observations on the combined fifth and sixth periodic reports of Italy for Italy 2019*. p. 14. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/ITA/CO/5-6&Lang=En

³¹⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

³¹⁷ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There has been almost no change in the number of adults with disabilities accessing institutional care since 2009. Around 50,000 people with disability and mental health needs are in institutional settings.
- In 2015 and in 2009 only 3% of people with disabilities (including older adults with age related disability) were accessing community based residential provision.

In 2015³¹⁸, there were just over 270,500 people with disabilities in Italy who were in residential care facilities providing both health and social care – of these 97% (262,691) were in institutional care and just 3% were in community-based facilities (7,479). This compared to 269,885 in 2009 (also 97% of all people in receipt of residential care). The total number compares to just over 180,000 reported in 2006 (drawing on data collected between 2003 and 2005)³¹⁹. Definitions of institutional care varied across time so direct comparisons cannot be made but in 2003-2005, 87% of people were living in services greater than 30 places. Eighteen percent were adults between 18 and 64 with either disabilities or mental health needs (49,046) compared to 19% in 2003-2005. Ninety-three percent were in institutional care.

Adults with mental health problems

Key trends for adults with mental health problems

- Comparisons across time are difficult due to differences in the data collected and the descriptions for different services used. However, it does appear that although there are no longer psychiatric and forensic hospitals, many people with mental health problems continue to be accommodated and treated in institutional settings.

Italy closed all its public psychiatric hospitals in 1978 and transferred the bulk of services for people with mental health problems to community-based services³²⁰. In 2012, the closure of the six forensic units (between 178 and 355 places) providing for 1,448 users, was underway. Detailed information on community-based services was not available and there was substantial variety between regions but there were reported to be around 1,370 community-based settings ranging from 1 to 10 places in size and providing for approximately 17,500 people. Average length of stay was not available.

This compared to 3,795 people in 2003-2005 in what was referred to as “Private Psychiatric Inpatient Facilities”³²¹ and 17,138 in “Non-Hospital Residential Facilities” – these services were specifically for people with mental health needs. However, at least another 20,000 people with mental health problems lived in other types of residential and primarily institutional settings. This is likely to be an underestimate as there were over 127,000 places in services for mixed client groups where the numbers of those with each disability were not known.

In 2016³²², the information available was in a different format. There were no specialist psychiatric or forensic hospitals but there were 357 general hospitals providing 5,330 acute beds primarily for assessment and treatment purposes. Average length of stay was just under 13 days. The number of private hospitals was not available nor was the number of social care homes that provided for people with mental health needs. There were however 29,733 places in social care institutions and private care homes, which were accessed by people with mental health needs. Average length of stay in these settings was reported as 756 days. In 2015, there were 2,271 community-based group home settings but the number of people using them was not available and information on size and the nature of these settings was not available.

³¹⁸ Griffo, Giampiero ; Tarantino, Ciro (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Italy.* ANED. Available at <https://www.disability-europe.net>

³¹⁹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports.* Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³²⁰ Mapping Exclusion: Mapping Exclusion Institutional and community-based services in the mental health field in Europe (2012) <https://mhe-sme.org/wp-content/uploads/2017/11/mapping-exclusion-final-report-with-cover.pdf>

³²¹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports.* Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³²² Mapping and Understanding Exclusion in Europe: institutional, coercive and community-based services and practices across Europe (2017) <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Little statistical information is available on children in Italy but from what there is it appears that there has been a reduction in the number of children in institutional care between 2009 and 2015.

Very little information on children with and without disabilities was available in any of the reports available. The only information available was courtesy of the ANED community living report (2018)³²³, in which it was reported that 99% of all children in residential care in 2015 (n=2839) were in institutional care (n=2819). This compared to 3719 children in institutional care in 2009. Of those in residential care in 2003-2005 for which data on age breakdown was available (144,607), 1,041 (0.7%) were reported to be under 18.

Unaccompanied or separated migrant children

Of those who applied for Asylum in 2018, 3,885 were classed as unaccompanied or separated migrant children³²⁴. This compared to just 575 in 2009. However, like many other countries, there had been a dramatic increase between 2015 and 2017 in the number of migrants and consequently the number of unaccompanied migrant children, which peaked at over 10,000 in 2017.

Higher levels were reported in the European Children in Migration Report³²⁵, with a record number of 25,772 unaccompanied minors (92% of all migrant children arriving in Italy). In 2017 nearly 15,800 unaccompanied or separated children arrived in Italy (91% of all newly arrived children). Due to substantial numbers and only relatively small numbers being relocated, conditions in reception centres and in camps outside the centres were described as very poor. Some children wait almost six months to go through the asylum process. Many children escape or go missing while waiting. In December 2018 it was reported that most officially registered unaccompanied and separated children are accommodated in reception centres³²⁶. Secondary line reception centres are now part of the System of Protection for Beneficiaries of Protection and Unaccompanied Minors and 55% of unaccompanied children go straight into these centres. However, thirty-four percent were being accommodated in primary reception centres which in times of substantial numbers of migration can be established in temporary Emergency Shelters. Only 4% of children are accommodated in private accommodation or other alternative housing arrangements.

A Unicef report from December 2019³²⁷, reported that around 6,172 children under 18 (94% of all unaccompanied and separated migrant and refugee children currently in Italy), are living in reception centres rather than in community-based settings or foster homes. An additional 5,000 people have left the formal reception service and are unaccounted for – many of them are reported to end up homeless, living on the streets. An Asylum in Europe Report in 2019 raised the issue that the new legislation essentially renders reception in small scale facilities and apartments unsustainable³²⁸.

Homeless

Italy saw a substantial increase in homelessness during the financial crisis³²⁹. In 2016, there were reported to be almost 51,000 people homeless – an increase of 3,000 since 2011. In 2017, a further 5.1 million people were estimated to be living in “absolute poverty” and therefore at increased risk of homelessness. Forty percent of those who were homeless in 2016 were reported to have been living on the streets for more than 4 years. The loss of a stable job, separation from spouse or children and poor health/disability were the most common reasons for homelessness³³⁰. Response to homelessness in Italy primarily takes the form of emergency and temporary responses to homelessness rather than more structural and preventative ones focused on housing, although there are some examples of intensive approaches to housing. However,

³²³ Griffio, Giampiero; Tarantino, Ciro (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Italy*. ANED. Available at <https://www.disability-europe.net>

³²⁴ Eurostat figures on unaccompanied migrant children <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

³²⁵ European Union. *Compilation of Data, Situation on Media Reports on Children on Migration Part 1 - Data And Situation Reports*. Available at: http://ec.europa.eu/justice/fundamental-rights/files/rights_child/data_children_in_migration.pdf

³²⁶ IOM (2019). *Migrant children in Italy*. Available at: https://italy.iom.int/sites/default/files/documents/Pubblicazioni/IOM_Italy_Briefing_No.4_2018_Dec_fin.pdf

³²⁷ UNICEF (2019). *More than 6,100 unaccompanied refugee and migrant children in Italy in need of community and family-based care*. Available at: <https://www.unicef.org/press-releases/more-6100-unaccompanied-refugee-and-migrant-children-italy-need-community-and-family>

³²⁸ AIDA. *Short Overview of the Italian Reception System. Italy*. Available at: <http://www.asylumineurope.org/reports/country/italy/reception-conditions/short-overview-italian-reception-system>

³²⁹ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

³³⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

lack of public/social housing and lack of investment in its development is likely to mean that there will be limited impact on the homelessness situation.

Older adults

Of the 270,505 people in institutions in 2015, 81% were 65 years and older (218,626)³³¹. This is exactly the same as the proportion reported in 2006³³². Of the 218,626, 98% were in institutional care. No differentiation was made between older people with age-acquired or pre-existing disabilities at both time points.

Data on care homes for older people in Italy is limited³³³, with all types of provision (care homes and home care) combined. Almost 80% of people surveyed said access to residential services was limited and quality of homes was reported to be adversely affected by recent price rises and the introduction in 2011 of an accreditation system. No further information is available on residential care for older adults.

Strengths and areas for improvement

Strengths

- In regard to homelessness, the “Guidelines for Tackling Severe Adult Marginality” (2015) represents the official adoption of the Housing First approach. By giving priority to the “right to housing” over any other welfare or therapeutic interventions, this approach is perceived as innovative compared to the existing system(s) of provision of social and health services for homeless people in Italy.³³⁴
- Civico Zero³³⁵ has been highlighted as an example of good practice in support for unaccompanied and separated migrant children – this is a daytime meeting centre that welcomes unaccompanied and separated children and provides services such as legal assistance, psychosocial support, orientation and temporary protection for those who find themselves in situations of social marginalization.

Areas for improvement

- In some regions there has been a significant increase in the number of beds in residential facilities. In addition, concerns are expressed that the remit of the mandate for preventing institutionalization does not extend to psychiatric institutions or other residential facilities for persons with disabilities where they are deprived of their liberty.³³⁶ Finding ways to respond to the lack of social and affordable housing is likely to support the deinstitutionalization progress as well as the growing homelessness issue.
- It would be appropriate to promote safe and appropriate family or community-based alternatives for unaccompanied and separated migrant children, as well as supervised independent housing solutions. In order for this to happen it has been recommended that municipalities need to be provided with adequate human, technical and financial resources³³⁷.

³³¹ Griffo, Giampiero ; Tarantino, Ciro (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Italy*. ANED. Available at <https://www.disability-europe.net>

³³² Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³³³ Eurofound (2017), *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union, Luxembourg.

³³⁴ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

³³⁵ ISMU (2019). *At a crossroads Unaccompanied and separated children in their transition to adulthood in Italy Novembre 2019*. Available at: https://italy.iom.int/sites/default/files/news-documents/Report_ENG.pdf?utm_source=IOM+External+Mailing+List&utm_campaign=e7be7e14cf-EMAIL_CAMPAIGN_2019_11_08_09_56&utm_medium=email&utm_term=0_9968056566-e7be7e14cf-43579861

³³⁶ Griffo, Giampiero; Tarantino, Ciro (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Italy*. ANED. Available at: <https://www.disability-europe.net>

³³⁷ ISMU (2019). *At a crossroads Unaccompanied and separated children in their transition to adulthood in Italy Novembre 2019*. Available at: https://italy.iom.int/sites/default/files/news-documents/Report_ENG.pdf?utm_source=IOM+External+Mailing+List&utm_campaign=e7be7e14cf-EMAIL_CAMPAIGN_2019_11_08_09_56&utm_medium=email&utm_term=0_9968056566-e7be7e14cf-43579861

Latvia

Key developments in legislation, policies and systems

Adults with disabilities

Deinstitutionalisation is targeted by Cabinet Regulations No 313 on the Implementation of the operations programme 'Growth and Employment'³³⁸ This sets out the details and conditions of the programme included numerical targets and the funding available. The Action Plan for the Implementation of Deinstitutionalisation 2015-2020,³³⁹ defines deinstitutionalisation, objectives and actions, monitoring mechanisms and evaluation procedure.³⁴⁰ For example, it is planned to reduce the number of persons living in institutions by 1,000 and to close three long-term care institutions by the end of 2023³⁴¹.

Adults with mental health problems

Latvia does not have a specific strategy focused on deinstitutionalisation of people with mental health problems.³⁴² However, the Mental Health Care Policy Action Plan of 2013-2014, included a focus on improving the availability and quality of mental health services and a shift from hospital based to community based health and mental health care in general³⁴³.

Children (including children with disabilities)

Under Article 110, children with disabilities, children left without parental care and children who have been victims of abuse enjoy constitutional protection and special support in Latvia. Since 2015, Government policy has focused on reforming the system of childcare and developing family and community-based care solutions. The deinstitutionalisation strategy includes sets out the intention to provide 3,400 children with disabilities with social rehabilitation and care services, and their parents with respite services, by 2023³⁴⁴.

Unaccompanied or separated migrant children

In regard to unaccompanied minors, a specific strategy or programme has not been identified. In practice, asylum-seeking unaccompanied minors are accommodated in separate reception facilities specifically for children or in a designated area within the regular reception facility³⁴⁵.

Homeless

Latvia does not have a particular policy on homelessness or housing, only wider social strategies such as the establishment of a minimum income level and the "Basic Guidelines for the Development of Social Services"³⁴⁶.

Older adults

On 13 June 2017, the Cabinet of Ministers approved Regulation No. 338 'Requirements for Social Service Providers'. This regulation stipulates that the providers of social care at home should offer services to satisfy the basic needs of clients who cannot take care of themselves. There has been a shift to formal care. It is reported that people of retirement age are particularly exposed to institutionalisation. However, people in retirement age are not considered as the target group for

³³⁸ Latvia (2015). Cabinet Regulations No. 313 on Implementation of European Social Fund operational programme 'Growth and employment'. Available at: <https://likumi.lv/ta/id/274957-darbibas-programmas-izaugsmes-un-nodarbinatiba-9-2-2-specifiska-atbalsta-merka-palielinat-kvalitativu-institucionalai-aprupei>.

³³⁹ Latvia (2015). *The Action Plan for Implementation of Deinstitutionalisation 2015-2020*. Available at: http://www.lm.gov.lv/upload/aktualitates/null/2015_15_07_ricplans_final.pdf.

³⁴⁰ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community*. Country: Latvia. ANED. Available at <https://www.disability-europe.net>

³⁴¹ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community*. Country: Latvia. ANED. Available at <https://www.disability-europe.net>

³⁴² Turpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017. Mental Health Europe - Mental Health Initiative of the Open Society Foundations*. Available at <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

³⁴³ http://www.euro.who.int/_data/assets/pdf_file/0009/355986/Health-Profile-Latvia-Eng.pdf?ua=1

³⁴⁴ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community*. Country: Latvia. ANED. Available at <https://www.disability-europe.net>

³⁴⁵ European Migration Network (2015). *Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015*.

³⁴⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

the DI project or the process³⁴⁷. Nevertheless³⁴⁸, ESPN reports that implementation of a deinstitutionalisation programme has encouraged growth in the interest of private business in long-term care service development.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although the number of adults with disabilities in institutions appear to have increased compared to 2009, since 2013 there appears to have been:
 - a small reduction in the proportion of people with disabilities accommodated in institution
 - an increase in the number of people accessing various forms of community-based provision.

In 2017³⁴⁹, it was reported that 7,460 adults with disabilities (4.16% of the population) lived in institutions compared to 6,721 in 2013 (4.3% of all people with disabilities). During the same period the number of people with disabilities receiving personal assistance tripled, although the biggest jump was between 2013 (3,069) and 2014 (9,794) and then the number stabilised at between 9,000 and 10,000 people. In 2017, 9,640 people (5.4% of all disabled people) were receiving personal assistance. The number of people receiving home care also increased from 1,797 in 2013 to 2,051 in 2017, stabilising at around 2,000 people in 2015. Finally, the number of people living in group homes tripled from 206 (1.08%) to 679 (2.70%).

By way of comparison, in 2006³⁵⁰, it was reported that at least 3,500 people were in long-term social care centres and institutions for people with severe “mental” disabilities and for people with visual impairments. In 2014-2015³⁵¹, there were still five very large state run long-term social care and social rehabilitation institutions providing 5,434 places for all disability groups for children and younger adults plus 5,647 places in similar services but for adults and older adults (all over 100 places). There were also 10 slightly smaller (30-100 places) privately run social care and social rehabilitation institutions, although the number of people accessing these was not available.

Adults with mental health problems

Key trends for adults with mental health problems

- The number of adults with mental health problems in institutional services has increased over time. Some of these institutions remain very large.
- There has been little advancement in the development of community-based options for people with mental health problems.

In 2012³⁵², it was noted that most people with mental health problems were treated and accommodated in seven psychiatric hospitals (ranging from 60 to almost 700 places, including one for children with 300 places) and in more than 30 specialised social care homes. No information on the actual number of people in most of these settings was provided in 2012, however, in 2014-2015³⁵³ it was reported that there were 273 places in four long-term social care and social rehabilitation units attached to psychiatric hospitals, one of which was over 100 places and the other three between 30 and 100 places.

³⁴⁷ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Latvia*. ANED. Available at <https://www.disability-europe.net>

³⁴⁸ Feliciano Rajevska (2018). *ESPN Thematic Report on Challenges in long-term care Latvia 2018*. EC, ESPN.

³⁴⁹ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Latvia*. ANED. Available at <https://www.disability-europe.net>

³⁵⁰ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³⁵¹ European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Latvia (2014-2015) <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁵² Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

³⁵³ European Union Agency for Fundamental Rights (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Latvia (2014-2015) <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

In 2017³⁵⁴, there were reported to be six psychiatric hospitals with a total of just over 2,000 beds and 27 branches of five state-run social care institutions providing 4,306 places (416 for children and 3,890 for adults). There were an additional 979 social care beds, all funded by the state, in four psychiatric and six municipal hospitals, private long-term care institutions or NGO-run institutions.

In terms of community-based services, the Mapping Exclusion (2012) report, reported there to be 13 group homes/apartments and six halfway houses (situated on the grounds of institutions). The two key later reports present a slightly different picture but essentially with the same message – limited increases in the number of community-based services for people with mental health problems. In one report drawing on data from 2014-2015³⁵⁵, it was reported that there were 122 places in five such half-way houses and 177 places in 11 group homes (ranging from 11 to 30 places). However, in the 2017 Mapping Exclusion report, five half-way houses were reported but 13 group homes, with 242 people with intellectual or psychosocial disabilities receiving group home services.

Finally, in the Structural Funds Watch report (2018)³⁵⁶ it was noted that in 2017, there were “no mobile units or community mental health teams, club houses, peer support networks, or organisations of ex-users and survivors of mental health services”.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- The number of children accommodated in residential care appears to have reduced over time, including for children with disabilities.

The Eurochild Opening Doors report³⁵⁷, identified 1,200 children in institutions with no breakdown available in terms of needs or ages. In addition, just under 3,000 children were identified as at risk of being separated from their families and entering alternative care services.

The ANED report highlighted that there had been a reduction in the number of children with disabilities in institutions from 1,854 children (23%) in 2013 to 1,140 children (14%) in 2017.

In 2017, Unicef TransmonEE dataset³⁵⁸ identified 2060 children as being in residential care. Rate of placement in residential care per 100,000 was 576 compared to the rate of placement in family care (1,570 per 100,000). Rate of placement in formal care had decreased substantially since 2013. For residential care the rate had decreased from 846 per 100,000 in 2013. The number of children with disabilities had also decreased from 444 in 2013 to 312 in 2017. The number of children under 2 had reduced from 327 to 96 in the same time period. In 2013, 1,122 children left institutions, of which almost 20% (221) transferred to another institution. In 2017, 779 left institutions but only 10% (79) transferred to another institution.

Unaccompanied or separated migrant children

The number of asylum seekers considered to be unaccompanied or migrant children is very low in Latvia, remaining consistently between 0 and 5 children each year since 2009³⁵⁹.

³⁵⁴ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

³⁵⁵ European Union Agency for Fundamental Rights (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Latvia (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁵⁶ Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

³⁵⁷ Eurochild (2018). *Opening Doors for European Children*. Available at <https://www.openingdoors.eu/category/resources/publications/>

³⁵⁸ UNICEF. Transmonee data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonee.org>

³⁵⁹ Eurostat. *Asylum applicants considered to be unaccompanied minors - annual data*. Eurostat report on unaccompanied migrant children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

Homeless

The actual number of people who are homeless in Latvia is not known, only the number of people who access services. In 2017³⁶⁰, shelter services were provided to 6,877 homeless people (with the majority, 5,325, being in Riga). This was a substantial increase from 2008 when only 1,052 people accessed such shelters. The biggest increase came between 2009 and 2019 when an increase of 62% was observed.

Reasons for homelessness were mostly linked to the financial crisis. Loss of job, mortgage and rent arrears, changes in personal circumstances such as relationship breakdowns, health and mental health issues and a lack of critical shortage of affordable, safe and stable housing were all seen as directly contributing to homelessness. Response to homelessness has not yet moved on to longer term structural and preventative responses but has focused primarily on the provision of night shelters

Older adults

There is little published information available on the situation of older adults in Latvia. In 2014 there were 86 publicly provided care homes and 7 private care homes, the latter having reduced in number over time³⁶¹. There was a reported trend of older people moving back to live with their family during the financial crisis so that they family could access the person's pension as an important source of income.

Strengths and areas for improvement

Strengths

- Following the adoption of new legal capacity legislation in 2013, several EU funded initiatives have been implemented to foster the development of supported decision-making. A communication action plan (2016-2022) has been developed within the framework of the DI project with the aim of raising public awareness about deinstitutionalisation (especially success stories) through the media of TV and printed materials such as banners and posters³⁶².
- In 2013, Latvia introduced legislation on personal assistance. Although the personal assistance systems appear to have some limitations such as limited and sometimes inadequate number of hours of the services and the application procedure being bureaucratic, the availability is an important step in preventing institutionalisation. Making the process easier and finding ways to increase the support hours available, will allow personal assistance to be used by more people to prevent institutionalisation.

Areas for improvement

- The deinstitutionalisation process has been initiated using ESF funding. However, there appears to be lack of commitment and long-term vision shown by municipalities to the deinstitutionalization process³⁶³. There is, as yet, no strategy to ensure the continuity of deinstitutionalization after the termination of support from European structural funds. This should be a priority now.
- Latvia lacks a specific housing policy. It is important to develop a uniform housing policy, taking particular care to address the problem of insufficient social housing, and developing affordable housing and other support mechanisms, for example, state and local government support in building rental housing/ state guaranteed support for groups at risk of poverty and social exclusion. Combined with ensuring that personal assistance is possible for as many people as possible, a strong housing strategy will be essential not only for responding to homelessness but to both prevent institutionalisation and provide housing for those leaving institutions.

³⁶⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

³⁶¹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

³⁶² Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Latvia*. ANED. Available at <https://www.disability-europe.net>

³⁶³ Podzina, Daina. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Latvia*. ANED. Available at <https://www.disability-europe.net>

Lithuania

Key developments in legislation, policies and systems

Adults with disabilities and children (with and without disabilities)

The Lithuanian Government approved the Action Plan for Social Inclusion 2014-2020³⁶⁴ which aimed to create a system of complex social services which would provide every child deprived of parental care and people with disabilities (and their family members) with individualized social services and assistance in the community, not in institutional care. The reform entered a second phase in mid-2018, focusing on the development of a regional infrastructure for family- and community-based services. However, an official monitoring mechanism has not yet been established. The reform is financed from European structural and investment funds³⁶⁵.

Adults with mental health problems

Following the establishment of the Commission for Suicide and Violence Prevention (2016), Parliament has encouragingly taken increased responsibility for mental health services (including human rights in closed institutions)³⁶⁶.

Unaccompanied or separated migrant children

A specific strategy or programme related to unaccompanied migrant children has not been identified for Lithuania. Asylum-seeking unaccompanied minors are accommodated in separate reception facilities specifically for children³⁶⁷.

Homeless

Lithuania does not have a specific national strategy for tackling homelessness, although the Action Plan for Increasing Social Inclusion 2014-2020, and the Action Plan for the Development/expansion of Access to Social housing are important. In Lithuania, municipalities have the overall responsibility for planning, coordinating, funding, monitoring and evaluating the provision of homelessness services.

Older adults

In 2008-2009, the former state residential care institutions were transferred to the jurisdiction of municipalities as social care started to be developed. Immediately after the reform (in 2010), the number of residents in care institutions for the elderly decreased by 20% but later began to grow again. This was not in line with the Law on Social Services which stated that social services should be provided primarily at the home of the service users rather than investing in expensive and less attractive institutional care³⁶⁸. At present, projects aimed at healthy ageing are supported by European Structural and Investment Funds. These include strengthening the shift from institutional to community-based care and focusing on maintaining good health for older people, improving their quality of life and creating opportunities to remain active at work, in the community and to live independently³⁶⁹.

³⁶⁴ Lithuania Government (2014). *Action Plan 2016-2020*.

³⁶⁵ Ruškus, Jonas; Gudavičius, Aidas (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Lithuania. ANED*. Available at <https://www.disability-europe.net/country>

³⁶⁶ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017*. Mental Health Europe - Mental Health Initiative of the Open Society Foundations. Available at <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

³⁶⁷ European Migration Network (2015). *Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015*. Available at: https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/emn_study_2014_uams.pdf

³⁶⁸ Lazutka, Romas; Poviliunas, Arunas and Zalimiene Laima (2015). *ESPN – Flash report 2015/51 Gaps in the provision of long-term care services in Lithuania*.

³⁶⁹ Community Living in Europe. Structural Funds Watch (2016). *European Structural and Investment Funds (ESIF) supporting the shift from institutional to community-based care - Country Profile of Lithuania*.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There appears to have been an increase in the number of adults with disabilities in institutional residential care.

In 2017³⁷⁰, there were 241,861 people with disabilities (of whom just under 18,000 were children and just over 122,000 were of working age). Of these 6,379 people were accommodated in 39 social care institutions. No further breakdown was available. In 2014³⁷¹, it had been reported that older social care homes (established more than 50 years ago) were generally more than 100 places in size (ranging from 75-480 places). Those built between 10 and 50 years ago were much smaller and tended to have between 11 and 30 places. Services described as “small group homes” and “sheltered housing” ranged from 6 to 30 places. Different disability groups were not differentiated in these settings.

This compares to 5,416 places available in 2005-2006, including group homes and independent living homes³⁷². Of these, 42 places were in homes for less than 30 people.

Adults with mental health problems

Key trends for adults with mental health problems

- Not enough data exists to allow comparison across time.
- Although people with mental health needs are still placed in long-term psychiatric beds and several thousand are in social care institutions, there has also been a development of some supported living settings. However, these settings are still quite big and actually are not full to capacity.

In 2012³⁷³, it was reported that limited information was available on psychiatric hospitals and residential care settings for people with mental health problems. In 2011 there were 3,300 beds in 25 psychiatric hospitals or psychiatric departments in general hospitals. There was no information on the number of long-stay patients in psychiatric hospitals. In 2014, it was reported that these hospitals and departments were not residential, and that maximum length of stay was 6 months³⁷⁴.

There were approximately 4,500 places in 20 large social care institutions (ranging from 99 to 380 places). There were also 10 group homes for around 20 people with 212 people using these. However, in both these settings those with mental health problems were not differentiated.

In 2016³⁷⁵, more data were available on psychiatric services. There were 1,421 long-term psychiatric beds in general hospitals and 1,154 beds in 3 specialist hospitals. Average length of stay ranged from 53 to 435 days. There were also acute beds in general and specialist hospitals where average length of stay was between 13 and 34 days. In addition, there were 5,473 places in 27 social care institutions (defined as settings with more than 30 places with at least two thirds of residents with mental health problems or psychosocial disabilities). However, not all of these people will have mental health needs. There were also reported to be 60 care/nursing homes, but no more detail was available on these.

³⁷⁰ Ruškus, Jonas; Gudavičius, Aidas (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Lithuania. ANED*. Available at <https://www.disability-europe.net/country>

³⁷¹ Fundamental Rights Agency (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Lithuania (2014-2015)*. <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁷² Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

³⁷³ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

³⁷⁴ Fundamental Rights Agency (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Lithuania (2014-2015)*. <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁷⁵ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

In addition, there were community based residential care settings in the form of 7 group homes (of which 4 accepted people with mental health problems) and 21 supported living arrangements providing between them 667 places (but with only 550 users per year).

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Although there are some discrepancies in the figures from different sources, there does appear to have been a reduction in the number of children in institutional residential care although this trend is clearer for children with disabilities.

In 2017, Unicef TransmonEE dataset³⁷⁶ identified 4,313 children in residential care. This compared to 6,198 in 2013. The number of children under 2 in residential care decreased in the same period from 431 to 275. Rate of placement in the formal care system reduced slightly over time from 2,272 per 100,000 in 2013 to 1,971 in 2017. There was a corresponding decrease in the rate of placement in residential care from 1,164 to 760 per 100,000. Data on children with disabilities is not provided. Between 1400 and 1800 children left residential care each year, with the largest proportion being returned to their parents (832 out of 1,669 in 2017). The proportion leaving to start life each year was consistently around 20%. A similar proportion each year (21% in 2017) were recorded as leaving to live in “family type care” but it was not clear whether this was a smaller residential home or fostering. Given that fostering was only formally established in 2018, it is likely to be the former.

In 2017, there were reported to be 14,853 children with disabilities³⁷⁷. There were 73 childcare homes for children with and without disabilities but the exact number in these settings were not presented. There were four social care homes for 165 children with disabilities. In terms of community-based services, 2,400 children with disabilities were reported to be receiving support in their homes and 2,700 attended day care centres. In 2014³⁷⁸, “Social care homes for children and young adults with disabilities” had been described as providing for young people up to the age of 29 years and tended to be over 100 places in size. “Baby homes” provided for children under 3 years and ranged from 30 to over 100 places. Childcare homes tended to be smaller with between 11 and 30 places.

In 2018, the Opening Doors report identified 2,524 children as in the “alternative care system” but without specifying how many were in institutions and how many in foster care. However, as foster care was only introduced in 2018, it is likely that most of these were in institutional settings. It was reported that children under 3 were now placed directly in foster care. It was also reported that there had been a reduction in the number of childcare institutions from 96 in 2017 to 90 in 2018 and a reduction in the number of children in the four institutions for children with disabilities – from 460 in 2016 to 164 in 2017.

Unaccompanied or separated migrant children

Low migrant numbers in Lithuania and no asylum seekers were considered as unaccompanied or separated migrant children³⁷⁹.

Homeless

Homeless in Lithuania is relatively low but the number of people who are homeless had increased by 32% from 2007 to 2015³⁸⁰. Exact numbers are not known – only those who make use of shelters or other services. In 2017, 4,440 people were recorded as homeless³⁸¹, with 410 using short term temporary shelters, 2,494 using shelters for homeless people and 1,530 using crisis centres, in particular, for women and children. Apart from a small increase in 2016, the number of homeless people had been fairly stable from 2013. The prevalence of home ownership, thanks to policy in the 1990s, is thought to contribute to the low levels of homelessness compared to other countries. The primary response to homelessness has

³⁷⁶ UNICEF. TransmonEE data. 2018 dashboard was used for this report. *Most up-to-date information*. Available at <http://transmonEE.org>

³⁷⁷ Ruškus, Jonas; Gudavičius, Aidas (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Lithuania. ANED*. Available at <https://www.disability-europe.net/country>

³⁷⁸ Fundamental Rights Agency (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Lithuania (2014-2015)*. Available at <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁷⁹ Eurostat. *Unaccompanied migrant children data*. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

³⁸⁰ Homeless World Cup Foundation. *Global Homelessness Statistics*. Available at <https://homelessworldcup.org/homelessness-statistics/>

³⁸¹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

been to increase and improve shelter accommodation – there is no strategy for preventing homelessness and a low stock of social housing (almost all housing in Lithuania is privately owned).

Older adults

Key trends for older adults

- The number of care homes and care home places have increased slightly over time but in 2015 there was a 5% vacancy rate.

Between 2005 and 2015³⁸², the number of older adult care homes in Lithuania has increased overall but this masks a decrease in the number of publicly provided care homes and an increase in the number of private care homes. Having remained stable at between 60 and 64 care homes from 2003 to 2010, the number of publicly provided care homes had decreased to 52 by 2015. In contrast, the number of privately-run care homes increased from 36 in 2009 to 56 in 2015. The total number of places in care homes for older adults in 2015 was just over 4,800. There was a 5% vacancy in care homes in 2015, although in 2011 75% of those who completed the European Quality of Life survey said that there were issues of availability and accessibility of long-term care for older adults.

In 2015, publicly provided care homes had 53 places on average and privately-run homes had just under 37 places on average. This represented a substantial decrease in the size of public care homes from the 1990s and an increase in the size of private care homes, a trend that was contrary to the pattern seen in most other countries. Investment of European funds in public care homes have improved the quality of these in Lithuania, again contrary to the trend in other countries.

Strengths and areas for improvement

Strengths

- Lithuania has made progress in the reduction of the number of children in institutional residential care. During 2017 only 165 children with disabilities remained in institutional care. In addition, new types of social services have been introduced including respite care for families³⁸³.
- A project designed to support the integration of newly released prisoners into society has been highlighted as an example of good practice. In this project, transitional supported accommodation is established for people before the end of their detention. Social services are provided, including counselling, aimed at preparing prisoners for independent living³⁸⁴.

Areas for improvement

- The UN Committee on the Rights of Persons with Disabilities commented that people with disabilities receive inadequate opportunities for choice and that there is a lack of adequate support mechanisms. Although the number of children in institutions has reduced, children continue to be placed in institutions each year, including those under three years of age. Some younger adults are placed in services for older adults³⁸⁵. Removing barriers to personal assistance is one key area that needs to receive attention. The other key element is the development of a housing strategy that focuses on growing the amount of social housing available and on building a rental market with affordable rents. This would not only target homelessness but also those with disability and mental health problems who are waiting on housing to be available so they can move into the community.
- Mental health policy and services in Lithuania still rely heavily on hospitalisation, psychotropic medication and institutionalization. Community-based mental health care remains a low priority. Although deinstitutionalisation in social care is currently underway, there are concerns about the lack of community-based services. Promising practices are often fragmented and project-funded without long-term sustainability³⁸⁶.

³⁸² Eurofound (2017). Care homes for older Europeans: Public, for-profit and non-profit providers. Publications Office of the European Union. Luxembourg.

³⁸³ Ruškus, Jonas; Gudavičius, Aidas (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Lithuania. ANED. Available at: <https://www.disability-europe.net/country>

³⁸⁴ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

³⁸⁵ Ruškus, Jonas; Gudavičius, Aidas (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Lithuania. ANED. Available at: <https://www.disability-europe.net/country>

³⁸⁶ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017. Mental Health Europe - Mental Health Initiative of the Open Society Foundations*. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

Luxembourg

Key developments in Legislation, policies and systems

Adults with disabilities

There is no specific government strategy on deinstitutionalisation. Only the first national UNCRPD Implementation Plan (2012)³⁸⁷ provided some guidance but was noted by the UN Committee on the Rights of Persons with Disabilities to lack an action plan that provided a specific timeline and appropriate funding for the de-institutionalisation of people with disabilities. The Committee also noted that there was “an absence of a clear strategy to promote and ensure the transition to full independent living for all persons with disabilities within the community”. This manifested in a lack of personal assistance services and the fact that planned services were not necessarily in line with Article 19³⁸⁸.

Adults with mental health problems

In regard to mental health, the long-term care insurance assistance is reported to facilitate people with mental health problems to receive support in their own home. Services provided in the community include open encounters, listening, help, support and care adapted to individual situation and preferences³⁸⁹.

Children (including children with disabilities)

The rights of children in Luxembourg are protected by a national Ombudsman's Committee for the Rights of the Child³⁹⁰. This committee consists of experts from a range of different disciplines. Children left without parents are usually fostered or adopted and investment has been made to support families of children with disabilities to be able to keep their children at home – for example, the development of homes where families can live in the first two years and get support to learn how to manage their child's disability³⁹¹.

Unaccompanied or separated migrant children

Unaccompanied migrant children are not deported, unless it is deemed to be in their best interest or they represent a serious threat to public safety. The Immigration Law explicitly provides for the detention of unaccompanied children in an “appropriate place” adapted to their needs³⁹².

Homeless

The National Strategy against Homelessness and Housing Exclusion 2013-2020 set out a range of measures related to homelessness prevention, access to permanent accommodation, immediate and adequate responses to emergencies and governance strengthening. The Housing First model is presented as the overarching principle underpinning the above-mentioned approaches³⁹³.

Older adults

There is no clear distinction between disabled persons using long-term services and the elderly. It makes it difficult to formulate a description on developments in regard to the long-term care system only for the elderly. A long-planned new reform was proposed by the government in June 2016 and passed in 2017. The reform aims to guarantee a better focus on individual needs, simplified procedures and institutions, and maintenance of the social ties of dependent persons (improved social integration). The reform came into effect on 1 January 2018.

³⁸⁷ Ministry of Family Affairs Integration and the Greater Region (2012) *First action plan to implement the CRPD in Luxembourg* (Aktionsplan der Luxemburger Regierung zur Umsetzung der UNO-Behindertenrechtskonvention) Available at: <https://mfamigr.gouvernement.lu/dam-assets/le-ministère/attributions/personnes-handicapées/plan-d-action-du-gouvernement-luxembourgeois-en-faveur-des-personnes-handicapées.pdf>.

³⁸⁸ UNCRPD Committee on the Rights of Persons with Disabilities (2017). *Concluding observations on the initial report of Luxembourg (CRPD/C/LUX/CO/1)*. Available at:

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsvP%2BdTidRgtVuqxAW%2B69tiKIXBxKWmNQXT%2Fmo%2FEyFUOnby%2FrpQIV67BUhoNbCdpCAc7SIOMvANSJafd2PwWE94G0Lo9Ob7OZ%2BGyAGRg9cMMI>.

³⁸⁹ Limbach-Reich, Arthur (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Luxembourg*. ANED. Available at: <https://www.disability-europe.net>

³⁹⁰ <https://www.sos-childrensvillages.org/where-we-help/europe/luxembourg>

³⁹¹ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=21992&LangID=E>

³⁹² Global Detention Project (2018). *Country Report. Immigration Detention in Luxembourg: Systematic Deprivation of Liberty*.

³⁹³ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although there is a lack of detailed data, it appears that the number of adults with disabilities in institutional care has increased rather than decreased over time.

In 2006, there were reported to be 704 places in residential institutions for people with disabilities, with 410 places in settings for less than 30 people and 294 in settings for more than 30 people³⁹⁴. Forty-eight places were for children. In 2017, the Fundamental Rights Agency report (2017)³⁹⁵ reported that there had been a rise in the number of places in institutional residential care from 791 in 2010 to 875 in 2016.

Adults with mental health problems

In 2012³⁹⁶, it was reported that there is one psychiatric hospital that provides 165 places. In 2011 the average length of stay was 487 days and there were 78 residents. However, some people were known to have lived there for decades and 15% for more than five years. There was also at least one general hospital with a psychiatric ward, psychiatric services and day services in each region. Policy dictated that people should be first seen in the psychiatric service of a general hospital and only if treatment takes more than 4 weeks should the person transfer to the psychiatric hospital. In the community, there are 220 places in sheltered living accommodation mostly individual with some in small groups. In 2014³⁹⁷, there were a range of small group home and sheltered living accommodation specifically for people with mental health problems of different ages – these were all less than 6 places in size. No more recent data were available.

Children (including children with disabilities)

There is almost no data on children with disabilities in Luxembourg. In 2006, there were 48 places in residential institutions for children with disabilities. In 2014, data from the FRA background report on Luxembourg³⁹⁸ reported that there are places for children in community based residential settings, such as small group homes or “foster homes” for those with mental health problems, intellectual disabilities and physical disabilities. Most of these are between 6 and 10 places in size. There also appear to be some small group home type settings specifically for children with intellectual disability – these are generally between 1 and 5 places. However, there also appear to be some children in larger homes (11-30 places) for people with physical disabilities

Unaccompanied or separated migrant children

There were 35 asylum seekers in 2018 who were considered to be unaccompanied or separated migrant children. This was an increase from 10 in 2009. The largest intake had been in 2015 when 105 unaccompanied or separated migrant children applied for asylum. In 2018, Luxembourg was provided as an example of good practice in responding to unaccompanied or separate migrant children through Family Based Care³⁹⁹, which is mainly provided by foster carers.

Homeless

Data on homelessness and housing exclusion in Luxembourg are not systematically or centrally collected although it is generally reported that homelessness has risen in recent years⁴⁰⁰. In terms of current figures, there are a number of

³⁹⁴ Limbach-Reich, Arthur (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Luxembourg*. ANED. Available at <https://www.disability-europe.net>

³⁹⁵ European Union Agency for Fundamental Rights (2017). *From institutions to community living - Part III: outcomes for persons with disabilities*. Available at: <https://fra.europa.eu/en/publication/2017/independent-living-outcomes>

³⁹⁶ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at: https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

³⁹⁷ Fundamental Rights Agency (2017) Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Luxembourg 2014-2015. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁹⁸ European Agency for Fundamental Rights (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Luxembourg*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

³⁹⁹ IOM. UNI MIGRATION. (2018). *Mapping of Existing Training for Family Based Care Providers in Luxembourg*.

<https://eea.iom.int/publications/mapping-existing-training-family-based-care-providers-luxembourg>

and

<https://eea.iom.int/sites/default/files/publication/document/Luxembourg-FAB-Mapping-Family-Based-Care-Providers.pdf>

⁴⁰⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

different studies and sources. The most recent figures (for 2018 where available, otherwise for 2007, 2014 or 2017) indicate that 5,104 people lived through a period of homelessness in the year the data were collected. This included 30 sleeping rough, 794 in emergency shelters, 337 in women's shelters and 220 in temporary accommodation after leaving institutions. In addition to these figures, it was reported that 2,721 people were accommodated in reception/refugee centres due to the lack of available housing. This included 1,339 people who were under international protection. A further 570 people were living in a special centre waiting their transfer to another EU country and 423 were in a retention centre after being refused asylum and awaiting repatriation.

Causes of homelessness are similar to those reported in other countries – unemployment/loss of income, over-indebtedness, difficulties paying rent; relationship difficulties, health and mental health/addiction problems; and time institutionalised (e.g. long periods in hospital or prisons). A rise in house prices and lack of social housing is likely to have made homelessness more likely (although data on this is lacking) and tackling these issues first has been recommended. Approaches to tackling homelessness to date have primarily consisted of increasing more temporary emergency shelters.

Older adults

Luxembourg has one of the highest number of care home beds (85 beds per 10,000 population over 65 years) in Europe⁴⁰¹. Availability barriers are less problematic in Luxembourg although estimates of future need are likely to cause issues in the future. Quality is also reported as less of an issue in Luxembourg than in most other countries. However, no further data were available on size of settings or absolute number of places.

Strengths and areas for improvement

Strengths

- The Programme on decentralisation of psychiatric care units has commenced. Inpatient facilities have been reduced and family-like structures established. Community-based services have increased across a range of different communities⁴⁰².
- Luxembourg is performing well in availability and accessibility of long-term care. Luxembourg was situated in 2017 among the best-performing countries on issues of availability (waiting lists, lack of services) and access⁴⁰³.

Areas for improvement

- Deinstitutionalisation in Luxembourg in the area of housing and living of persons with disabilities is lagging. There is an absence of personal assistance system and system of care at home for persons with severe physical disabilities which prevents development of community-based services⁴⁰⁴.
- Despite a specific strategy on homeless, failure to involve the majority of municipalities both in increased construction of social housing and in the decentralisation of reception facilities, such as day and night shelters and hostels is reported for Luxembourg⁴⁰⁵.

⁴⁰¹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

⁴⁰² Limbach-Reich, Arthur (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Luxembourg*. ANED. Available at <https://www.disability-europe.net>

⁴⁰³ European Social Policy Network (2018). *ESPN Thematic Report on Challenges in long-term care Luxembourg 2018*.

⁴⁰⁴ Luxembourg (2016). *Alternative Report on Implementation of the United Nations Convention on the Rights of Persons with Disabilities Luxembourg 2016*.

⁴⁰⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Malta

Key developments in legislation, policies and systems

Adults with disabilities

Malta is one of the five EU Member States that have partnership agreements committing to deinstitutionalisation.⁴⁰⁶ The National Policy on the Rights of Persons with Disability includes an objective to provide training on disability rights to staff working in independent living programmes. In Malta, the Personal Assistance Fund (PAF), established in 2017, subsidises the cost of carers for adults who need more than 30 hours per week of on-going ‘personal assistance.’⁴⁰⁷ However, a lack of commitment to deinstitutionalisation is reported and institutions are being replaced by “community centres” (i.e. smaller institutions)⁴⁰⁸.

Adults with mental health problems

Although mental health services in Malta are still primarily hospital based, community-based services have been successfully established across the country. The Mental Health Act from 2012 provides stronger safeguards for involuntary placement and compulsory community treatment. The National Health Systems Strategy 2014 articulates the commitment towards the reintegration of persons with mental health problems living in institutional care back into society.⁴⁰⁹ However, in Malta, the mental health strategy consultation document states that Malta had the largest increase in the average length of stay in hospital for persons with severe mental health problems in the EU, having risen from 34 to 47 days between 2010 and 2015⁴¹⁰. The document also addresses the still dominant institutional model in mental health care⁴¹¹.

Children (including children with disabilities)

National legislation provides for families of children with disability to receive a special children’s allowance over and above the children’s allowance for all children. In order to increase the selection of alternative care placements offered to children with disabilities, voluntary organisations have engaged in running residential services dedicated for children with disabilities⁴¹².

Unaccompanied or separated migrant children

With regards to unaccompanied children, they are accommodated in separate Open Centres although families also often share accommodation with other groups. Foster families are rarely used and when they are, these would be processed through the mainstream fostering procedures. Conditions in the open centres vary greatly from one centre to another⁴¹³.

Homeless

There is no specific strategy on homelessness and housing in Malta. However, the National Strategic Policy for Poverty Reduction and for Social Inclusion is relevant⁴¹⁴.

Older adults

The National Strategic Policy for Active Ageing 2014 – 2020 predicts that the system of community services for older persons will continue to experience growing challenges due to the decline of both informal and formal carers and the

⁴⁰⁶ Bezzina, Lara (2019) *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Malta*. ANED. Available at <https://www.disability-europe.net>

⁴⁰⁷ Crowther, Neil (2019). *The right to live independently and to be included in the community in European States ANED synthesis report*. ANED.

⁴⁰⁸ Cojocariu, Ines, Buli; Kocik, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living*. European Network on Independent Living, March 2018.

⁴⁰⁹ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria. (2017). *Mapping Exclusion 2017*. Mental Health Europe - Mental Health Initiative of the Open Society Foundations. Available at <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴¹⁰ Office of the Deputy Prime Minister and Ministry for Health (2018) *Building Resilience. Transforming Services. A Mental Health Strategy for Malta 2020-2030. Public Consultation Document*. Available at: <https://deputyprimeminister.gov.mt/en/Pages/National-Strategies/NHS.aspx>.

⁴¹¹ Office of the Deputy Prime Minister and Ministry for Health. 2018. *Building Resilience. Transforming Services. A Mental Health Strategy for Malta 2020-2030. Public Consultation Document*. Available at: <https://deputyprimeminister.gov.mt/en/Pages/National-Strategies/NHS.aspx>.

⁴¹² European Parliament (2013). *Member States’ Policies for Children with Disabilities. STUDY*. Available at: [http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/474416/IPOL-LIBE_ET\(2013\)474416_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/474416/IPOL-LIBE_ET(2013)474416_EN.pdf)

⁴¹³ European Council on Refugees and Exiles (2018). *Country Report: Malta*. ECRE.

⁴¹⁴ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

expected increased demand for residential care. The strategy encouraged the restructuring of community services to increase responsiveness and integration and to serve as a tool for the empowerment of service users⁴¹⁵.

Changes over time

Adults with disabilities

There is a lack of collated data for Malta – most reports and mapping documents have listed individual institutions and services, due to the small number overall. It was noted⁴¹⁶ that 56 people were accessing residential services in the community and 327 people were benefitting from “community services enabling them to live in the community”.

There are two institutions providing between 30 and 100 places for people aged 14-80 and for mixed disability groups⁴¹⁷. However, a number of older adult homes (some of which are over 100 places) also appear to accommodate some younger adults and it is highly likely that some people with intellectual disabilities and/or autism are in mental health institutions, as had been recorded in 2006⁴¹⁸.

There are seven group homes which are for adults (some also include young people and children) for mixed disabilities – most of these are between 1 and 10 places, a few are between 11 and 30 places. There are 6 sheltered housing schemes for people over 18 (between 1 and 10 places, mostly between 1 and 5) for those with mixed disability types (one specifically for people with physical disabilities).

Adults with mental health problems

Key trends for adults with mental health problems

- The situation for people with mental health problems in Malta appears to have changed little over time, although lack of comparable data makes it hard to identify trends.
- Long-term accommodation options for people with mental health needs appears to be primarily hospital based.
- There are still limited community-based accommodation/support services and those that exist are often group living situations (up to 30 places).

In 2012⁴¹⁹, it was noted that there were 2 psychiatric hospitals providing 581 places in Malta. The number of long-term places was not known although there were long-term wards. It was reported that 43% of patients stayed longer than five years and an additional 14% stayed between one and five years. There were also 60 places in 4 hostels, 12 places in 4 flats and 12 places in one rehabilitation centre.

In 2014⁴²⁰, in addition to the services for mixed groups of people described in the previous section, there was two group homes specifically for people with mental health problems (one for children only) and three supported housing schemes (including one flat for three people).

In 2016⁴²¹, it was reported that there were 276 long-stay patients (staying more than a year) in the psychiatric hospital, which also provided short-stay beds (564 places in total). There was also a short stay psychiatric unit at the main general hospital and a small unit on Gozo providing 120 beds between the two. Almost 1,000 patients accessed short-term beds

⁴¹⁵ Malta (2014). The National Strategic Policy for Active Ageing 2014 – 2020. Available at: <https://family.gov.mt/en/Documents/Active%20Ageing%20Policy%20-%20EN.pdf>

⁴¹⁶ Bezzina, Lara (2019) ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Malta. ANED. Available at <https://www.disability-europe.net>

⁴¹⁷ FRA (2017). Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Malta. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴¹⁸ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴¹⁹ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴²⁰ FRA (2017). Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Malta. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴²¹ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

in 2016, with the average length of stay being 4 weeks in the psychiatric unit and eight weeks in the hospital. In addition, there were 57 places in hostels, 8 places in flats and 20 places in one rehabilitation home where maximum length of stay was 12 months.

In 2018⁴²², it was reported that Mount Carmel (the psychiatric institution) was now accommodating 530 in-patients and supporting 11,750 out-patients. It was also noted that hospital discharge rates were lower than the EU average and average length of stay the highest in the EU.

Children (including children with disabilities)

There are almost no data on children in Malta, although there appears⁴²³, to be one group home specifically for children with mental health problems and there are places for children in a number of other services including the two large institutions for people with disabilities and the main psychiatric hospital. Two group homes primarily for adults took children from age 14 or 16 upwards.

Unaccompanied or separated migrant children

In 2018, only five asylum seekers were considered to be unaccompanied or separated children⁴²⁴. At its peak in 2013 the figure was 335. The number who didn't apply for asylum is not known but media reports suggest that more arrived than might be noted in the official statistics – for example, in the media 104 were reported to have arrived⁴²⁵. This report also indicates that the process in Malta for unaccompanied migrant children, once a guardian and social worker has been allocated, is to be accommodated in two specific residential care homes, but when those are full, as was the case in 2013, some children were accommodated in various other places including an adult centre⁴²⁶. Those who are not granted asylum will still be granted protection until they are 18. During this period all children are normally accommodated in designated centres for children, regardless of their asylum status. It is noted that the system is currently in reform and more use of fostering is being considered for these children.

Homeless

Little is known about homelessness and housing exclusion in Malta as the definition used by government only includes those sleeping rough. In 2018 only 27 people were reported to the police to have been sleeping rough between 2013 and July 2018⁴²⁷. Those providing shelters and services for the homeless, refuted these figures with data: For example, 23 people per day were hosted at just two of the shelters and 191 homeless cases were referred to the YMCA between January and June 2019. There are many suggested reasons for homelessness in Malta, many similar to other countries – changes in family structures, more young people leaving home before getting married, more older people and older people wanting to stay in their home for longer, are among these.

Malta has traditionally invested in strategies that indirectly impact on homelessness such as a strong social housing sector. However, improvements in social housing are needed and other strategies such as the introduction of housing benefits for the most vulnerable and the re-valuation of social housing recipients have been recommended.

⁴²² Bezzina, Lara (2019) *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Malta*. ANED. Available at <https://www.disability-europe.net>

⁴²³ FRA (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Malta*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴²⁴ Eurostat. *Data on unaccompanied children*. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁴²⁵ <https://www.independent.com.mt/articles/2019-09-02/local-news/104-unaccompanied-child-migrants-arrived-in-Malta-in-2018-6736212977>

⁴²⁶ IOM-UNHCR Joint Technical Mission (2014). *Unaccompanied Migrant and Refugee Children: IOM-UNHCR Joint Technical Mission Malta, 27 April - 1 May 2014 Alternatives to Detention in Malta*. Available at: <https://malta.iom.int/sites/default/files/2014%20Documents/Publications/IOM-UNHCR%20Joint%20Technical%20Mission%20Malta%20-%20Unaccompanied%20Migrant%20and%20Refugee%20Children%20Alternatives%20to%20Detention%20in%20Malta.pdf>

⁴²⁷ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Older adults

Key trends for older adults

- The number of care home places has increased by almost 75% since 2003 but without a large increase in the number of homes.
- Care homes in Malta are among the biggest in Europe.

Between 2009 and 2016⁴²⁸, the number of care homes for older adults have remained relatively stable with a slight increase from 12 to 15 public sector homes and from 29 to 30 private sector homes. In 2016, there was reported to be just over 5,000 places in these homes. There had been an increase of almost 75% in the overall number of places between 2003 and 2016. The size of care homes in Malta are among the biggest in Europe with public sector homes providing almost 180 places on average and private sector care homes 85 places.

It appears that although a care home may be designated as a home for older adults, some homes may also provide for adults under 65, e.g. those with disabilities. Similarly, homes for people with disabilities can also include those who are over 65⁴²⁹.

Strengths and areas for improvement

Strengths

- Community-based support for disabled people in Malta has been increasing in recent years, including the increase in the number of community homes for disabled people. More funds have been allocated to the Personal Assistant Scheme and the Empowerment Scheme.
- Malta already has a strong tradition of social housing and this could be used and improved to the benefit of all groups of those living in institutions as well the homeless and those at risk of housing exclusion.

Areas for improvement

- Malta lacks a specific strategy on housing and homelessness. There has been a lag in investment in social housing during the last decade. In addition, entitlement to social housing is not reviewed. Therefore, persons allocated to social housing continue to live there indefinitely, and for successive generations⁴³⁰.
- Several efforts have been made over the years to develop community-based services. However, the trends in the mental health sector remain institutional with limited focus on community-based support services.

⁴²⁸ Eurofound (2017), Care homes for older Europeans: Public, for-profit and non-profit providers, Publications Office of the European Union. Luxembourg.

⁴²⁹ FRA (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Malta*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴³⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Netherlands

Key developments in legislation, policies and systems

Adults with disabilities and older adults

A substantive reform of long-term care and social support was set out in the legislation known as “*Hervorming Langdurige Zorg*”⁴³¹. This policy aimed to reduce the costs of residential care and to increase the support at home provided by municipalities in order to enable people, in particular older people, to live independently for as long as possible. However, concerns have been raised about the fact that 60% of disabled people live at home with parents and many of them are likely to end up in institutions, if they are not provided with adequate support and access to housing and other services⁴³².

Adults with mental health problems

In 2012, the Dutch government, health insurers, mental health organisations, mental health professionals, and mental health client organisations agreed to transform one third of the institutional mental healthcare places into community-based mental health care between 2012 and 2020⁴³³.

Children (including children with disabilities)

In regard to children, the Action Plan for Youth Care 2018⁴³⁴ aims to improve access to and the quality of youth care, and to support children in need of youth care in an environment that resembles ‘home’ as much as possible and to end separation in closed residential settings for children.

Unaccompanied or separated migrant children

In Netherlands there can be a gap in social support received by unaccompanied migrant children as they turn 18, which is a different system to that accessed by those under 18. Young people lose their social support on their 18 birthdays but cannot apply for the new system until after their 18th birthday and there can be a delay in applications being processed and support being provided. To solve this issue, some municipalities have sought to create a bridge between both schemes by either making it possible to file a benefit application before the 18th birthday, or by providing general and special social assistance to bridge the gap⁴³⁵.

Homeless

Concerning homeless people, in the Netherlands, a set of national strategies address different areas and/or different groups of the homeless population: i) the multi-annual strategy for protected housing and shelter; ii) the Homeless Youth Action Plan; iii) the Action programme “Home again”; and iv) the Stimulation programme Housing First Netherlands. The underpinning elements of these strategies include prevention, access to permanent accommodation and the provision of adequate and flexible support geared to homeless people’s needs⁴³⁶.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Although the long-term pattern appears to be one of an increase in the number of people in residential care (of all types including community-based group homes), in the past four years this trend appears to be reversing at least across the whole care sector.
- The number of people requesting direct payments increased by 16.5% from 2015 to 2017.

⁴³¹ Smits, J.C. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Netherlands. ANED*. Available at: <https://www.disability-europe.net>

⁴³² Cojocariu, Ines, Buli; Kocic, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living. European Network on Independent Living*, March 2018.

⁴³³ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe*. OSF and MHE. Available at: https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁴³⁴ Smits, J.C. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Netherlands. ANED*. Available at: <https://www.disability-europe.net>

⁴³⁵ European Migration Network (2018). *Policies, practices and data on unaccompanied minors in the EU Member States and Norway*. Synthesis Report: July 2018. Available at: https://emn.ie/files/p_201808090907072018_emn_sythesis_unaccompanied_minors_09.08.2018.pdf

⁴³⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

In 2017⁴³⁷, it was reported that 95,100 adults between the ages of 18 and 65 were entitled to residential care. Of these, 4,430 people had mental health problems, 6,535 had physical disabilities and 84,135 had intellectual disabilities or a combination of physical and intellectual disabilities. So, excluding those with mental health problems, just under 90,000 people with disabilities were considered eligible for residential care. The association of care providers in the Netherlands, cited in the ANED country report, reported that 87,650 children and adults with disabilities are in receipt of residential care. Of these, 75,750 have an intellectual disability, 2,400 a sensory disability and 9,500 a physical disability. Care providers can choose how to organise residential care: large residential settings, small group homes or individual homes. In 2014 (most recent typology available)⁴³⁸, it was recorded that there were at least some care homes and nursing homes for adults (as well as older adults), with between 30 and 100 places. There were also homes referred to as Family Replacing Homes (gezinsvervangend thehuis) and Sheltered housing (Beschermd wonen) which were recorded as being between 11 and 30 places in size. In the DECLOC report, Mansell et al. (2007)⁴³⁹ had commented that statistics from Netherlands were often confusing as individual units were reported as being less than 30 places but there were often many of these units grouped together on one site, creating a clustered/congregated setting.

By way of comparison, in 2004⁴⁴⁰ it was reported that the number of people in residential care of any type (including family replacing homes) was just under 61,000. If we compare this to the 87,650 children and adults with disabilities reported for 2017, we can see that the number of people in residential care appears to have increased over time.

However, people with disabilities also have the option to choose direct payments or ask a care provider to provide home care. Since this became possible, the number of people receiving long-term residential care of any type has decreased slightly from just over 324,500 in 2015 to just over 320,000 in 2017, with a corresponding increase in the number of people opting for a direct payment from 28,400 to just over 34,000.

Adults with mental health problems

Key trends for adults with mental health problems

- The number of adults in institutional residential services has decreased since 2009, with further development planned.
- Pace of transformation has been slowed, however, by a lack of outpatient and community-based support.

In 2009⁴⁴¹, there were just over 56,000 places for people with mental health problems in the Netherlands – provided by 82 service providers (ranging from integrated mental health care institutions, revisions institutes for sheltered housing and seven psychiatric hospitals). No data were available on the number of long-term beds or length of stay. In 2014⁴⁴², the length of stay in the different hospitals providing in-patient services for people with mental health problems (all between 30 and 100 places in size) was recorded as up to 6 months.

In 2014⁴⁴³, there were 8,250 service providers in the Netherlands, providing an estimated 34,000 places for people with mental health problems. These were allocated as 10,000 places in short term (specialised mental health care), 7,000 in long-term mental health care and 17,000 places in sheltered housing.

⁴³⁷ Smits, J.C. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Netherlands. ANED*. Available at: <https://www.disability-europe.net>

⁴³⁸ European Agency on Fundamental Rights (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴³⁹ Mansell, Jim and Knapp, Martin and Beadle-Brown, Julie and Beecham, Jennifer (2007) *Deinstitutionalisation and community living – outcomes and costs: report of a European Study*. Main Report. University of Kent, Canterbury, UK. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁴⁰ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁴¹ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁴⁴² European Agency on Fundamental Rights (2017) *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Netherlands (2014-2015)* <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴⁴³ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

It was noted that, following agreements between key stakeholders, plans to reduce the number of institutional places by approximately 8,000 – 10,000 by 2020 were underway in 2017 and institutional places were reducing. However, a lack of outpatient and community-based services remains an issue.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There appears to have been an increase in the number of children in residential care since 2006. These decreases have continued but have slowed more recently.
- The size of residential care settings for children appears to have decreased although there are still some children in larger settings, in particular those with mental health problems and intellectual disability

In 2017, it was noted that the number of children in residential care (paid for by municipalities and not including children in foster care, children who have committed crimes and children with severe behavioural problems) was 10,355⁴⁴⁴. It was reported that in 2018 there was another group of around 3,200 children (a reduction from 3,500 in 2016) who lived in residential settings. Further breakdown is not available. Apart from children's psychiatric wards, the size of residential services for children appear to be small (less than 5 places) although some places for children with intellectual disability and with mental health problems exist in sheltered housing (usually between 11 and 30 places in size).

These figures compare to almost 7,000 children in residential care in 2006⁴⁴⁵. In addition, the size of settings for children appear to have decreased over time - all were over 6 places in 2006.

Unaccompanied or separated migrant children

In 2018, there were 1,225 asylum seekers considered to be unaccompanied or separated children⁴⁴⁶. At its peak in 2015, there were 3,855. Netherlands has been proactive in taking relocated migrants from other countries and has been identified as an example of good practice through the provision of 2 protected centres for which the addresses were kept secret⁴⁴⁷. Provision of support for USMC is co-ordinated by one NGO (NIDOS)⁴⁴⁸. They organise guardians for every child and arrange foster homes for all children under 13 years of age. Those between 13 and 18⁴⁴⁹ are accommodated in a special centre near the Asylum Application Centre for up to three months. At the end of this period, following observations and mentoring, the young person will transfer to the accommodation felt to be the most suitable for him or her. This might be either a foster family, a "children's living group", a small living unit (over 15-year olds only) or a UMA-Campus (over 15 year olds only). In 2015, there were 1,200 children in NIDOS organised foster care.

Homeless

The number of homeless people in the Netherlands is reported to have increased by 74% between 2009 and 2015⁴⁵⁰. In 2016, 30,500 people were estimated to be homeless⁴⁵¹ and 20% had been homeless for at least two years. Homeless people were predominantly male, divorced, had a low educational background and were from non-western origins. Job loss was not a major contributor to homelessness in the Netherlands – most homeless people came from a situation of benefit dependency or a situation where they had no personal income. About half of homeless people had been treated for mental health problems and since 2015 many younger people had moved out of the family home in order for them and their parents to keep their full social assistance (as people on social assistance who live in the same house have their assistance reduced). There is a substantial lack of social housing.

⁴⁴⁴ Smits, J.C. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Netherlands*. ANED. Available at <https://www.disability-europe.net>

⁴⁴⁵ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁴⁶ Eurostat. Asylum applicants considered to be unaccompanied minors - annual data. Available at: data <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁴⁴⁷ European Union. *Compilation of Data. Situation on Media Reports on Children on Migration Part 1 - Data And Situation Reports*. Available at: *Information on Refugee in Denmark*. Available at: http://ec.europa.eu/justice/fundamental-rights/files/rights_child/data_children_in_migration.pdf

⁴⁴⁸ AsylumCorner (2015). *Guardianship for unaccompanied minors in the Netherlands: the role of Nidos*. Available at: <http://www.asylumcorner.eu/guardianship-for-unaccompanied-minors-in-the-netherlands-the-role-of-nidos/>

⁴⁴⁹ Nidos. *Where will you live?* Available at: <https://www.nidos.nl/en/voor-jongeren/living-in-the-netherlands/where-will-you-live/>
<https://homelessworldcup.org/homelessness-statistics/>

⁴⁵¹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Responses to homelessness in the Netherlands primarily focus on long-term strategies – building more housing, including more affordable and social housing; providing more people with rent allowances or help for young people to buy a house; making the housing market more dynamic by encouraging people in social housing to move into the next level of rented properties, making more social housing available; and supporting those in shelters and protected housing to move into independent housing.

Older adults

Little information was available on care homes for older adults in the Netherlands. In 2016, there was reported to be 141 care homes for older adults. In 2013 around 70 privately financed nursing homes were registered with The Health Inspectorate (IGZ)⁴⁵². According to Zorgkaartnederland.nl, in 2018 there were 183 private for-profit institutions and 294 non-profit institutions registered on the site, with the former receiving higher rankings. Some of these may have provided support for more than just older adults. Currently around 50,000 older people are reported to live in care homes in the Netherlands⁴⁵³. Home care is more prevalent than residential care and availability and accessibility of long-term care in the Netherlands was not reported to be an issue by many people. However, the Eurofund report identified Netherlands as one of the countries (along with the Czech Republic, Estonia, Latvia and Poland) who could “increase the efficiency in spending by transferring care from institutions to home care”. Although data on size was not available in the Eurofund report, the FRA Independent Living background report on Netherlands⁴⁵⁴ identified that all care homes and nursing homes for older adults were between 30 and 100 places.

Strengths and areas for improvement

Strengths

- Recent improvement is reported regarding the increased financial support made available for municipal social housing. In addition, recent legal changes enable more discretion in municipal rental policy to monitor tenants' income⁴⁵⁵.
- For the referral of unaccompanied and migrant children to child protection authorities, the Netherlands has concluded protocol agreements amongst different authorities with a view to adopting an integrated, child-centred approach making sure that the child is, as quickly as possible, provided with the specific care the child needs and to prevent possible exploitation or abuse⁴⁵⁶.

Areas for improvement

- There appears to be lack of awareness among policymakers, care providers and DPO's about the imperative of article 19 UN CRPD; the right to live independently and the need to transition from institutional care to community-based support. The transformation of long-term care has not led to significantly lower proportions of people with disabilities living in institutional residential care⁴⁵⁷.
- Drawing on good practice related to social housing, it is important that the government focuses on the development of affordable adequate housing. Such housing could also be accessed by people with disabilities and those with mental health problems in order to support the move of people from institutions to community-based living so that they don't have to rely just on protected housing but could receive support in their own home.

⁴⁵² Eurofound (2017). Care homes for older Europeans: Public, for-profit and non-profit providers. Publications Office of the European Union, Luxembourg.

⁴⁵³ <https://www.zorgkaartnederland.nl/sectoren/verpleeghuizen-en-verzorgingshuizen>

⁴⁵⁴ European Agency on Fundamental Rights (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Netherlands (2014-2015)* <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴⁵⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁴⁵⁶ European Migration Network (2015). *Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015*.

⁴⁵⁷ Smits, J.C. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Netherlands*. ANED. Available at <https://www.disability-europe.net>

Poland

Key developments in legislation, policies and systems

Adults with disabilities

Poland lacks specific national or regional strategies on deinstitutionalisation. However, the Responsible Development Plan 2020 which addresses deinstitutionalisation in the context of the prevailing model of care in Poland - non-formal and family care performed typically by women. The plan commits to developing community-based services such as personal assistance and creating centres for supporting family carers. However, the plan does not embrace explicit objectives, milestones, deadlines and monitoring mechanisms⁴⁵⁸. Poland is among 12 EU Member States for whom the European Commission identified a need for measures aimed at the shift from institutional to community-based care⁴⁵⁹.

Adults with mental health problems

Mental health care is primarily provided in psychiatric hospitals. Long-term residential care is institutionalised. Poland is not monitoring the development of community-based services or the deinstitutionalization process on a systematic basis⁴⁶⁰.

Children (including children with disabilities)

As per children, some positive developments during last decade are reported for Poland. However, there are concerns that EU funding is being allocated towards the development of smaller institutional care settings rather than a broader deinstitutionalisation process. In addition, alternative care options for children in Poland is limited and children are not adequately supported⁴⁶¹.

Unaccompanied or separated migrant children

The integration of unaccompanied minors is not treated as a priority in Poland. However, the most “supportive” transition arrangements for unaccompanied minors turning 18 years appear to be available in Poland⁴⁶².

Homeless

With regard to housing and homelessness there is only a general strategy: the Action Programme against Poverty and Social Exclusion.

Older adults

Residential services for older people in Poland lack quality assurance regulations. Nearly 20% of the local administration regions do not provide any home care services for older people. The Polish long-term care system is reported as hard to access, fragmented, and among the very poorest in Europe in terms of the organisation and provision of care⁴⁶³.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There is little evidence of deinstitutionalisation for adults with disability in Poland, either over a longer-term period or in more recent years. Institutional residential care is still the prevailing model of support in Poland.

⁴⁵⁸ Król, Agnieszka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Poland. ANED*. Available at: <https://www.disability-europe.net>

⁴⁵⁹ European Agency on Fundamental Rights (2017). *From institutions to community living Part I: commitments and structure*. <https://fra.europa.eu/en/publication/2017/independent-living-structures>.

⁴⁶⁰ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴⁶¹ Eurochild (2018). *Opening Doors for European Children*. Available at <https://www.openingdoors.eu/category/resources/publications/>

⁴⁶² European Migration Network (2018). *Policies, practices and data on unaccompanied minors in the EU Member States and Norway*. Synthesis Report: July 2018. Available at: https://emn.ie/files/p_201808090907072018_emn_sythesis_unaccompanied_minors_09.08.2018.pdf

⁴⁶³ Kouvonen, Anne (2018). *Growing old in Poland*. Available at: <https://www.iyu.fi/hytk/fi/laitokset/yfi/en/research/projects/agecare/growing-old-in-poland>

There are a number of discrepancies in the available data on the number of adults with disabilities in institutional settings⁴⁶⁴. Social care homes are the main form of provision and across the different sources of data it appears that in 2016 there were somewhere between 817 and 863 social care institutions, providing for almost 84,000 people. Another source of data reported higher levels with 102,721 recipients (all ages) of long-term care (not including hospitals), with just under 72,500 beds in long-term care facilities. If medical care facilities are included, then there were an additional 61,000 places in other forms of institutional care that may be used by people with disabilities, although how many of these were long-term beds was not known. No further breakdown of the data were available – e.g. by disability group or by age group.

In terms of community-based alternatives there were 667 protected houses in 2017 providing 2,863 places but these were not just for people with disabilities.

Official reports of changes in living situation over time in terms of the number of adults in institutions also show inconsistencies, with some sources reporting increases in the number of social care homes or the number of people accommodated in them or other institutional settings between 2013 and 2016 while others show an increase or no change. The Polish report to the UN CRPD Committee reported small decreases in the number of places in institutions for adults with ID and adults with intellectual disability and government reports that around 900 people left institutions in 2016 and 2017. However, why they left and where they moved to is not known. In addition, between 2013 and 2016 there was reported to be an increase in the use of more medical facilities - from 17,209 places in 327 facilities to 19,688 places in 344 settings. Overall it is concluded that there is no strong evidence of deinstitutionalisation since 2013⁴⁶⁵.

In terms of longer-term changes, in 2005⁴⁶⁶ data just for social welfare homes (179 homes for people with intellectual disability, 174 for people with mental health problems and 13 for people with a physical disability) indicated that there were at least 34,000 places. In addition, there were 241 care homes for people who were chronically ill with somatic disorders, with 25,466 places. Most services were not quite full to capacity. Most of the services were around 100 places in size but some were reported to be bigger at 200 places. In 2014⁴⁶⁷ all social care homes were reported to be less than 100 places. Even if these figures were an underestimate of the actual number of people in institutions in 2005, the data appears to show that by 2017 there had been an expansion in institutional provision rather than a reduction.

Adults with mental health problems

Key trends for adults with mental health problems

- There was no change in the number of beds in psychiatric hospitals.
- However, the proportion of people staying in psychiatric hospitals for more than a year decreased between 2011 and 2014.
- There had been a small increase in the number of people using community-based group homes but still less than 500 people.

In 2010, there were 47 psychiatric hospitals providing 17,750 beds with an average length of stay of 31 days.⁴⁶⁸ There were generally very big hospitals (22 hospitals had more than 300 beds). The number of long-term beds was not known. For those with long-term mental health problems, there were 44 “Psychiatric chronic medical care homes”, five psychiatric nursing homes, 198 social assistance houses for people with long-term mental health problems, providing just under 25,500 beds.

In terms of community-based services, a very small number of people (less than 20) were in a foster home and 15 were in one of five group homes. There were also 690 “self-help community home” which provided for 22,800 people but these were primarily day services – people would spend around eight hours per day there. Units were usually between 15 and 60 places and there were sometimes several buildings on one site. It was possible for these self-help homes to offer, usually

⁴⁶⁴ Król, Agnieszka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Poland. ANED.* Available at: <https://www.disability-europe.net>

⁴⁶⁵ Król, Agnieszka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Poland. ANED.* Available at: <https://www.disability-europe.net>

⁴⁶⁶ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports.* Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁶⁷ European Agency on Fundamental Rights (2017). *Country studies for the project on the right to independent living of persons with disabilities: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU. Poland.* Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁴⁶⁸ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012.* OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

but not always, temporary accommodation for a small number of interested persons. These self-help services had not been recorded in 2005⁴⁶⁹.

In 2015⁴⁷⁰, there were 17,800 beds in 48 psychiatric hospitals, 6,800 beds in 142 psychiatric units in general hospitals and 5,700 beds in 59 other psychiatric medical care facilities and psychiatric care facilities. Average length of stay was 28 days in psychiatric units and 30 days in psychiatric hospitals. In 2014, approximately 15% of people stayed longer than one year in psychiatric hospitals, compared to 29% in 2011. Community based services had grown slightly with 434 people in supported housing (group homes of between 3 and 8 people) in 2015.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Although the data at different time points is not always comparable, there appears to have been a more recent reduction in the number of children accommodated in residential care.
- There has been a corresponding decrease for children with disabilities.
- In terms of long-term changes, the number of children in long-stay education institutions appears to have halved since 2005.
- However, it appears that more than 65,000 children may still live in residential care facilities of some type in Poland.

In 2016, Unicef TransmonEE dataset⁴⁷¹ reported that there were 45,497 children in residential care compared to 50,232 in 2012. The rate of placement in residential care had decreased from just under 720 in 2009 to 665 per 100,000 population in 2016. The number of children with disabilities in residential care had also decreased from 24,211 to 20,864 in 2016. The number of children leaving each year was around 17% (8,769 left in 2012 of which 1,696 (19%) went to another institution; 7,700 left in 2016 of which 1,359 (18%) went to another institution). About 50% of those who are left without family carers for any reason are placed in residential care each year.

Data from the Council of Ministers reported that there were 72,129 children in foster care in 2016; 55,721 were placed in family-based care and 17,408 in institutional care. It is important to note that in Poland the term Foster care encompasses both family-based and institutional care and “family-based care” can be with a foster family caring for up to 3 children or a residential home where up to eight children might live⁴⁷².

Eurochild’s Opening Doors report (2017)⁴⁷³ reported that there were 41,200 children currently in institutional care and this does not include a further 15,000 children with disabilities who are living in institutional settings predominantly run by the Ministry of Education. This compares to 395 special education care centres and 51 education care centres in 2005, accommodating more than 31,000 children. Most of these facilities were between 50 and 100 places. Although data on children in social care homes was less clear in 2005 there were at least 3,900 children in social care homes, about half of which were in homes for adults with intellectual disability.

In 2017, there were reported to be 3,200 children below the age of 10 in institutions with no plan to address the issue. The opening door report comments that the increase in the number of settings (an increase of 3.7%) is accounted for by policy dictating no setting could be more than 14 places. However, this was achieved by dividing up old bigger institution or building group homes, usually next to each other in large complexes, with structural funds used to create these settings. In contrast, the number of children in foster care was reported to have decreased by 0.7% between 2016 and 2017.

There is a lack of further detail on living situation for children with disabilities.

⁴⁶⁹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁷⁰ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴⁷¹ UNICEF. Transmonee data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonee.org>

⁴⁷² <https://eea.iom.int/sites/default/files/publication/document/Poland-FAB-mapping-training-Professionals.pdf>

⁴⁷³ Eurochild (2018). *Opening Doors for European Children. Poland*. Available at <https://www.openingdoors.eu/category/resources/publications/>

Unaccompanied or separated migrant children

There were 125 asylum seekers considered to be unaccompanied or separated children in 2018. This was a reduction from earlier years – figures peaked in 2011 when there were 405⁴⁷⁴. Poland has been criticised around its treatment of migrants in general, with a long time taken to appoint guardians, and reports of families and those who were victims of torture being detained, and family reunification proving almost impossible⁴⁷⁵. Data from 2017 indicated that there were 193 unaccompanied migrant children in foster care of which 82 were in family-based care and 111 in residential care⁴⁷⁶.

Homeless

The most recent census of homeless people (conducted on the night of the 13-14 February 2019) identified 30,300 homeless people⁴⁷⁷. Of these more than half lived in hostels or other similar temporary accommodation. Around one third were either: sleeping rough (8%), living in non-conventional buildings (11%) or using overnight shelters (14%). The rest lived in health and penal institutions. The supply of sheltered housing was noted as particularly limited – an estimated 2% of all homeless people were accessing sheltered housing. In terms of change over time, it was estimated that the number of homeless people increased between 2011 and 2015 by around 40% and then decreased by around 15% between 2015 and 2019. The majority of homeless people were male and over 40 years of age, with only basic vocational education or only primary school level education. More than 25% of people had been homeless for more than 10 years, with only 23% less homeless than 2 years. Most years around three quarters of homeless people lived in some sort of institution (ranging from just over 60 to just over 80% in 2017 and 2019), which included both hostels (and similar temporary accommodation) and health and penal institutions. No further information was available.

Older adults

Key trends for older adults

- Accommodation for older adults in Poland is primarily in large residential care homes, which have increased in number over time.

The number of care homes for older adults in Poland has increased from 816 in 2009 to 1,162 in 2014, with the main expansion being in private providers, particularly for-profit ones⁴⁷⁸. Public sector homes have decreased slightly. The number of places in these homes in 2014 were nearly 90,500. The average size of publicly provided care home in 2014 was just under 110 places and privately provided homes were somewhat smaller at 66 places. Poland was among the five countries where it was recommended that efficiency could be increased by moving from institutional to more community-based models of care for older adults.

Strengths and areas for improvement

Strengths

- Institutional care facilities are being gradually replaced by so called protected houses. The relevant legislation is explicit in defining the aim of the support as strengthening family networks and inclusion into the local community. However, it restricts the use of protected housing for persons with more complex needs⁴⁷⁹.
- In Warsaw, an innovative program⁴⁸⁰ is addressing homeless people who qualify for municipal housing (so called communal or social) yet remain on municipal waiting lists due to the lack of housing stock. The majority of the clients move in directly from the CMSA Saint Lazarus Shelter. The main objectives of the Program is to teach homeless people skills which are necessary to keep housing (or prevent them from losing such abilities), to provide a roof over their head in the period preceding their transition to fully independent housing, and to integrate them into the local community.

⁴⁷⁴ Eurostat. Data on unaccompanied children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁴⁷⁴ Eurostat. Data on unaccompanied children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁴⁷⁵ European Union. *Compilation of Data, Situation on Media Reports on Children on Migration Part 1 - Data And Situation Reports*. Available at: http://ec.europa.eu/justice/fundamental-rights/files/rights_child/data_children_in_migration.pdf

⁴⁷⁶ IOM. UN Migration. *Mapping of Existing Training for Professionals in Poland*. Available at: <https://eea.iom.int/sites/default/files/publication/document/Poland-FAB-mapping-training-Professionals.pdf>

⁴⁷⁷ *Fighting homelessness and housing exclusion in Europe A study of national policies (2019)*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁴⁷⁸ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

⁴⁷⁹ Król, Agnieszka (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Poland*. ANED. Available at: <https://www.disability-europe.net>

⁴⁸⁰ <https://www.feantsa.org/download/angol-kiadvany1294593247240107274.pdf>

Areas for improvement

- Poland lacks a specific strategy on deinstitutionalisation. There are no explicit targets, milestones, funding, or measures to monitor progress. In addition, family members account for the overwhelming majority of caregivers. The eligibility criteria for services, particularly for older people, vary by region and services are reported to be hard to access and poorly organised.
- In terms of housing and the homeless, limited supply of municipal housing restricts development of housing-led interventions such as social dwellings, sheltered training dwellings or Housing-First services. Emphasis should be shifted from financing and regulation of shelter-based schemes to a housing-led system.⁴⁸¹ This would have additional benefits for those with disabilities and mental health needs as people ultimately move out of institutions.

⁴⁸¹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

Portugal

Key developments in legislation, policies and systems

Adults with disabilities

In Portugal the shift from institutions to community care is seen as minimal since most people with disabilities have traditionally lived in the community, although not independently, but ‘institutionalised’ within their families.⁴⁸²

Adults with mental health problems

The National Plan of Mental Health 2007-2016 (extended to 2020) established the objectives of deinstitutionalisation and the gradual closure of psychiatric hospitals. In addition, it promotes the establishment of the Network of Integrated Continuing Mental Health Care to reduce the institutionalisation of people with severe mental illnesses and psycho-social disorders. In addition, the Portugal 2020 Programme foresees the implementation of the Model to Support Independent Living (MAVI)⁴⁸³.

Children (including children with disabilities)

There is an over-reliance on institutional care for children in alternative care and an under-reliance on family-based care in Portugal combined with a lack of investment in child-protection systems, including family-support systems⁴⁸⁴.

Unaccompanied or separated migrant children

The Asylum Act states that the staff handling asylum applications of unaccompanied children must be specifically trained⁴⁸⁵.

Homeless

Concerning homelessness, the National Homelessness Strategy (ENIPSSA 2017-2023) is reported as strengthening existing coordination and monitoring mechanisms⁴⁸⁶.

Older adults

The Portuguese National Network for Continued Integrated Care is implementing the 2016-2019 Development Plan. The Plan is focused on coordination and organization of “long-term care”, providing structured responses to people in a state of dependency, at different levels of functionality, in all life stages, including older people. The plan aims to improve the living conditions and well-being of dependent persons through the provision of continued health care and/or social support.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There appears to have been an increase in the number of people with disabilities in residential care settings that are generally between 11 and 30 places in size. This is from a low baseline due to the fact that family support had been the dominant model even for adults with a disability.

In 2017, there were 6,659 places in 288 residential care facilities for up to 30 people with disabilities and 384 “autonomous homes” (smaller units such as apartments, introduced in policy in 2015)⁴⁸⁷. As the population of disabled people in Portugal is around 1.9 million, it is clear that institutionalisation is not extensive – however this means that many adults continue

⁴⁸² Pinto, Paula Campos; Kuznetsova, Yuliya (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Portugal. ANED. Available at: <https://www.disability-europe.net>

⁴⁸³ Pinto, Paula Campos; Kuznetsova, Yuliya (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Portugal. ANED. Available at: <https://www.disability-europe.net>

⁴⁸⁴ Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester.*

⁴⁸⁵ AIDA. Asylum Information Database (2018). *Boundaries of liberty Asylum and de facto detention in Europe.*

⁴⁸⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies.* Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁴⁸⁷ Pinto, Paula Campos; Kuznetsova, Yuliya (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Portugal. ANED. Available at: <https://www.disability-europe.net>

to live with their families much longer than people without disabilities. Between 2013 and 2016, there had been an increase from 4,695 to 5,765 adults with intellectual disabilities in residential care facilities (between 10 and 30 places).

For a more long-term comparison, the DECLOC report on Portugal highlighted that in 2005 there were 3,592 places in residential services for people with disabilities, each with between 10 to 30 people⁴⁸⁸. The number of people in autonomous homes was not known in 2005. It is likely that at least some people with disabilities were also in older adult homes and in homes for those with mental health problems (in particular “Psychiatric social institutions from religious orders” where more than 4,500 people lived in settings ranging from 150 and 500 places but the figures for different disability groups was not known).

The 2018 ENIL briefing on EU fund use raised concerns about the use of ESI Funds for the development of smaller institutional residential services that are not in line with Article 19 of the UN Convention, rather than investing in the development of support for people at home and small dispersed homes in the community.

Adults with mental health problems

Key trends for adults with mental health problems

- Despite an initial increase in the number of people living in smaller community-based residential settings between 2012 and 2014, this there has been no more recent changes.

In 2012⁴⁸⁹, it was reported that the majority of support for people with mental health problems was based in psychiatric hospitals, but some community-based provision had begun to develop. There were three psychiatric hospitals with around 400 places each, providing for 1015 people, 29 social-occupational units (with between 10 and 42 places) providing for 71 service users at that time and four maximum support homes (10-20) places providing for 67 people. In addition, there were 20 medium support homes and 4 minimum support homes which provided between 3 and 7 places and had 137 service users.

In 2014⁴⁹⁰, there was limited information available on living situation and services for those with mental health problems. There were 810 beds in three units attached to psychiatric hospitals; 740 beds in 30 specialist hospitals and 630 beds in other residential care services. However, size of setting, average length of stay or the number of beds in use on a long-term basis was not provided.

It was noted that there were now a number of local units across the country to support people with mental health problems in the community. However, little information on long-term accommodation support for people with mental health problems was available other than to note that the number of people in “protected life units” (for 6-10 people) and supported living units (11-30 people) had stayed the same between 2013 (183 people) and 2016 (182 people)⁴⁹¹.

Children (including children with disabilities)

Almost no information is available on children in Portugal. In 2005 there were 642 places in “Support homes for children” which provide for between 15 and 20 children, 240 places in a large rehabilitation centre for children and young people – all occupied by children with intellectual disability⁴⁹² and 120 places in a Recuperation centre for children also all occupied by children with intellectual disability. There were also 24 places in 2-3 psychiatric units in general hospitals. Finally, children with physical disabilities were sometimes accommodated in residential schools but no information on how many children were in these settings was available.

⁴⁸⁸ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁴⁸⁹ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁴⁹⁰ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁴⁹¹ Pinto, Paula Campos; Kuznetsova, Yuliya (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Portugal*. ANED. Available at: <https://www.disability-europe.net>

⁴⁹² Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

No further official information was available but a paper by Rodrigues et al., (2013)⁴⁹³ commented that since 1999 residential childcare had consisted of: 1) the children and young people's homes mentioned above and the children generally stay there more than six months, and 2) temporary care centres where normally stay would not exceed 6 months. However, it was noted that in some cases, e.g. in the case of adoption taking longer than anticipated, children might stay for longer than 6 months.

Finally, it is noted that Portugal has developed a strong early intervention system focused on supporting families at an early stage, especially in the context of a children with a disability⁴⁹⁴.

Unaccompanied or separated migrant children

In 2018, there were only 40 asylum seekers officially considered unaccompanied or separated migrant children. Even at its peak in 2013, there were only 55. Although numbers are small, reports have identified issues with the process of receiving unaccompanied migrant children, in particular their detention at the reception facility at the airport where conditions were found to be inappropriate and inadequate for meeting their needs⁴⁹⁵. Average length of stay at the Reception Centre was 231 days (compared to 90 days for adults). There is a special reception centre for unaccompanied children, although some of those over 16 stay at the main centre. No other information on living situation of unaccompanied migrant children was identified.

Homeless

A survey conducted between February and May 2018 identified 3396 people who were homeless⁴⁹⁶, including: 1,443 people sleeping rough; 210 people living in accommodation for the homeless offering a time-limited stay and no provision of long-term housing; 1,111 people living in other types of temporary accommodation offering a time-limited stay and no provision of long-term housing (e.g. accommodation centres for immigrants); and 632 people living in low threshold hotels or private rooms paid for by social services. A further 11,113 people were found to be at risk of homelessness. Levels of homelessness have remained relatively stable over the past 10 years. Low levels of education and the presence of mental health and additional problems characterised a substantial part of the homeless population in 2009. Responses to homelessness has traditionally focused on low intensive options and current plans focus on improving existing services and raising awareness. Since May 2018 new strategies and systems have come into play with a stronger focus on intervening more intensively and increasing the stock of social (publicly funded) housing.

Older adults

In Portugal, a very small number of people are availing of services for older people⁴⁹⁷. As for Latvia and Hungary, during the financial crisis older adults in Portugal moved out of care homes to live with their families in order to have their pensions contribute to the income of the family. Concerns over the quality of care homes had been raised, especially in privately run care homes. Very little other information is available on accommodation for older adults in Portugal. However, research by Lopes et al., (2018)⁴⁹⁸ comments that care for the elderly in Portugal is still dominated by institutional services. The number of beds in long-term care services grew from 684 beds in 2007 to 4,723 in 2016. In 2017 long-term beds made up more than half of all the beds in nursing homes. The average number of beds per residential institute grew slightly from 17 to 23. Places per 1,000 inhabitants over 65 were 4.03 for residential services compared to 3.0 for home and community-based services. The number of people being supported in nursing homes more than doubled between 2008 (13,457) and 2016 (32,545). The number being supported in home and community settings rose even more steeply from 1,660 in 2008 to 15,582 in 2016.

⁴⁹³ Rodrigues, Sónia; Barbosa-Ducharne; Maria and del Valle (2013). *The Quality of Residential Child Care in Portugal And the Example of its Development in Spain*. Papeles del Psicólogo, 2013. Vol. 34(1), pp. 11-22

⁴⁹⁴ <https://repositorio.iscte-iul.pt/bitstream/10071/7504/4/Early%20childhood%20intervention%20in%20Portugal.pdf>

⁴⁹⁵ European Council on Refugees and Exiles (2018). *Country Report: Portugal*. ECRE. https://www.asylumineurope.org/sites/default/files/report-download/aida_pt_2017update.pdf

⁴⁹⁶ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁴⁹⁷ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

⁴⁹⁸ Lopes, H., Mateus, C., & Hernández-Quevedo, C. (2018). *Ten Years after the Creation of the Portuguese National Network for Long-Term Care in 2006: Achievements and Challenges*. Health Policy, 122(3), 210–216. doi: 10.1016/j.healthpol.2018.01.001

Strengths and areas for improvement

Strengths

- Since 2006 the deinstitutionalisation process of persons with mental health problems has been progressing, resulting in the closure of the big psychiatric hospitals and the gradual introduction of alternative community-based support services⁴⁹⁹.
- Portugal has a coordinated strategy on homelessness, including a specific strand on coordination, monitoring and evaluation of the strategy itself. The strategy is expected to pave the way for innovation in the provision of homelessness services⁵⁰⁰.

Areas for improvement

- There are concerns that smaller institutions are being built in a number of regions using ESI Funds. Such practice leads to removing disabled people from their families and community and reducing opportunities for community engagement and independence⁵⁰¹.
- There continues to be a lack of investment in child-protection systems, including family-support systems. There is an urgent need for investment in parenting skills for families in vulnerable situations⁵⁰².

⁴⁹⁹ Pinto, Paula Campos; Kuznetsova, Yuliya (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Portugal*. ANED. Available at: <https://www.disability-europe.net>

⁵⁰⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁰¹ Cojocariu, Ines, Buli; Kokic, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living*. European Network on Independent Living, March 2018.

⁵⁰² Eurochild (2019). *New opportunities for investing in children 2019. Eurochild report on the European Semester*.

Romania

Key developments in legislation, policies and systems

Adults with disabilities

Romania's commitment to deinstitutionalization was stated in the National Strategy "A society without borders for disabled people 2016–2020" and back up in the associated National Plan. One of the main objectives outlined in the National Strategy is the achievement of the transition from an institutional-type care system to a community/family-based one. In Romania, the National Interest Program (NIP) sets a target date of the end of 2021 for the de-institutionalisation of 1,300 disabled people.⁵⁰³ The Government has since modified the NIP, changing the start date to 2018 and the target to the de-institutionalisation of a minimum of 400 young persons with disabilities by 2020⁵⁰⁴.

Adults with mental health problems

Romania still has a predominantly institutional mental health and social care system, although deinstitutionalisation has been on the agenda for many years and it is now underway⁵⁰⁵.

Children (including children with disabilities)

The National Strategy for the Protection and Promotion of the Rights of the Child 2014–2020 focuses on children generally with only one reference specifically to children with disability. Children with disabilities are covered by the National Strategy "A society without borders for disabled people 2016–2020". In addition, according to the National Strategy for the Promotion and Protection of Children's Rights 2014–2020, all old type institutions must be closed and replaced with community-based care. A big step forward in this respect was the government's resolution to close down 50 institutions for children with the help of EU funds⁵⁰⁶.

Unaccompanied or separated migrant children

Most asylum seekers are accommodated in Regional Centres for Accommodation and Procedures for Asylum Seekers, managed by The Inspector General for Immigration (IGI-DAI). Unaccompanied children below the age of 16 are accommodated in a centre managed by Directorate General of Social Assistance and Child Protection (DGASPC) or an authorised privately-run centre. There have been cases where unaccompanied children below the age of 16 were left in the Regional Centres for months before being accommodated in a DGASPC centre. One of the reasons for this is likely to relate to the fact that DGASPC is facing a shortage of accommodation places⁵⁰⁷.

Homeless

Concerning housing and homelessness, there are measures in Romania aimed at improving emergency responses, strengthening preventative services, adopting urban regeneration programmes in order to address the issue of illegal/informal settings, and ending illegal evictions primarily targeting a reduction in poverty and social exclusion. However, a specific strategy on housing and homelessness is not in place⁵⁰⁸.

Older adults

In Romania, the National Strategy for Promotion of Active Aging and Protection of Elderly Persons 2015–2020 underlines the necessity to ensure community living but continues to allow the provision of institutional residential services for older persons.⁵⁰⁹

⁵⁰³ http://andpdca.goc.ro/w/communicat_13_202/

⁵⁰⁴ Totoliciu, Loredana; Johari, Alexandra (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania*. ANED. Available at <https://www.disability-europe.net>

⁵⁰⁵ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁰⁶ Eurochild (2018). *Opening Doors for European Children*. Available at <https://www.openingdoors.eu/category/resources/publications/>

⁵⁰⁷ The Asylum Information Database (2018). *Country Report. Romania*.

⁵⁰⁸ Totoliciu, Loredana; Johari, Alexandra (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania*. ANED. Available at <https://www.disability-europe.net>

⁵⁰⁹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union. Luxembourg.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There is little evidence of a reduction in the number of adults with disabilities in institutional care. If anything, there has been recent increases.

In 2018, there were 748,210 adults with disabilities registered of which 18,015 (2.22%) were in institutional care settings⁵¹⁰. This includes 427 residential social care homes. Residential care services include large care and assistance centres providing for 6,543 people and 135 protected houses providing for 929 people. There were increases in both the number of large social care houses and protected housing from the previous year (407 and 123 respectively). There were also 6,327 people in the 74 neuropsychiatric rehabilitation and recovery centres. Since 2013, there had been a 13% increase in the number of people with disabilities and a 5% increase in the number of disabled people housed in institutional centres. Compared to 2013, there were 22% more residential care centres and a 37% increase in the number of protected shelter houses. Institutions in Romania are still more than 100 places. The figure for 2018 is also not very different to the figure reported in 2006⁵¹¹, when just over 17,500 adults were living in institutions.

The Structural Funds Watch report (2018)⁵¹² raised a concern that deinstitutionalisation policy and funding calls were focusing only on big residential services – those over 120 places or those over 50 places. The ENIL briefing on use of EU funds (2018)⁵¹³ raised concerns that the only alternative to institutions being developed were small group homes and day care centres with no investment in the development of personal assistance, inclusive education or other mainstream services.

Adults with mental health problems

Key trends for adults with mental health problems

- Since 2006 there appears to have been a decrease in the number of places in psychiatric institutions and in other form of larger residential services for people with mental health needs.
- There has been a small increase in the number of people being supported in small scale settings in the community. However, community-based accommodation options are still very limited.

In 2012⁵¹⁴, it was reported that most care for people with mental health problems was provided in institutional settings – psychiatric hospitals (n=39), care and assistance centres (n=102), Centres for Integration by occupational therapy (n=21), recovery and rehabilitation centres (n=56) and Neuropsychiatric recovery and rehabilitation centres (n=52). Between them, these services had treated 17,251 people. However, information on how many of these were long-term places, how big the settings were and how long people stayed was not available. In terms of community residential options there were 57 sheltered housing schemes in which 53 people with mental health problems were living.

In 2014⁵¹⁵, there were 8,107 beds in psychiatric hospitals (ranging from 50 to 1,250 beds) and 7,709 beds in psychiatric departments in general hospitals or university hospitals (ranging from 21 to 300 places). One third of these places were for long-term patients, although average length of stay was not provided. There were also 266 other forms of institutional residential care settings providing just over 13,000 places but many of these provided for mixed groups of people and the numbers of those with mental health problems was not known. In terms of community-based settings there were now 2

⁵¹⁰ Totoliciu, Loredana; Johari, Alexandra (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania*. ANED. Available at: <https://www.disability-europe.net>

⁵¹¹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁵¹² Crowther, Neil; Quinn, Regard & Hillen-Moore, Alexandra November (2017). *Opening up communities, closing down institutions: Harnessing the European Structural and Investment Funds*. Community Living for Europe: Structural Funds Watch. Available at: https://eustructuralfundswatchdotcom.files.wordpress.com/2017/11/cle-sfw_opening-up-communities-november-2017_final.pdf

⁵¹³ Cojocariu, Ines, Buli; Kocic, Natasa (2018). *Briefing on the Use of EU Funds for Independent Living*. European Network on Independent Living, March 2018.

⁵¹⁴ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁵¹⁵ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

training centres for independent living (5 people in each) and 115 sheltered housing schemes providing for 775 people but again these were not just for those with mental health problems.

In terms of longer-term change, one simple comparison can be made with data from 2006 – when there were 12,210⁵¹⁶ places in psychiatric institutions and just over 20,500 places in the same types of services identified above (including approximately 7,000 places used by people with mental health needs). In 2006, there had only been 26 places in sheltered homes in the community.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There have substantial reductions in the number of children in institutional residential services, especially for children with disabilities.
- The majority of children in care are in family-based support or in small scale residential services.

The Unicef TransmonEE dataset⁵¹⁷ reported 18,197 children in residential care in 2017 which compared to 22,798 in 2012. Most of this change was accounted for by children with disabilities – 8,303 children were placed in residential care in 2012 compared to 5,312 in 2017. The number of children under 2 years of age also reduced from 715 to 443 in the same time period. Rate of placement in residential care reduced from 611 per 100,000 in 2009 to 494 per 100,000 in 2017. A decline in placement in formal care more generally mapped precisely onto the change in residential care.

In each year, approximately 27% of children left the institution (6,049 in 2012 and 5,335 in 2017). None were recorded as having transferred to another institution – in 2017, 1,609 left for independent life, 2,598 returned to their parents and 1,099 went to another (unspecified) situation.

These figures are, however, quite different to those reported in other sources – e.g. it was reported in the ANED country report for Romania⁵¹⁸ that in 2018 there were no children registered in institutional settings. The difference is likely to be in the definition of residential versus institutional care used in the two datasets. A report by UNICEF in 2014⁵¹⁹, outlined the different elements of the childcare system and clarifies that family type care services (which provided for 66% or 34,000 children in 2014) includes professional foster services, placement with another family member other than parents or placement with other family or friends. Residential care is divided into 1) small scale residential settings such as apartments and small group homes for children without disabilities and those with disabilities (providing for 17% or just over 9,000 children) and 2) placement centres which include a range of different old type centres and homes for children with and without disabilities - these also provide for around 9,000 children (17%). Very few children with disabilities were in these large-scale services in 2014. This report highlights that at the end of November 2014, there were 408 apartments 685 small group homes and 215 placement settings, of which 111 were reported to be old type buildings where at least 4 children shared a bedroom with shared bathrooms per floor. The remaining have been redesigned as smaller units. Average size of setting is around 50 places in both types.

Unaccompanied or separated migrant children

In 2018, there were 135 and in 2017 there were 265 asylum seekers who were considered unaccompanied migrant or separated children⁵²⁰. This was a substantial increase in the normal level of unaccompanied migrant children.

There are many regional differences in the reception and accommodation of unaccompanied children⁵²¹ but in general children under the age of 16, usually after a short period in the reception centre while a legal representative is identified, are accommodated in centres run by the ministry of social assistance and protection or by nominated NGOs. However, in some regions they are accommodated in family houses and in one region in a shelter for homeless children. Those over 16

⁵¹⁶ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁵¹⁷ UNICEF. Transmonee data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonee.org>

⁵¹⁸ Totoliciu, Loredana; Johari, Alexandra (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania*. ANED. Available at <https://www.disability-europe.net>

⁵¹⁹ <https://www.unicef.org/romania/media/496/file/Romania%20Children%20in%20Public%20Care%202014.pdf>

⁵²⁰ Eurostat. Unaccompanied migrant data. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁵²¹ European Council on Refugees and Exiles (2018). *Country Report: Romania*. ECRE. Available at: https://www.asylumineurope.org/sites/default/files/report-download/aida_ro_2018update.pdf

are housed, usually in separate sections, in the normal Reception Centres. Attempts are made to keep families and relatives together as much as possible.

Homeless

Data on homelessness in Romania is scarce and incomplete⁵²². From the little that does exist, it is estimated that at least 15,000 people are living rough. Child (and now young adult) homelessness is a substantial issue in Romania and over 40% of children and young people have lived on the streets for 10 years or more, with studies consistently finding that many young people are homeless because they had nowhere to go when they reached adulthood (age 18) and had to leave the institution. Some families are homeless due to eviction from restitutions of nationalised properties and older people were victims of crime such as property scams. As in other countries, the shortage of affordable housing (e.g. low stock of social housing, high market rents, increasing costs of electricity and heating), breakdown of family relationships and the inability to pay rent or mortgage payments, are also likely to have contributed to the high and increasing levels of homelessness in Romania. Proposed strategies to tackle homelessness and housing exclusion/marginalisation include increasing social housing and improving the housing conditions of vulnerable groups along with other measures such as increasing emergency accommodation.

Older adults

Key trends for older adults

- There has been an increase in the number and size of care homes since 2008.

In 2015, there were just over 12,600 places in older adult care homes. There has been an increase in the number of care homes for older adults in Romania from 123 in 2008 to 246 in 2014, with the biggest increase for privately run homes - from 42 to 141 homes and from 1,538 in 2008 to 5,601 places in 2015.⁵²³ As in other countries covered in the EuroFound report, there was a change in size of homes with an decrease in public sector homes and an increase in the size of private sector homes – in 2014, public sector homes were on average 67 places and private home 40 places. Overcrowding and issues of quality were identified especially in public sector homes but issues of primarily financial abuse had also been seen in private homes. However, waiting lists were operating for both private and public homes.

Strengths and areas for improvement

Strengths

- Romania has adopted national strategies which provide a clear and explicit framework for deinstitutionalization - the National Strategy “A society without borders for people with disabilities 2016-2020” and the National Interest Program on Protection and Promotion of Rights of Persons with Disabilities 2016.
- In order to promote the social inclusion of people with psychosocial and intellectual disabilities, the Pro ACT Support Association has developed Preparation for Independent Living Centres in Bucharest. This is a programme designed to support individuals to develop their independent living skills through a personalized approach. Similar project has been developed by the Hope and Homes for Children Romania. It would be appropriate to develop such a strategy for how to scale up such a model further.

Areas for improvement

- Progress on developing measures to address deinstitutionalization has been slow. Furthermore, some of the measures taken, such as the quickly-issued government ordinance of July 2018 aimed at increasing the pace of deinstitutionalization, were not based on concrete evaluations nor were they co-ordinated.⁵²⁴
- There are a growing number of families with children living on the streets, representing the fastest growing sector of the homeless population in Romania. There is an absence of clearly defined housing policies and no national strategy. A national strategy should be developed to guide and coordinate the efforts of the various stakeholders, with a particular focus on developing affordable and adequate housing and as well as potentially social housing. This will not only benefit those who are homeless but will provide possibilities for independent living for those

⁵²² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵²³ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

⁵²⁴ Totoliciu, Loredana; Johari, Alexandra (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania*. ANED. Available at: <https://www.disability-europe.net>

with disabilities and mental health problems. Attention should be given to those who reside in remote and deprived locations of the country.

Slovakia

Key developments in Legislation, policies and systems

Children and adults with disabilities and with mental health problems

As set out in the National Priorities for the Development of Social Services for 2015 – 2020, Slovakia is currently implementing deinstitutionalisation in social care supported by EU structural funds. However, this has largely focused to date on children and on people with disabilities. Although the National Program on Mental Health was adopted in 2002, institutions for people with mental health problems have largely been excluded from the deinstitutionalisation process to date⁵²⁵.

Children (including children with disabilities)

In the case of children, there has been an increased focus on placing children in foster families. In contrast, the number of children with disabilities in foster families has decreased⁵²⁶.

Unaccompanied or separated migrant children

Although there are few unaccompanied and separated migrant children in Slovakia, the way they are treated has been criticised – in particular, the lack of legal and social protection and representation and the use of detention, sometimes with unrelated adults, have been raised as issues. In addition, there are reports that they have been placed in specialised orphanages or larger accommodation centres for vulnerable asylum seekers⁵²⁷.

Homeless

Slovakia does not have a national strategy on homelessness, nor is homelessness defined in policy. Existing strategic documents refer more generally to categories such as ‘persons at risk of social exclusion’, ‘persons in an unfavourable social situation’ or ‘persons in material need’⁵²⁸.

Older adults

The National Program of Active Ageing for 2014-2020 includes the objective to improve domiciliary and out-patient services social services through deinstitutionalisation⁵²⁹.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- Over time since 2005 there appears to have been a substantial reduction (more than 50%) in the number of people with disabilities in social care institutions. The majority of these would have been adults but would have included those with mental health needs.
- However, where these people moved to is not clear as there has only been a small increase in the number community based residential options and in those receiving personal assistance, but these continue to be in the minority.

In Slovakia, the focus in terms of National Priorities is on “year-round” residential places in social care facilities. In 2016 there were 13,934 places in social care facilities of which 11,822 were year-round (163 places were for children)⁵³⁰. This was a slight reduction from 2013 when there were 20,426 places and 13,399 were year-round. This reduction was accompanied by 19% increase of places in supported housing for adults to 574 places, and a 16% increase in the number

⁵²⁵ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at <https://www.disability-europe.net>

⁵²⁶ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at <https://www.disability-europe.net>

⁵²⁷ Eurochild and SOS Children’s Villages (2017). *Let Children be Children. Lessons from the Field on the Protection and Integration of Refugee and Migrant Children in Europe*. Available at: <https://ec.europa.eu/migrant-integration/event/let-children-be-children-lessons-from-the-field-on-the-protection-and-integration-of-refugee-and-migrant-children-in-europe>

⁵²⁸ Gerbery, Daniel (2019). *National strategies to fight homelessness and housing exclusion Slovakia*. European Social Policy Network.

⁵²⁹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Luxembourg. Publications. Office of the European Union.

⁵³⁰ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at <https://www.disability-europe.net>

of people with disabilities using personal assistance. Finally, in 2005⁵³¹ it was reported that in total there were 36,615 people living in 775 institutions (including social care homes for children and adults, crisis centres, centres for rehabilitation and refuge centres) – of these just under 24,000 were disabled. Almost all social care settings were greater than 30 places, with some greater than 100 places. At least some of these places would have been for children and for those with mental health needs.

Adults with mental health problems

Key trends for adults with mental health problems

- From the very limited data available, it appears there has been little change in the situation of people with mental health needs over time.

In 2012⁵³², it was reported that in addition to social care homes mentioned in the section above, there are 8 psychiatric services (all between 200 and 461 places) which provided for 2,411 people. In addition, there were 20 people in 2 supported living services (approx. 15 places) and 50 people in 3 rehabilitation centres (providing between 15 and 20 places each).

Little more up-to-date information was available in 2017⁵³³. It was reported there were 1,674 places in 9 psychiatric hospitals and 2,062 beds in psychiatric units in general hospitals. Information on the number of long-term beds was not available but average length of stay was reported as 26 days in 2015. Long-term care was still primarily provided in social care institutions where there were at least 13,500 people in 267 institutions but the number of people with mental health needs among these was not known.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Overall, the rate of placement in residential care has reduced over time but is still the most prevalent form of provision for children. Those who leave residential care are most likely to go to a family living situation (their own or a foster family).
- There still appear to be just over 500 children with a disability in social care settings with no reduction since 2013.

The Unicef TransmonEE dataset⁵³⁴ reports that in 2016 there were 5,137 children in some form of residential care which was a slight reduction from 5,556 in 2012. The number of children with disabilities in institutional care also decreased slightly from 878 to 744 in the same period. The rate of placement in residential services per 100,000 population has also decreased from 685 in 2009 to 512 in 2016. The proportion of children leaving institutions increased from 24% in 2012 to 29% in 2016 although the actual numbers decreased from 1,572 to 1,483. Of these, none were reported to have transferred to another institution – most returned to live with their parents, started independent life or were fostered. Almost three quarters of children left without parental care for any reason are placed in residential care.

Additional information from ANED country report⁵³⁵ indicates that, in 2017, 1,198 children with particular disadvantages were in social care institutions – this included 515 children with disabilities (an increase from 464 in 2013), 145 with mental health problems, 488 with behaviour problems, and 50 abused children. In addition, there were 226 children in social care homes who were vulnerable in some other way (e.g. unaccompanied migrant children, underage mothers and their children). Placement in children's care homes was still more prevalent than placement with foster families.

⁵³¹ Beadle-Brown, J. and Kozma A. (2007). *Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 3: Country Reports*. Canterbury: Tizard Centre, University of Kent. Available at: <https://research.kent.ac.uk/tizard/research-projects-archive/>

⁵³² Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁵³³ Mapping and Understanding Exclusion in Europe: institutional, coercive and community-based services and practices across Europe (2017) <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵³⁴ UNICEF. Transmonee data. 2018 dashboard was used for this report. *Most up-to-date information* available at <http://transmonee.org>

⁵³⁵ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at <https://www.disability-europe.net>

None of these figures take into account residential schools – in 2014 there were still many residential schools for different groups of children with disabilities, most of which had between 30 and 100 places⁵³⁶.

Unaccompanied or separated migrant children

In 2017 and 2018, there were only 10 asylum seekers who were considered as unaccompanied/separated migrant children⁵³⁷. Even at its peak in 2011 the number was only 20. No further information is available apart from the criticisms of how migrants are treated mentioned earlier, including the fact that unaccompanied children are held in detention centres and orphanages⁵³⁸.

Homeless

There is very little known about homelessness in Slovakia⁵³⁹. The only data comes from the 2011 Population and Housing Census when there were 23,483 people (0.4% of the total population) living in long-term, transitional shelters or similar arrangements. Just under 18% of these were children. However, a more extensive survey just in Bratislava (in 2016) identified that children were rarely sleeping rough and in total only 30% of homeless people were sleeping rough. The majority of people were under 50 years of age with very few people over 65. Around half of people suffered from health problems and this was more prevalent in women. Forty percent of people had been experiencing homelessness for more than 10 years.

Older adults

Key trends for older adults

- Despite a substantial expansion in the number of older adult care homes in Slovakia there are still issues of available and accessibility.

The total number of care homes (public and privately run) for older adults in Slovakia have increased from 208 in 2005 to 486 in 2017⁵⁴⁰. In 2013, there were 300 homes providing just over 13,000 places. The biggest expansion had been in private care homes, with the number of places in publicly provided care homes reducing. This is likely to have reflected a reduction in size of settings. The average size of homes in 2013 was reported to be 53 in in publicly run homes and 31 in privately run homes. However, at least some older adult care homes were over 100 places in size⁵⁴¹. Almost 90% of people surveyed reported difficulties accessing long-term care in Slovakia and quality was reported to be an issue⁵⁴².

Strengths and areas for improvement

Strengths

- Deinstitutionalisation is a strong feature of Slovakian policy and there is evidence of at least some progress towards reducing the numbers in institutional settings.
- Availability of personal assistance appears to be positive especially for supporting the transition of a person from residential care, or as a tool to prevent institutionalisation. According to the current legislation a person can choose his/her assistant/s and the personal assistance direct payment is no longer means-tested.⁵⁴³ The same important is relatively new type of service “support to live independently”.

⁵³⁶ Fundamental Rights Agency. *Country background reports*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵³⁷ Eurostat. Unaccompanied Children dataset. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁵³⁸ Global Detention Project (2019) *Immigration Detention in Slovakia: Punitive Conditions Paid for by the Detainees*. Available at: <https://reliefweb.int/report/slovakia/immigration-detention-slovakia-punitive-conditions-paid-detainees-january-2019>

⁵³⁹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁴⁰ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

⁵⁴¹ Fundamental Rights Agency. *Country background reports*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵⁴² Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

⁵⁴³ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at: <https://www.disability-europe.net>

Areas for improvement

- Despite the progress, there still remain many people in institutional settings in Slovakia and the UN Human Rights Committee evaluated the progress on deinstitutionalisation in Slovakia as too slow and partial.⁵⁴⁴ Little information is available on the number and nature of community-based options for people of all ages and vulnerabilities but what information there is implies that this needs substantial development. Children are still being placed in residential care rather than fostering. Immediate attention should be given to expanding fostering, increasing the availability of personal budgets and developing a wider range of small, dispersed accommodation and support options in the community.
- Focusing on developing existing housing strategies and implementing action to reduce the risk of housing exclusion or homelessness is also important for all groups of those institutionalised. Focus should not be paid to expanding social housing, developing affordable housing (in the general community rather than clustered together in specific buildings or areas of towns) and putting in place support for rent payment for those at risk of becoming homeless or staying in an institution due to lack of housing in the community.

⁵⁴⁴ Ondrušová, Darina; Repková; Kešelová, Daniela (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovakia*. ANED. Available at: <https://www.disability-europe.net>

Slovenia

Key developments in legislation, policies and systems

Adults with disabilities

Although Slovenia lacks policy that clearly sets out deinstitutionalisation as a priority, the Resolution on the National Social Assistance Programme 2013–2020 (partly funded by EU structural funds) articulates an aim of transferring the balance of care from institutional to community care. By 2020 the Resolution aimed to strengthen community-based services but at the same time as increasing the capacities of the long-stay care homes to provide for the increasing elderly population⁵⁴⁵. Concerns have been raised that although EU funds are being used to build 100 units (most with up to 10 people), there is no moratorium on the closure of institutions and waiting lists are still in place⁵⁴⁶.

Adults with mental health problems

The Resolution on the National Programme of Mental Health 2018–2028 outlines the measures that would be needed to increase accessibility of relevant services and institutions, especially for the mental health of children and adolescents⁵⁴⁷.

Children (including children with disabilities)

The Act Amending the Provision of Foster Care Act (2012) aimed to enhance “the mechanism of reviewing and monitoring the placement of fostered children”. However, the UN Committee on the Rights of the Child reported concerns that this policy provides disincentives for fostering, in particular by limiting the discretion foster parents enjoy in the everyday life of the child and not providing benefits such as tax deduction and sickness leave.⁵⁴⁸ In addition, concerns were raised about the plans to develop centres of expertise within institutional care settings for children with behaviour problems without any plans to establish expertise in community based services⁵⁴⁹.

Unaccompanied or separated migrant children

In Slovenia, the Foreigners Act was amended in 2014, transposing the concept of family reunification for beneficiaries of international protection, including unaccompanied minors⁵⁵⁰. However, Slovenia has been criticised for its treatment of migrants, including unaccompanied or separated migrant children, who by law can be and are held in detention centres in inadequate conditions, if there are no special places available⁵⁵¹.

Homeless

The Slovenian National Housing Programme 2015–2025 foresees the temporary provision of housing units for the most socially excluded population groups, including homeless people and people at risk of homelessness.⁵⁵² Longer-term permanent solutions within the plan are limited but does include increasing the stock of affordable housing and increasing the rental market.

Older adults

In 2017, Slovenia was recommended by EU to adopt the planned reform of long-term care, increasing the cost effectiveness, accessibility and quality of long-term care⁵⁵³. Older adults in Slovenia have to cover more than 60% of the costs of their care.

⁵⁴⁵ Završček, Darja (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovenia. ANED*. Available at <https://www.disability-europe.net/country/czech-republic>

⁵⁴⁶ ENIL (2018). *Briefing on the Use of EU funds*. Available at: http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

⁵⁴⁷ European Commission. EACEA National Policies Platform (2019). 7.5 Mental health. Slovenia. Available at: <https://eacea.ec.europa.eu/national-policies/en/content/youthwiki/75-mental-health-slovenia>

⁵⁴⁸ EU Network of Independent Experts on Social Inclusion (2014). *Investing in children: Breaking the cycle of disadvantage. A Study of National Policies. Slovenia*.

⁵⁴⁹ ENIL (2018). *Briefing on the Use of EU funds*. Available at: http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf

⁵⁵⁰ EMN (2018). *European Migration Network Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway Synthesis Report for the EMN Study*.

⁵⁵¹ Global Detention Project (2019) Country report. *Immigration detention in Slovenia: where they call detention a “limitation of movement”*. Available at: <https://www.globaldetentionproject.org/wp-content/uploads/2019/03/GDP-Immigration-Detention-in-Slovenia-2019.pdf>

⁵⁵² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁵³ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Luxembourg. Publications Office of the European Union.

Changes over time

Adults with disabilities

There are few collated sources of official data on the situation of people with disabilities in Slovenia, other than the fact that there are 146 long-term institutions for children adults and the elderly with different disabilities. However, in 2015, two research studies provided consistent figures on numbers⁵⁵⁴. The most detailed study found that there were almost 22,800 people in long-stay institutions or associated accommodation – 21,814 lived in buildings ranging from 100-700 people while 978 lived in smaller units close to the institution or in towns and cities but run by the institutions with little choice or control over their daily routine – for example, they all work in the sheltered workshop. This number includes all types of settings and includes older adults. The number of adults between 18 and 65 in these institutions is 4,186. The majority of the places are for the elderly, although one type of institution (centres for work and protection, which are essentially boarding schools) supported children, young people and adults – here there were 961 adults aged 18-65 and 242 children. In terms of changes from 2013, it was commented that the trend remains unchanged with annual increases in the number of people in institutions – both the large sites and in the smaller buildings/units.

No data on longer-term changes are available.

Adults with mental health problems

In 2012, it was reported that all long-term care for people with mental health needs was provided within the same settings as those with disabilities and those who were older.⁵⁵⁵ No specific data on mental health services was available. In 2017⁵⁵⁶, it was reported that most mental health care and treatment is provided through approximately 2,000 beds across 5 psychiatric hospitals and 5 psychiatric wards attached to general hospitals. No information is available on how many of these beds are long-term but average length of stay was reported as around 6 weeks.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- Only information on children with disabilities is available with a slight reduction in the rate of placing children with disabilities in residential care reduced slightly from 2013.

The Unicef TransmonEE dataset⁵⁵⁷ highlights that, in 2013, there were 1,137 children in residential care in Slovenia, all of whom were children with disabilities. This was a slight reduction from the 1,282 reported in 2009. The rate of placement in residential care per 100,000 population also decreased from 368 to 318 across the same time period. Thirteen percent of people left residential care in 2009 (170) and 15% left in 2013 (173). Of those who left, 18 went to another institution in 2009 and 22 to another institution in 2013. The majority who left returned to their parents.

Unaccompanied or separated migrant children

Since 2016, 1190 asylum seekers have been considered to be unaccompanied or separated migrant children. Around 60-70 unaccompanied migrant children have been detained each year since 2016⁵⁵⁸. Detention can be up to a year in certain circumstances but is usually much less. Unaccompanied migrant children have a legal guardian appointed at the start of the process who will accompany them throughout the process of seeking asylum. Until 2015 there was only one reception centre in Ljubljana providing for 230 people. However, since the beginning of 2016 there has been a student dormitory at Postojna which has been used exclusively for unaccompanied children⁵⁵⁹. No information of accommodation once asylum has been granted is available.

⁵⁵⁴ Završek, Darja (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovenia*. ANED. Available at: <https://www.disability-europe.net/country/czech-republic>

⁵⁵⁵ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁵⁶ Turnpenny, Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁵⁷ UNICEF. Transmonee data. 2018 dashboard was used for this report. Most up-to-date information available at <http://transmonee.org>

⁵⁵⁸ Global Detention Project (2019) Country report. *Immigration detention in Slovenia: where they call detention a "limitation of movement"*. Available at: <https://www.globaldetentionproject.org/wp-content/uploads/2019/03/GDP-Immigration-Detention-in-Slovenia-2019.pdf>

⁵⁵⁹ European Council on Refugees and Exiles (2018). *Country Report: SLOVENIA*. ECRE. Available at: https://www.asylumineurope.org/sites/default/files/report-download/aida_si.pdf

Homeless

There are no systematically collected data on the number of homeless people in Slovenia and most definitions exclude some people and include others that would not normally be part of this group⁵⁶⁰. It was thus concluded that there were not accurate estimations of the number of homeless people in Slovenia and changes over time. Understanding where they are accommodated is therefore very difficult. Few patterns emerged in the data on characteristics of homeless people but one important factor was the prevalence of mental health and addiction issues and time spent in a psychiatric institution.

Older adults

Key trends for older adults

- There has been little increase in care home places over time overall. Access to long-term care is an issue and alternatives to institutional care are limited.

Between 2008 and 2014 the number of care homes did not change although there was a reduction in publicly run homes and an increase in privately run homes⁵⁶¹. The average size of care homes in Slovenia was among the highest in Europe, with 261 places in publicly run homes and 124 places in privately run homes. There were just over 20,000 places in total and over 15,000 of these were in around 59 publicly provided homes. Issues with access and accessibility were reported by over 80% of people.

Strengths and areas for improvement

Strengths

- Slovenia seems to have relatively well developed, effective and efficient primary prevention packages related to homelessness based on cash social assistance and other benefits, as well as more targeted eviction prevention programmes⁵⁶².
- Children primarily stay in their birth families and where this is not possible, they are fostered, cared for by their guardian or are adopted. At least some children with disabilities who have been in residential care are being supported back to their birth family each year, however some are still being placed in residential care.

Areas for improvement

- The long-stay institutions and institutional units are growing and/or being renovated. In addition, Slovenia lists “community-based services”, “living units” and “sheltered workshops” among those planned. It is argued in the ANED report that the former are already part of long-stay institutions, built by the institutions and involving the same staff, while sheltered workshops are partially part of existing long-stay institutions, or are themselves long-stay institutions. Institutional care and community-based systems are growing in parallel.⁵⁶³ The Slovenia state needs to consider how it can use structural funds to develop a system of small scale residential homes (individual apartments and small group homes) dispersed in the community, while at the same time working on a plan to introduce personal assistance for adults with disabilities and mental health problems through personal budgets/cash social assistance similar to that available for families to help keep their children at home.
- The existing plans for the development of a wider range of temporary and some more social housing is encouraging. However, it is important that this also focuses on the development of more permanent and affordable housing as this would assist not only in dealing with the issues related to housing exclusion and homelessness but the lack of places for people with disabilities and mental health problems to live in the community. Where people themselves cannot afford to rent a property at least initially, having a scheme where service providers can rent the property on behalf of the person and the rent is included in a care package, is likely to keep the process going in the right direction.

⁵⁶⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁶¹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*, Publications Office of the European Union, Luxembourg.

⁵⁶² Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁶³ Završsek, Darja (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Slovenia. ANED*. Available at <https://www.disability-europe.net/country/czech-republic>

Spain

Key developments in legislation, policies and systems

Adults with disabilities

In Spain, the concept of self-determination is stipulated in the 2006 Law on Promotion of Personal Autonomy and Care for Dependent Persons. However, there are no specific policies on promoting deinstitutionalisation and independent living⁵⁶⁴.

Adults with mental health problems

Spain does not have an explicit mental health strategy for the national health system, although most regions have their own mental health plans that support social inclusion, development of supported and independent living, supports for employment and human rights⁵⁶⁵.

Children (including children with disabilities)

The child and youth protection system in Spain relies heavily on residential care, with alternative care, including community-based, family support and prevention services, being underdeveloped. Moreover, Spain does not have a national strategic framework which contemplates a full transition from institutional to family- and community-based care⁵⁶⁶.

Unaccompanied or separated migrant children

Spanish law guarantees unaccompanied migrant children the same rights as Spanish children. However, issues of inadequate accommodation standards and the exposure of women and children to violence and exploitation due to the continuous overcrowding in reception centres have been highlighted.⁵⁶⁷ Regional variation, lack of national legal guidance and considerable financial constraints contribute to this situation⁵⁶⁸.

Homeless

The Spanish Comprehensive National Strategy for Homelessness was approved in 2014. The strategy takes a Housing First approach⁵⁶⁹. Current focus in the Housing Plan 2018-2021 is on preventative measures and tackling housing exclusion through i) rental assistance, ii) assistance for households experiencing forced eviction from their habitual residence, and iii) youth assistance, consisting of economic benefits and lump sums according to different housing needs.

Older adults

The care of older people is traditionally provided within the family in Spain but with a growing residential care sector. In 2006, the national dependency system established specific rights of dependent people and their caregivers. This is seen as a positive move, although not without challenges of co-ordination and collaboration between the state and the autonomous communities to manage financial benefits, services and programmes⁵⁷⁰.

Changes over time

Adults with disabilities

Key trends for adults with disabilities

- There are limited data that allow trends over time to be examined for adults with disabilities. Residential services are still very large in size – more than 30 places.
- Most people who live in institutions appear to be people with intellectual disabilities.

⁵⁶⁴ Angel Verdugo, Miguel; Jenaro, Cristina (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country Spain*. ANED. Available at: <https://www.disability-europe.net>

⁵⁶⁵ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe (2012)*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁵⁶⁶ Eurochild (2018). *Opening Doors for European Children*. Available at: <https://www.openingdoors.eu/category/resources/publications/>

⁵⁶⁷ European Council on Refugees (2018). *Country report. Spain*.

⁵⁶⁸ Eurochild (2018). *Opening Doors for European Children*. Available at: <https://www.openingdoors.eu/category/resources/publications/>

⁵⁶⁹ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁷⁰ *Interlinks Health systems and long-term care for older people in Europe. Modelling the interfaces and links between prevention, rehabilitation, quality of services and informal care*. Available at: <http://interlinks.euro-centre.org/countries/spain>.

In 2008, there were 3.85 million people living at home, receiving informal care or occasional community-based or home care⁵⁷¹. Only about 7% of the disabled population lived in institutions but in terms of number of people this was nearly 270,000 people. The majority of people (222,260) were over 65 years and most of these (162,894) were over 80 years old (60.5% of the population of disabled people).

Around 36,000 people in institutions are people with disabilities and most of them (91%) are people with intellectual disabilities. It was reported that 20% of all people with intellectual disabilities live in an institution. 17,000 people lived in psychiatric facilities.

The only more updated data comes from analysis of the statistics of the System for Autonomy and Care for Dependency, which in January 2019 identified 1,057,190 beneficiaries of the benefit system, of which 12.6% (166,658) lived in institutions. It was noted that this was an increase in the number of people in institutions from 2010 but a reduction in the proportion (15.3% in 2010; 119,253 people). No further breakdown is available. The FRA Independent Living country report⁵⁷² indicated that most residential services in Spain were between 30 and 100 places but with some over 100 places. A small number of sheltered and independent housing options also existing which had between 6 and 10 places.

Adults with mental health problems

Key trends for adults with mental health problems

- Data does not exist to examine trends over time, but it is reported that a community-based model of care is now prevalent, and most people experience long-term care in small-community based residential services. Supported living has grown in prevalence.

In 2012⁵⁷³, it was reported that there was limited information available on long-term residential services for people with mental health problems, in particular those in the community. In 2010, there were approximately 9,500 places in group homes, supported homes, supported lodging and mini-residences. In 2011, there were reported to be 88 psychiatric hospitals with a total of 14,440 beds but with no indication of how many of these were long-stay. A slightly more fine-grained breakdown had been provided in 2010 by the AEN Observatory – they reported: 2,588 acute beds in general hospitals; 748 beds in psychiatric hospitals; 2,724 places in hospital rehabilitation units; and 3,090 in long-stay hospital units. There were also 4,964 psychogeriatric beds.

There is no more recent data available with which to accurately judge change over time⁵⁷⁴ - partly due to regionalisation of health and social care and thus regional differences not only in services but in the nature and availability of data that is collected. However, it was noted that the model used in Spain generally follows a community-based model of care in mental health and there are no long-stay beds in general hospitals. There are some psychiatric hospitals in some regions but those who need long-term care generally move to other settings, which are predominately small-scale community based residential services, although some nursing or care homes do exist and, in some regions, these are used more than others. However, community-based services, especially supported living, have increased most in recent years.

Children (including children with disabilities)

Key trends for children (including children with disabilities)

- There is very little data on children (especially those with disabilities) but residential care is still highly prevalent for children over six years of age.

Very little data on children are available for Spain. However, the Opening Doors report⁵⁷⁵ identified that there were 13,562 children still in residential care. This figure constitutes 41% of children in alternative care but does not include children with disabilities or unaccompanied migrant children. All children under six are reported to go to family-based care. In

⁵⁷¹ Angel Verdugo, Miguel; Jenaro, Cristina (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country Spain*. ANED. Available at: <https://www.disability-europe.net>

⁵⁷² Fundamental Rights Agency (2017). *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Spain (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵⁷³ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁵⁷⁴ Turnpenny, Ágnes; Petri, Gábor; Finn, Ailbhe; Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁷⁵ Eurochild (2018). *Opening Doors for European Children*. Available at: <https://www.openingdoors.eu/category/resources/publications/>

addition to the 13,562, another 1,774 unaccompanied children were placed in residential centres in 2015, with only 166 placed in family-based care.

Unaccompanied or separated migrant children

There were 75 unaccompanied migrant children entering the asylum system in 2018 – this was the highest number recorded.⁵⁷⁶ However, the actual number who arrived was much higher – a report by Unicef⁵⁷⁷ indicated that as many as 1,420 unaccompanied children arrived by land and sea in the first six months of 2018. The Asylum in Europe 2018 updated report⁵⁷⁸ indicates that very few unaccompanied migrant children actually make an application for asylum due to a lack of information provided. Although no figures are available, unaccompanied migrant children are accommodated initially in reception centres as for all other incoming migrants but the system after this is not clear. Overcrowding, poor treatment, absconding and homeless have been identified as issues. Once their application has been processed children are very likely to be placed in residential care. The Council of Europe Report from 2005⁵⁷⁹ reported that initially unaccompanied migrant children were placed with other Spanish children but over time most autonomous communities developed specific residential centres just for unaccompanied migrant children. A very small number of autonomous communities provide family-based care.

Homeless

In 2014, findings from the 2012 homelessness survey were used to estimate that there were around 33,000 people without a house or roof⁵⁸⁰. Caritas estimated that they were providing support to around 40,000 homeless people in 2019. The level of homelessness increased by around 5% from 2,005 to 2,012. Duration of homelessness also increased. In 2012, 44% of people had been homeless for more than 3 years (an increase from 37% in 2005). The increase in homelessness was greater for non-EU nationals, in particular for African immigrants. Four percent of households in Spain were experiencing housing insecurity in 2018 and many more experience housing inadequacy.

In 2012, the most common reason for homeless was the loss of a job, followed by being unable to pay rent or mortgage and then relationship breakdown. Just under 31% had a chronic illness – 17% had mental health issues, 15% had a recognised disability. Alcohol and drug issues were common.

Services for and responses to homelessness vary regionally but there has been a decrease in those sleeping rough and an increase in those using centres for the homeless, as many more centres were built – the number of places in centres increased by almost 15% between 2014 and 2016. In June 2016, 132 dwellings (occupied by 233 people) were allocated as part of the Housing First programme which had increased to 171 (occupied by 271 people) by Dec 2016. No information is available on whether homeless people live in institutions.

Older adults

Key trends for older adults

- The number of care homes for older adults overall has been increasing since 2007, with a rapid expansion of private provision between 2007 and 2011 and then a slight reduction.
- These services are on average between 60 and 80 places in size.

Between 2007 and 2015⁵⁸¹, there was an increase in the number of care homes in Spain from 4,611 to 5,340. Since 2011, the number of privately-run homes had decreased slightly and the number of publicly run homes had increased. In 2013 there were 5390 care homes providing just under 360,000 places, the majority of which were in privately run homes. Average size of private care homes in 2013 was around 80 places compared to around 66 places in publicly run care homes. The size of privately-run care homes was reported to have increased over time.

⁵⁷⁶ Eurostat data on Unaccompanied migrant children. Available at: <https://ec.europa.eu/eurostat/web/products-datasets/-/tps00194>

⁵⁷⁷ <https://www.unicef.org/eca/sites/unicef.org.eca/files/2019-02/Refugee%20and%20migrant%20children%20in%20Europe%20Jan-Jun%202018.pdf>

⁵⁷⁸ ECRE (2018). *Country Report: Spain*. ECRE. Available at: https://www.asylumineurope.org/sites/default/files/report-download/aida_es_2018update.pdf

⁵⁷⁹ Council of Europe (2015). *Regional Conference on « Migration of unaccompanied minors: acting in the best interests of the child »*. Available at: https://www.coe.int/t/dg3/migration/archives/Source/MalagaRegConf/MG-RCONF_2005_11_Report_%20Spain_en.pdf

⁵⁸⁰ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁸¹ Eurofound (2017). *Care homes for older Europeans: Public, for-profit and non-profit providers*. Publications Office of the European Union, Luxembourg.

Strengths and areas for improvement

Strengths

- In Spain there are organisations which provide personalized community-based housing models for people with complex support needs. In addition, some large-scale institutional type settings have committed to transformation processes to guide their professional practice towards personalization and community living.
- Good practice in combatting housing exclusion and homelessness in terms of a Housing First model could be used to guide policy in other areas – for example creating homes in the community for people with disabilities.

Areas for improvement

- Lack of data are a substantial issue in terms of judging the current situation of people with disabilities and other vulnerable populations in Spain. Investment in monitoring and evaluation is essential in order to ensure progress is being made and to encourage accountability.
- There remains a lack of community-based services and support for independent living especially for people with intellectual disability. Regional variation and inequality is an issue. National leadership is needed to provide motivation, co-ordination and consistency. Developing existing good practice in housing policy and practice more generally to create a stock of affordable and social housing would be a good next step in pushing the deinstitutionalisation agenda forward.

Sweden

Key developments in legislation, policies and systems

Adults with disabilities

In Sweden, the deinstitutionalisation process is reported as completed. Predominantly community-based services through personal assistance in people's own homes, is provided to persons with disabilities. Combined accommodation and support services is provided only to people with complex dependence needs, such as people with severe and profound intellectual disability. The predominant model of these services are group homes where people have an individual apartment but grouped together usually with shared staffing. The Swedish law states that residential services must be of good standard, that it is the individual's permanent home and that it does not have an institutional character⁵⁸².

Adults with mental health problems

Sweden adopted a mental health reform in 1995 and closed most of the long-stay hospitals and institutions for people with mental health problems by the end of the 1990s. Support is provided predominantly in people's own homes and through outpatient departments.

Children (including children with disabilities)

Residential type services which fall under law on social services is provided in family homes or in homes with special services for children or young people with disabilities. Personal assistance is available to families with disabled children in their homes and is considered as employment, bringing financial income to families. However, there are concerns that some children are granted accommodation for children under the law related to social services instead of state assistance allowances or personal assistance⁵⁸³.

Unaccompanied or separated migrant children

After the recent influx of unaccompanied minor children relocated from other parts of Europe, all municipalities are now obliged to accommodate unaccompanied children. The government provides extra funding to municipalities in relation to the number of asylum seekers and recognised claimants they had living there⁵⁸⁴.

Homeless

In Sweden, there is no strategy on homelessness. Pilots of a "housing first" strategy proved to be successful but scaling up has been an issue - with only 20 out of 290 municipalities successfully implementing using this. Recent legislation, which requires municipalities to take in newly arrived migrants, has started to, and may continue to, impact on homelessness in the future. Overall, progress in responding to homelessness has been reported as slow in recent years.⁵⁸⁵

Older adults

Sweden has been hailed as an example of successful home care for the elderly, which has generally been affordable for all. Although there are some specialist housing options and nursing homes, home care is available for people whatever their level of needs. It was reported that in 2014, home help staff provided assistance for almost 22,000 people aged 65 and over. It was also reported that almost half of the municipalities provided communal meals for the elderly and some even organised older people into small teams to cook their own meals⁵⁸⁶.

Changes over time

Apart from some older adult services and some psychiatric/forensic services all residential services in Sweden are community-based with less than six places.

⁵⁸² Gustafsson, Johanna. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Sweden*. ANED. Available at: <https://www.disability-europe.net>

⁵⁸³ Gustafsson, Johanna. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Sweden*. ANED. Available at: <https://www.disability-europe.net>

⁵⁸⁴ European Council on Refugees and Exiles (2018). *Country Report: Sweden*. ECRE.

⁵⁸⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

⁵⁸⁶ Sweden. *Elderly Care in Sweden*. Available at: <https://sweden.se/society/elderly-care-in-sweden/>

Adults with disabilities

All people with disabilities live in community-based settings for less than 6 people however it is reported that the number of people who are entitled or make use of personal assistance is decreasing and more people are residing in residential care facilities⁵⁸⁷. However, no data are currently available to illustrate the extent of this change.

Adults with mental health problems

In 2012⁵⁸⁸ it was reported that all hospital care for people with mental health needs is provided in psychiatric wards in general hospitals (32,500 beds). There were 1,113 beds in forensic psychiatric care units and 157 beds in specialist places for treatment of children. Long-term residential care was provided through small group homes for children and adults with mental health problems, but no aggregated data were available at national level.

In 2017⁵⁸⁹, it was reported that during 2014 inpatient care was provided in 1,436 psychiatric units in general hospitals in which 82% had stayed less than one year, 16% stayed one to five years and 2% stayed more than five years. In 2015, there were 1600 treated every year in forensic services and, in 2016, 257 children were treated involuntarily in specialist units. No data on long-term residential support were available.

Children (including children with disabilities)

All residential care facilities for children were described as small group homes – with no more than 5 children in each setting⁵⁹⁰.

Unaccompanied or separated migrant children

In 2018, 900 asylum seekers were considered unaccompanied or separated migrant children. This is the lowest it has been since 2007⁵⁹¹. In 2015, Sweden accepted almost 35,000 unaccompanied migrant children. Children spend time at accommodation centres (sometimes with adults) from where some reports of mistreatment (mainly from staff) emerged in 2016 and the disappearance of unaccompanied children has been a substantial issue⁵⁹². Children were reported to wait several months to have a guardian allocated or to see a health care worker or social worker. In general, the asylum process was described as lengthy and availability of interpretation was an issue, so children were often misinformed of their rights.

In 2018 it was reported that an initial period in temporary accommodation, a municipality is identified, and a guardian appointed. Together with the child and guardian, the municipality decides on a suitable placement – in a foster home, with relatives of the child if needed appropriate, or in special accommodation for unaccompanied children. Unaccompanied children are never accommodated with adults and families are kept together⁵⁹³. Special accommodation for unaccompanied children are generally small group homes with professional staff for those under 16 or those in need of more intensive support and flats in the ordinary housing for those 16 and over⁵⁹⁴.

Homeless

In 2017, there were just over 32,000 people identified as homeless⁵⁹⁵ a substantial increase since the first survey in 1993 (although the figures are not completely comparable). Of these: 647 were sleeping rough, 1,229 in overnight emergency accommodation; 5,838 in long-term living arrangements of which 1,036 were reported to have a short-term contract; a further 3,692 in other accommodation for the homeless; there were over 5,000 people in healthcare or penal institutions; 343 in unconventional dwellings; and 5,726 in temporary conventional accommodation due to lack of housing.

⁵⁸⁷ Gustafsson, Johanna. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Sweden*. ANED. Available at: <https://www.disability-europe.net>

⁵⁸⁸ Kozma, Ágnes; Petri, Gábor (2012). *Mapping Exclusion: Institutional and community-based services in the mental health field in Europe 2012*. OSF and MHE. Available at https://mhe-sme.org/wp-content/uploads/2017/11/mapping_exclusion_-_final_report_with_cover.pdf

⁵⁸⁹ Turnpenny Ágnes; Petri, Gábor, Finn, Ailbhe, Beadle-Brown, Julie; Nyman, Maria (2017). *Mapping and Understanding Exclusion: Institutional, Coercive and Community-Based Services and Practices across Europe*. MHE, Tizard Centre. Available at: <https://mhe-sme.org/wp-content/uploads/2018/01/Mapping-and-Understanding-Exclusion-in-Europe.pdf>

⁵⁹⁰ European Agency on Fundamental Rights (2017) Mapping Paper: *Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Sweden (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵⁹¹ Eurostat dataset on unaccompanied migrants.

⁵⁹² EU report on Children in Migration for 2016-2017.

⁵⁹³ Asylum Information database Country report: Sweden 2018 update available at: <https://www.asylumineurope.org/reports/country/sweden>

⁵⁹⁴ EMN Sweden (2017). *National Approaches to Unaccompanied Minors Following Status Determination Country Report Sweden*. Available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/27a_sweden_uam_2017_en_0.pdf

⁵⁹⁵ Baptista, Isabel; Marlier, Eric (2019). *Fighting homelessness and housing exclusion in Europe. A study of national policies*. Brussels, Publications office of European Union. Available at: <https://op.europa.eu/en/publication-detail/-/publication/2dd1bd61-d834-11e9-9c4e-01aa75ed71a1/language-en>

More women, more migrants and more older people were homeless in 2017 than had been in 2011. In 2017, more than two thirds of the homeless population had been homeless more than one year and 10% for more than 10 years.

A lack of housing (affordable, social or otherwise) is the key cause in Sweden, exacerbated by the recent influx of migrants. Many young people and those on lower incomes cannot get onto even the rental housing ladder because of strict requirements in terms of income.

Older adults

Data from 2015 identified 70,800 people using publicly run and 17,103 people using privately run special or sheltered housing⁵⁹⁶. No breakdown of the nature of these settings was provided, however, it was reported that privately run care homes were generally bigger and people in privately run homes were likely to have their room or access to cooking facilities. The FRA Independent Living background report on Sweden⁵⁹⁷ reported that sheltered housing and assisted living facilities for older adults tended to be between 11 and 30 places in size. However, some older adults also lived in smaller settings similar to younger adults – for example group homes for less than 6 people.

Strengths and areas for improvement

Strengths

- Sweden provides supportive transition arrangements for unaccompanied minors turning to adulthood. Minors benefit from a combination of supports available before, during and/ or after the transition to adulthood by offering supported accommodation in order to encourage their autonomy in preparation for their transition to adulthood. Children are accommodated as much as possible with relatives or in foster families or in small staffed houses with professional staff.
- Sweden has gone through positive development of deinstitutionalisation which have given opportunities and support for independent living in ordinary homes. Personal assistance has been central to development of independent living as it will enable people with disabilities to live a life as others in the society and not being forced into reside in institutions⁵⁹⁸.

Areas for improvement

- Deinstitutionalisation is reported as completed. However, it appears that some community-based services may be institutionalised in nature and trends towards more people being in residential care (albeit small and community based) rather than in their own home with personal assistance should be monitored. In fact, it is important that Sweden to continue to monitor the nature and quality of their community-based services to ensure that re-institutionalisation does not become a feature as it started to do in other Nordic countries.
- The reason for the apparent trend for fewer people accessing personal assistance and more being offered residential care is not necessarily known but lack of appropriate and affordable housing more generally be part of the issue. Focusing on housing strategies and the development of affordable or social housing and support for rent or home purchase schemes will be important not just for the homeless and those on lower income but those with disabilities in the future.

⁵⁹⁶ Eurofound (2017), Care homes for older Europeans: Public, for-profit and non-profit providers, Publications Office of the European Union, Luxembourg.

⁵⁹⁷ European Agency on Fundamental Rights (2017). Available at: *Mapping Paper: Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU: Sweden (2014-2015)*. Available at: <https://fra.europa.eu/en/country-data/2017/country-studies-project-right-independent-living-persons-disabilities-summary>

⁵⁹⁸ Gustafsson, Johanna. (2019). *ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Sweden*. ANED. Available at: <https://www.disability-europe.net>