

Cohesion policy and disability

SUMMARY

People with disabilities are among the most vulnerable in society. While disability policy is primarily a Member State competence, the EU is committed to improving the living conditions of all people with disabilities and, in particular, to addressing the issue of institutionalised care. Cohesion policy can play a key role in this process.

The cohesion policy framework sets out 11 thematic objectives closely aligned to the goals of the Europe 2020 strategy, including promoting social inclusion, combating poverty and any discrimination; this objective allows Member States to focus structural funds (ESIF) specifically on delivering support for people with disabilities. A new emphasis on partnerships involving disability organisations in ESIF programming as well as measures to prevent discrimination and ensure accessibility for people with disabilities through the use of special pre-conditions, ex ante conditionalities, aim to ensure that the views of disabled people are taken into account and their fundamental rights respected. Yet while operational programmes contain a broad range of measures to support people with disabilities, with the European Commission also reporting that Member States have respected the partnership principle during ESIF programming and fulfilled many of the ex ante conditionalities in place, the view of stakeholders has been more mixed. Pointing to issues such as excessive reporting requirements or a low level of knowledge among beneficiaries, they also have reservations about the quality of the participation of disability organisations in ESIF decision-making, raising questions as to the likely impact of the planned measures. Looking to the future, stakeholders emphasise the need to ensure the participation of disability organisations in all ESIF decision-making, and stress the importance of funding, potentially difficult in the context of increasing pressures on the EU budget.



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Introduction

According to European Commission [estimates](#), approximately one in six people in the European Union (EU) have some form of disability, with disability organisations placing the total number of people with disabilities in the EU at around 80 million. People with disabilities are among the most vulnerable in society. Eurostat [figures](#) show that they are much more likely to be at risk of poverty and exclusion than the rest of the population, with as many as 30 % of people with disabilities in this category. Disabled people are clearly at high risk of social exclusion yet their situation can be compounded even further by institutionalised care, the effects of which can be particularly devastating.

As a signatory to the [United Nations Convention on the Rights of Persons with Disabilities](#) (UNCRPD), which enshrines the right of people with disabilities to live independently, the EU is committed to improving the living conditions of all people with disabilities and to tackling institutionalisation in particular. In this light, deinstitutionalisation or the process of transition from institutionalised care to community-based services, has been included as a specific investment priority under the European Regional Development Fund (ERDF) in the 2014-2020 EU cohesion policy framework. In a context where the structural funds have been estimated to account for over 40 % of public investment in nearly half of all Member States in 2014-2016, European structural and investment funds (ESIF) can play a key role in promoting the social inclusion of people with disabilities.

Cohesion policy framework and disability

Cohesion policy underwent broad reform in 2013 to help ensure the more strategic and effective use of EU funding, introducing common rules for all five ESIF, the [Common Provisions Regulation](#) (CPR). The CPR established a clear link between the ESI funds and the Europe 2020 Strategy for smart, sustainable and inclusive growth, setting out 11 thematic objectives closely aligned with the five headline targets of the Strategy, with support for people with disabilities primarily addressed by [thematic objective 9](#) on promoting social inclusion, combating poverty and any discrimination. Individual thematic objectives are further divided into a series of investment priorities, set out in the ERDF Regulation and the European Social Fund (ESF) Regulation, which specify the areas where Member States may use structural funds to achieve these objectives.

A number of new drivers were introduced to make investments under the structural funds more effective. These include thematic concentration, whereby Member States focus support on interventions bringing the greatest added value under the Europe 2020 strategy, and ex ante conditionalities, which establish a set of pre-conditions to be met before funding may be granted, helping to provide the solid foundation needed to ensure that investments, such as those supporting people with disabilities, are lasting and effective. In addition, the partnership principle has been strengthened under Article 5 of the CPR, providing for the creation of partnerships giving local authorities and civil society, including disability organisations, a greater role in the programming, implementation and monitoring of ESIF. Member States and the Commission must also respect a number of horizontal principles when delivering investments under the ESIF, with Article 7 requiring that Member States take appropriate steps to prevent discrimination based on disability, and to ensure accessibility for persons with disabilities throughout the preparation and implementation of programmes. Implementation of these horizontal principles is facilitated by the ex ante conditionalities: Member States must comply with general ex ante conditionalities 1 (anti-discrimination) and 3 (disability) for all investments under the ESIF, while investments in deinstitutionalisation must, in addition, also meet thematic

ex ante conditionality 9.1, which requires the formulation of a poverty reduction strategy that, where applicable, includes measures supporting the transition to community living.

The measures taken by Member States under the ESIF to support people with disabilities, such as the adaptation of housing or investments in staff training are set out in the operational programmes. Before looking at these, it is worth examining the rules governing the ESF and the ERDF, the two main funds supporting investments for people with disabilities, and the financial backbone of many operational programmes.

European Social Fund

According to Article 2 of the [ESF Regulation](#), the mission of the fund includes combating poverty, enhancing social inclusion and promoting non-discrimination and equal opportunities, and identifies people with disabilities as a specific group that is eligible for support. As well as promoting equal opportunities and non-discrimination, actions under the ESF shall aim to improve accessibility for persons with disabilities, enhance social inclusion and facilitate the transition from institutional to community-based care, with deinstitutionalisation one of the key areas of investment under the ESF for people with disabilities. Recital 19 of the regulation also provides that the ESF should support the fulfilment of the Union's obligation under the UNCPRD, which makes specific reference to promoting deinstitutionalisation, and stipulates that the ESF should not support any action that contributes to segregation or to social exclusion.

[Thematic guidance](#) issued by the European Commission on the transition from institutional care to community living specifies two relevant investment priorities under the ESF Regulation: active inclusion, including with a view to promoting equal opportunities, active participation and improving employability (Article 3(1)(b)(i) of the ESF Regulation), covered by an ex ante condition requiring the preparation of a poverty reduction strategy, and enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest (Article 3(1)(b)(iv) of the ESF Regulation). In addition to these measures, it should be noted that at least 20 % of the total ESF resources in each Member State must be allocated to thematic objective 9 on promoting social inclusion, which also covers people with disabilities, while a minimum share of 23.1 % of the total cohesion policy budget has been earmarked for the ESF. These spending requirements aim to help ensure that Member States allocate a minimum amount of their allocation under the ESF towards action to support people with disabilities, with EU figures revealing that a total of €21.17 billion has been allocated under the ESF to thematic objective 9 for 2014-2020.

European Regional Development Fund

To promote social inclusion and combat poverty, particularly in marginalised communities, the ERDF supports action to improve access to social, cultural and recreational services, through the provision of small-scale infrastructure, taking account of the specific needs of persons with disabilities and the elderly. The [ERDF Regulation](#) has one investment priority that may be used specifically to support people with disabilities: investing in health and social infrastructure, which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services.

Cohesion [data](#) reveal that €11.9 billion has been allocated to thematic objective 9 under the ERDF, while investments in social infrastructure, which cover support for community based services for groups including people with disabilities are worth €4.5 billion.

Operational programmes supporting people with disabilities

Operational programmes identify how ESI funds will be used in each Member State, and set out details of their spending plans in specific policy areas. It is therefore useful to consider them more closely, as they provide a good overview of the long-term measures that Member States are taking to achieve objectives such as improving the social inclusion of people with disabilities. The **promotion of deinstitutionalisation and the transition to community-based services** emerges as one of the main areas of investment under the 2014-2020 operational programmes supporting people with disabilities. It is mainly countries in central and eastern Europe that are investing ESIF in deinstitutionalisation, yet [stakeholders](#) emphasise that it is an issue that concerns all Member States. According to the seventh disability high-level group [report](#) on the implementation of the UNCRPD, Bulgaria, the Czech Republic, Latvia, Lithuania, Hungary, Poland and Slovakia will all be using ESI funds in 2014-2020 to help stop the institutionalisation of disabled people, and to provide alternative options to institutional care through the development of accessible and high quality community-based services.

A number of Member States have placed particular emphasis on children and people with mental disabilities in respect of deinstitutionalisation: ESIF in **Latvia**, for instance, will focus on children under three, and invest in helping children and adults with mental disabilities to make the transition from institutional to community-based services. Similarly, **Lithuania** plans to decrease the proportion of children and people with mental disabilities in institutions, while **Romania** is also allocating funding to promote the deinstitutionalisation of groups such as children and the disabled. Deinstitutionalisation is also a priority in **Poland**, which will strengthen the capacity of family foster carers and professional foster-care families. In general, there is a division between ERDF programmes, which tend to focus on investments in physical infrastructure and facilities, and ESF operational programmes, which primarily allocate funding to activities such as specialist staff training.

Measures to improve the **accessibility and quality of social and health services** are also a recurrent theme in the operational programmes of several countries, with action covering areas such as the provision and development of services, social and health infrastructure investment and adaptation of housing. In **Bulgaria**, for instance, several thousand children, including with disabilities, will gain better access to healthcare. ESI funds in **Croatia** will be invested in improving access to health care and providing better access to high-quality social services, including supporting the transition from institutional to community-based services. A total of 300 000 people in **Hungary** will gain access to better health services, with a total of €2.4 billion being invested in the country to reduce and prevent poverty under ESIF, including support for the transition from institutional to community-based care in health and social services. In addition to promoting deinstitutionalisation, **Romania** will also focus on providing accessible health care and community social services, with some €3.4 billion invested in promoting social inclusion. In the **Czech Republic**, structural funds will go to step up the availability and efficiency of healthcare services, whilst also transferring psychiatric care to the community.

The high-level group report pinpoints **training** as another area of focus, with **Hungary** planning training for institutions involved in deinstitutionalisation, and **Latvia** organising training courses for specialists, to help them provide new services. In terms of action to promote the **employment** of people with disabilities, ESIF investments are planned in areas such as rehabilitation (**Hungary, Lithuania, Sweden**), social entrepreneurship

(**Bulgaria**) and workplace adaptation (**Bulgaria** and **Hungary**). In general, countries in western Europe are using structural funds (particularly the ESF) to focus more on the employment of people with disabilities despite the fact that institutionalisation is a problem here too. **Denmark**, for instance, plans specific action to improve the employment of people with disabilities, while **Finland** will support people in a vulnerable position on the labour market, including people with disabilities, while **Luxembourg** will coach people with psychosis to find or maintain a job. **Education** is also the subject of structural fund investments targeting people with disabilities in a number of countries, with measures including developing inclusive education in **Bulgaria**, literacy support strategies in **Slovenia** and the provision of work place-based education and training in **Sweden**.

Assessing European Structural and Investment Funds (ESIF) measures

European Parliament

As part of the process of monitoring the implementation of the UN Convention on the Rights of Persons with Disabilities in the EU, Parliament adopted a [resolution](#) in July 2016 in response to the UNCRPD's concluding observations (see below), and made a number of recommendations on the use of structural funds to support people with disabilities. Although welcoming the ex ante conditionalities on social inclusion and the investment priority on deinstitutionalisation, Parliament expressed concerns that ESIF are being used to foster institutionalisation, and recommended suspending payments to Member States if fundamental rights are not respected. In particular, it urged the European Commission to monitor closely whether the principle of non-discrimination is respected when ESIF funds are used, calling on the Member States to make better use of structural funds, involving organisations representing people with disabilities as much as possible.

The EP's Committee on Petitions carried out a fact-finding [mission](#) in September 2016 to investigate the use of ESIF in long-term residential centres for people with disabilities in Slovakia. NGOs they met criticised lack of synergy between the ESF-funded operational programme for human resources and the ERDF-funded integrated regional operational programme, as well as lack of cooperation between local, regional and national levels. They also raised concerns about the sustainability of EU-funded deinstitutionalisation projects beyond the current programming period as Slovak national programmes do not extend beyond 2020, and stressed the lack of positive involvement on the part of local authorities to support the changes needed to ensure the transition to community living.

More recently, Parliament hosted a [roundtable](#) on deinstitutionalisation, in December 2016, as a platform for stakeholders and the Commission to take stock of progress in the use of ESIF in this area. While stressing that the 2014-2020 regulations were a significant step forward, and that ESIF were an important mechanism for implementing fundamental rights, participants emphasised the need to ensure that stakeholders were involved throughout the entire programming cycle and that the regulations were delivered as intended. Highlighting real problems in terms of implementing ESIF operational programmes on the ground, participants stressed the importance of resources, arguing that the best instrument that the EU has to tackle deinstitutionalisation is money.

The view of stakeholders and institutions

UN Committee on rights of persons with disabilities

The UN Committee on the Rights of Persons with Disabilities published a set of [concluding observations](#) for the EU in October 2015, which raised a number of points regarding the use of structural funds to support people with disabilities, particularly in the context of

Article 19, which expressly prohibits their segregation. While noting that the ESIF regulations contain provisions that reflect the entry into force of the Convention, and enhance the promotion of equality, non-discrimination, inclusion and accessibility for persons with disabilities through actions under the funds, it highlights the need to improve the implementation of structural funds to help support people with disabilities. The Committee recommends that the EU take the necessary measures, including through the use of the ESIF, to develop support services for boys and girls with disabilities, and their families, in local communities and foster deinstitutionalisation, noting that, in spite of changes in the regulations, ESIF continue to be used in various Member States to maintain residential institutions rather than to develop support services for persons with disabilities in local communities. It also recommends that the EU suspend, withdraw and recover payments if the obligation to respect fundamental rights is breached.

The view of service providers

The European Association of Service Providers for People with Disabilities (EASPD) commissioned a [study](#) in 2015 examining the main challenges that social service providers face in accessing the ESIF during 2014-2020, based on interviews with EASPD partners in 10 Member States. One of the principal concerns related to the issue of communication, with several organisations noting that the information on ESIF calls for proposals was not adequately user friendly, or accessible for smaller organisations with less experience who wished to access structural funds. Another common problem concerned funding; interviewees argued that there was a shortage of opportunities for service providers to apply, with many calls open only to local, regional or national authorities, adding that when such calls were open to service providers, they frequently faced competition from larger organisations, particularly those with close ties to local or regional authorities.

In addition, organisations stressed there was a smaller range of eligible activities for people with disabilities in 2014-2020, noting that most available funding focused on investments to improve the employment situation of beneficiaries, leaving less money for personal assistance services and non-work-related training courses for people with disabilities. Several respondents also criticised how calls for proposals were organised, claiming that similar calls were often organised at the same time. This, the study argues, places small organisations at a distinct disadvantage: as they do not have the resources to work on a number of calls at the same time, they are usually only able to apply for one funding option at a time, while the timing of the calls often meant a long waiting period until the next funding opportunity. Another frequent concern was the excessive nature of the reporting requirements in view of the amount of funding available and the scale of the projects, which meant that some organisations were reluctant to apply for funding. In addition, as beneficiaries were often required to wait for considerable periods of time before receiving any ESIF funding and thus make advance payments out of their own resources, this can put small organisations in a very difficult situation.

Use of structural funds to address deinstitutionalisation

One of the most extensive assessments of action to address deinstitutionalisation in Member States' operational programmes is found in a June 2016 [report](#) by the European Network on Independent Living – European Coalition for Community Living, covering Bulgaria, Estonia, Hungary, Latvia, Lithuania and Slovakia. The report states that, in the majority of operational programmes examined, actions on ensuring the transition from institutional care to community living were not set out as part of a strategy for community living, suggesting a lack of strategic vision. Some countries were found to have no such

strategies in place, while certain programmes focused only on reducing numbers in institutional care rather than switching completely to community-based services.

Although the use of ESIF for investment in institutional care is strictly prohibited during the current financial period, (as referred to in the draft thematic guidance fiche for desk officers on the transition from institutional to community-based care) several operational programmes set out plans to invest in the reconstruction of institutions or in establishing smaller institutions of up to 25 people instead of phasing out institutional options. There is also evidence that some Member States plan to continue providing institutional services for specific groups of people with disabilities, which are described using terms such as 'specialised institutional care for persons who cannot take care of themselves', despite the ban on investment in any form of institutional care.

In addition, there is very little information in operational programmes about the current situation of people with disabilities who live in institutions or who are at risk of being placed in them. This is a cause for concern, since if strategies for deinstitutionalisation are to be effective, it is vital to understand the shortfall between the EU's plans for community living and the reality of the situation in the countries concerned. Equally, the report notes an absence of clear information about the exact nature of the community-based services to be implemented to promote social inclusion. It concludes that the actions set out in many operational programmes do not reflect the declared intent to promote social inclusion, with the report highlighting that few operational programmes have included measures such as the creation of personal assistance schemes, the development of housing that is physically accessible to people with disabilities, or the roll-out of home adaptation programmes.

The EU Fundamental Rights Agency has [pointed](#) to a lack of knowledge regarding how structural funds may be used to address deinstitutionalisation, emphasising that Member States do not have the administrative capacity needed to manage structural funds in an appropriate manner. In addition, it argues that even when stakeholders are aware of the potential of ESIF in this area, the complex nature of accessing structural funds remains a problem. Another issue that has been raised by stakeholders concerns the lack of coherence between funds or strategies. The Opening Doors for Children campaign has highlighted problems with ensuring complementarity between ERDF and ESF programmes, noting that in cases where the focus is placed on infrastructure through measures to downsize facilities or reduce patient numbers, there is often no corresponding investment in the development of community-based services such as staff training. There can also be a disconnect between EU strategies and national level action, with the European Network on Independent Living pointing to a lack of national level strategies on deinstitutionalisation that reflect the ambitions and objectives of the ESIF in terms of delivering independent living.

Fulfilling the partnership principle and ex ante conditionalities

Implementing the partnership principle

According to the July 2016 European Commission [study](#) on the implementation of the partnership principle and multi-level governance in 2014-2020 ESI funds, the partnership principle has been satisfactorily respected in a large number of countries and programmes. The participation of partners was high during the programming phase, and although the study shows that some Member States faced difficulties with ensuring sufficient time for partner involvement, partners' concerns were usually taken into account in partnership agreements. The study notes that practically all programmes

included some form of partner involvement during the implementation phase, even though there were differences in terms of the involvement of individual partners, with public authorities more widely represented than civil society or social and economic partners. Implementing the partnership principle was not without its problems, however. Mobilising partners has proven to be a challenge in several countries, including Austria, Germany, Croatia, Poland, the Netherlands and Spain. Others, meanwhile, such as France, Bulgaria and the Czech Republic, have reported difficulties with developing strategies that are balanced and all-embracing, pointing to the propensity of certain stakeholders to actively promote their own interests. Some countries also stress that there was insufficient time for constructive dialogue. In general, however, the study argues that the level of stakeholder involvement has improved since the 2007-2013 programming period, and that working in partnership brings added value by applying stakeholders' experience and knowledge during decision-making, which helps to boost ownership of the process and, ultimately, facilitates implementation. The view among some disability organisations has been rather less positive, however.

A 2015 [briefing](#) by the European Network of Independent Living – European Coalition for Community Living (ENIL-ECCL) stresses that the implementation of the partnership principle continues to be inadequate. In particular, it notes that consultation is often restricted to larger umbrella organisations and service-providers such as National Disability Councils, which can lead to the over-representation of the interests of certain groups over others, as such bodies do not always represent a broad range of views. The Opening Doors for Europe's Children campaign considers that certain governments have 'alienated' civil society organisations from the planning, implementation and monitoring processes which instead involve the limited participation of a selected group of preferred stakeholders. In addition, civil society organisations do not have sufficient capacity to take part in planning, implementation and monitoring.

The European Network of Independent Living stresses that some governments consider the ESIF requirements on partnership to be a formality, leading to unsatisfactory participation. NGOs in Slovakia, for instance, have criticised the current consultation process, which they consider to be too formal in nature. The organisation points to an absence of participation of disability organisations from the very start of the ESIF process, especially in relation to drafting ESIF programmes on deinstitutionalisation.

ENIL-ECCL emphasises in the above 2015 briefing that, in cases where coordination bodies are being established to help select deinstitutionalisation projects and organise training, there is a lack of information as to the exact involvement of people with disabilities to ensure that they can play an active role in decision-making. It also raises concerns about managing authorities' limited use of funds for technical assistance to help disability organisations play an active role in ESIF delivery and monitoring, in a situation where many such groups lack the knowledge and resources to play an influential role in this process.

These findings were echoed by a [report](#) by the Opening Doors for Europe's Children campaign, which found significant variations in the extent to which national coordinators were consulted during negotiations on partnership agreements and operational programmes. Of the eight countries covered by the survey, only Bulgaria and Romania's national coordinators felt that they had had significant involvement and influence in the process.

European Economic and Social Committee

While praising the Commission for taking a step forward in adopting the European Code of Conduct on Partnership, a 2016 [opinion](#) by the European Economic and Social Committee (EESC) on maximising the contribution of ESI funds has raised concerns about how these rules are being applied in Member States, emphasising that the Code of Conduct is not fully implemented or respected by all Member States. Similarly, its [opinion](#) on the concluding observations of the UN CRPD Committee draws attention to the need for the EU to set up a genuine and meaningful structured dialogue with European organisations representing persons with disabilities, ensuring their capacity to effectively participate in EU law- and policy-making.

Fulfilment of ex ante conditionalities

The European Commission published a [report](#) in July 2016, which examines the implementation of the provisions on ex ante conditionalities during the ESIF programming phase. The report shows that approximately 75 % of all general ex ante conditionalities were fulfilled, with even higher rates of fulfilment recorded for the general ex ante conditionalities on anti-discrimination, gender and disability. Although thematic ex ante conditionalities proved to be more challenging than the general ones, with lower levels of fulfilment for the former in EU-13 countries, the proportion of fulfilled thematic ex ante conditionalities was still relatively high at 58 %. The system was not without its problems, however, and Member States reported a number of difficulties. Firstly, the fulfilment process meant that extra resources were often required to address needs such as increased staffing capacities, which could be difficult to obtain given the recent climate of austerity. The fulfilment of conditionalities on policy development and consultations with stakeholders put resources in some Member States under particular pressure, as a result of which they remained unfulfilled in the countries concerned. Similarly, some Member States were forced to adopt new legislation, which could be a costly and lengthy process. Indeed certain countries felt that the effort required to fulfil the ex ante conditionalities was too high and at times disproportionate, especially in the case of countries which had relatively low levels of ESIF funding allocations.

Looking more closely at ex ante conditionalities for people with disabilities, the Commission's report reveals that general ex ante conditionality 1 (anti-discrimination) was fulfilled in the case of between 80 % and 90 % of relevant operational programmes. Training of staff proved to be the most difficult criteria to fulfil under this ex ante conditionality, with Estonia, Croatia, Hungary, Italy, Latvia, Poland and Slovakia all failing to meet it. General ex ante conditionality 3 (disability) was fulfilled at a level of 80 % across the Member States. Closer examination reveals that countries have found it difficult to meet the training criterion for this ex ante conditionality as well. Thematic ex ante conditionality 9.1 (poverty reduction) was fulfilled in the case of 68 % of relevant programmes, yet there was a low level of fulfilment (50 %) for criteria relating to needs identification and project support, with criteria relating to capacity-building and monitoring mechanisms the most problematic across all Member States. Ex ante conditionality 9.1 was considered to be applicable in over 40 % of all programmes, reflecting the importance of promoting social inclusion across the Member States.

According to the Commission's July 2016 report, there has been limited NGO participation in assessing the applicability of ex ante conditionalities, with 67 % of respondents reporting no or very limited involvement in this process. Taken together with the findings on the implementation of the partnership principle, this suggests that despite a high level of fulfilment for ex ante conditionalities overall, revealing Member States' commitment

to providing the necessary framework for the successful delivery of ESIF measures for people with disabilities, more efforts are needed to ensure stakeholder participation in the programming and implementation of ESIF.

Outlook

The operational programmes for 2014-2020 show that Member States have adopted a wide range of measures under the ESIF to support people with disabilities, covering areas such as accessibility to health services, deinstitutionalisation and training, yet stakeholders point to numerous challenges, citing problems with accessing funding and the existence of measures which are lacking in detail or sustainability. Equally, while the level of fulfilment of ex ante conditionalities is high, suggesting a strong commitment to respecting the rights of people with disabilities, stakeholders question the extent to which disability organisations were consulted when preparing programmes. This raises doubts as to whether the planned measures reflect the needs of people with disabilities.

The [Maltese Presidency](#) of the Council of the EU has placed social inclusion on its list of priorities, and the European Commission will keep deinstitutionalisation firmly on its agenda, with a conference on deinstitutionalisation planned during the Estonian Council Presidency during the second half of 2017. Together with the need to increase the participation of disability organisations, stakeholders have recently drawn attention to the importance of funding, with participants at the December 2016 [roundtable](#) noting that 'the best instrument we have to tackle institutionalisation in Europe is money'. Discussions have recently begun on the negotiations regarding the shape of structural funds post-2020, yet disability issues do not appear to be a priority. In a context of increasing pressures on the EU's budget, the biggest challenge for EU support in the area of disability could still lie ahead.

Main references

European Network on Independent Living – European Coalition for Community Living (ENIL-ECCL), [report](#) Working together to close the gap between rights and reality, June 2016.

European Commission, [report](#) on the implementation of the provisions in relation to the ex ante conditionalities during the programming phase of the European Structural and Investment Funds, July 2016.

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eprs@ep.europa.eu

<http://www.eprs.ep.parl.union.eu> (intranet)

<http://www.europarl.europa.eu/thinktank> (internet)

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