Making Deinstitutionalisation Progress Visible and Impactful

Event report: Open Meeting 2026 of the European Expert Group, Brussels, 20 October 2026

Eurochild
Putting children at the heart of Europe

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How do we know whether deinstitutionalisation is working?

How many people in Europe live in institutions? How much public money goes to them? And when an institution closes, are people's lives actually better? These are basic questions, yet the evidence needed to answer them with confidence is still patchy.

These questions were at the heart of the Open Meeting 2026 of the European Expert Group on the transition from institutional to community-based support (EEG), held in Brussels on 20 October 2026**. This report is based on the outcomes of the meeting, which focused on how progress on deinstitutionalisation (DI) is monitored across European policy areas and population groups.**

The meeting had three aims: to assess what existing EU data and monitoring can tell us about the move from institutional to community-based support; to identify the most significant gaps, including on prevention, institutional culture, choice and control, and access to community-based support; and to find practical ways to strengthen EU monitoring through existing and upcoming EU processes. The discussion was meant to build on what already exists rather than assume a new stand-alone monitoring system, with particular attention to the role of civil society and people with lived experience in complementing official data.

Milan Šveřepa, Director of Inclusion Europe, set the tone of the meeting. **Without numbers, progress cannot be seen as institutions close.** It is still unclear how many people live in institutions and how much public money goes to them, and he asked how this can be the case when it is public money that is being spent. **There is also too little data to give a clear picture of abuse and neglect in institutions, which allows violence to stay hidden.**

The meeting brought together the European Commission, EU agencies and members of the EEG. It was co-chaired by Lumos and Disability Support Europe (DSE), formerly the European Association of Service Providers for Persons with Disabilities. The Commission and EU bodies shared what they know: the Directorate-General for Justice and Consumers (DG JUST), the Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL), Eurostat, the statistical office of the EU, and the European Union Agency for Fundamental Rights (FRA). EEG members then looked at the gaps, with perspectives from the European Network on Independent Living (ENIL), Eurochild and the European Social Network (ESN), and further input from Mental Health Europe and Eurofound, the European Foundation for the Improvement of Living and Working Conditions.

About the EEG and Eurochild's collaboration

The European Expert Group on the transition from institutions to community-based support is a coalition of organisations advocating to replace institutionalisation with family- and community-based support.

The EEG consists of several organisations, representing:

- Children and their families;
- People with disabilities and their families;
- People experiencing homelessness;
- People experiencing mental health problems;
- Service providers;
- Public authorities;
- UN organisations

The EEG works at the EU-level to advocate for the transition from institutions to community-based support (deinstitutionalisation). Eurochild's contribution throughout the years has been to provide evidence about children and progress in deinstitutionalisation at the national level, complemented by its advocacy efforts in this area at the EU level.

The EU's commitment to deinstitutionalisation runs through many policy areas, including disability rights, children's rights, long-term care, housing, homelessness, social inclusion and regional development. However, there is still no coherent EU-level framework for monitoring the transition across them. Useful information exists in the European Semester, in the monitoring of EU funds, in statistics and in human rights monitoring, but together it does not show whether institutionalisation is falling, whether it is being prevented, or whether good community-based alternatives are being built.

Panel 1: what do we currently know?

The first panel mapped what EU data and monitoring can already tell us. Ana Carla Pereira, Director for Equality and Non-discrimination at DG JUST, described monitoring data as a central part of policymaking. The newly established *EU alliance on independent living*, described as a response to last year's EEG meeting, will receive some Commission funding and needs data to work with. **DG JUST acknowledged that Eurostat data do not capture either the people living in institutions or the realities of their lives.**

Mathis Porchez (**DG EMPL) described three building blocks for children: preventing placement in alternative care, supporting care leavers through the transition, and helping them into the labour market.** Prevention rests mainly on tackling child poverty through the European Child Guarantee (ECG) and the anti-poverty strategy, with EU funding coming mainly from the European Social Fund Plus (ESF+). Some Member States, for example Greece, are targeting **zero children in institutional care by 2030**.

He acknowledged that the indicators on children in alternative care remain far from perfect, because Member States have not agreed on a data collection methodology.

DataCare, a project of Eurochild and the United Nations Children's Fund (UNICEF), which identified gaps in them, informed the European Child Guarantee monitoring framework, which includes national figures on children in alternative care, broken down by care type, and the proportion of all children in alternative care who are in residential care. DG EMPL also noted that there has been little progress on the deinstitutionalisation of children in recent years.

Lucian Agafitei from Eurostat (unit F4, Income and Living Conditions; Quality of Life) explained that population and housing censuses, together with national sources, are **the only harmonised data source on people living in institutions**, while the main social surveys cover private households only. Eurostat is now funding pilot studies on people in institutions. They run in 2026 and 2027, and the results will be discussed in expert groups between late 2028 and mid-2029. They will show how many people live in institutions and some of their characteristics, **but not the number and type of institutions.**

Friso Roscam Abbing (FRA's Brussels liaison office) noted that **counting people in institutions gives only part of the picture**, because leaving an institution does not automatically mean successful deinstitutionalisation: the conditions may be the same as in an institution, albeit in a smaller format. FRA therefore called for rights, rather than placements, to be measured, using structure indicators (what Member States have put in place) and outcome indicators (whether lives have changed).

FRA also cautioned that collecting more data does not by itself create accountability. As a next step, it suggested bringing complaints, research and the voices of people with lived experience together, to show what Member States are doing and who must respond when progress is absent.

Panel 2: what are we not seeing, and what can we improve?

This panel round turned to the gaps, with short contributions from three EEG members: ENIL on what monitoring does not tell us about independent living, Eurochild on what monitoring needs to tell us about prevention, and ESN on implementation from the perspective of social services. A joint discussion followed. Eurochild's perspective was presented by Dr Ally Dunhill, Director of Policy, Advocacy and Communications at Eurochild.

Eurochild's presentation: monitoring prevention

Ally Dunhill's presentation, "Monitoring prevention: are policies helping children grow up safely in families and communities?", **argued that monitoring should explain why children are in institutions, not only how many there are.** Poverty, discrimination and gaps in accessible services can contribute to institutionalisation, including barriers faced by children with disabilities and children affected by migration and humanitarian crises. The starting point is better data. DataCare, the joint Eurochild and UNICEF project, mapped how data on children in alternative care are collected, analysed and published across 28 European countries. It asked how many children are in institutions and why they are there. Comparable data on the second question of *why* could, however, not be found, so Eurochild worked with its members across countries, and Eurofound has since taken up some of this data.

DataCare informed the first EU monitoring framework for the European Child Guarantee. This includes national numbers of children in alternative care, broken down by care type, and the proportion of all children in alternative care who are in residential care. Eurochild's recommendations asked Member States to follow that framework and to look carefully at the terminology they use.

Estimates from the DataCare project (2021), shown on the "Key data" slide, put the number of children in alternative care in the EU-27 at 758,018. Of these, 302,979 were in residential care, 421,810 in formal family-based care and 33,229 in "other" alternative care. **It was stated that the number of children in residential care has not fallen**: children are ageing out of care, but younger children are entering care and replacing the children who left.

Gaps in integrated child protection systems and family support can contribute to unnecessary family separation and institutionalisation. Children and families need timely, appropriate support to stay together safely. Where alternative care is necessary, it must be suitable for the individual child and guided by their best interests. Poverty alone must never justify separating a child from their family. The presentation highlighted national measures relevant to family support, preventing unnecessary separation and the transition to family- and community-based care:

- **Luxembourg** adjusted its minimum social wage, income scheme and family benefits, and set up Eltereforum, a national support system for parents.
- **Portugal** strengthened income support for children through the Garantia para a Infância benefit, increased family benefits and a supplementary payment
- **Italy** runs an Intervention Programme for Prevention of Institutionalisation, which develops new family support practices to prevent family separation.
- **Spain** adopted a 2024 to 2030 National Strategy for a New Model of Community-Based Care, which aims to move from institutional care to family and community-based support.

The presentation also pointed to a shortage of foster care especially for children with disabilities in the EU. Expanding foster care requires sustained financial and practical support for carers, including those caring for children with disabilities. **Looking ahead, the presentation set out four questions that monitoring should also answer:**

- Why has the child entered alternative care?
- How effective are prevention, family support and gatekeeping systems (which assess whether alternative care is necessary and suitable for each child) and services in preventing unnecessary family separation?
- Is institutional care being replaced by quality family- and community-based care and support, without reproducing institutional practices in smaller settings? What is the quality of care, and what are its outcomes in terms of development, health, education and wellbeing?

Children's experiences and views should inform monitoring through safe, accessible participation, with feedback on how their contributions influence decisions.

The presentation closed on accountability. If numbers are collected, what will be done with them? Who will have access to them, will they be shown at national level, and will civil

society be able to see them? Dr Dunhill also asked how many in the room were aware of the experience of children living in care, and noted that Eurochild is glad to be part of the coalition to voice the experiences of children. Her closing message was that **data should be acted on to prevent institutionalisation.**

Joint discussion: key points raised

The remaining contributions, from ENIL, ESN, DSE, Mental Health Europe and Eurofound, raised several connected points.

Current estimates probably understate how many people live in institutions. ENIL said the estimated numbers are too low. Based on a recent estimate by Eurofound, in the 10 years up to 2022-2023 the number of children, adults with disabilities and older people in residential institutions has increased in the EU over this timespan, standing at 1.4 million.[1]

Definitions blur the picture. ENIL noted that even small facilities are sometimes called community-based care while offering no more freedom or privacy than an institution, and that people who are isolated at home without adequate support do not appear in the data at all. Sanna Nivakoski, Research Officer in the Social Policy Unit at Eurofound, identified the lack of harmonised definitions across Member States as the main data gap, and cautioned that even individual-level data miss the people who do not use services.

Conditions and choice matter more than the type of building. Kadri Soova, Director of Mental Health Europe, called for monitoring of choice and control, such as whether people can receive visitors or challenge restrictions, and noted that counting psychiatric beds says little about whether people gain freedom and inclusion. ENIL called for independent participation to be built into monitoring, for satisfaction data to be considered alongside other data, and for disabled people and survivors of institutions to be listened to.

Services and funding need to be measured too. Alfonso Lara Montero, Chief Executive Officer of ESN, stressed that deinstitutionalisation cannot be measured by counting alone. The test is whether public services provide accessible, good quality support, and whether people can navigate systems with complex eligibility rules and get tangible help. ENIL added that funding for accessible housing should be tracked and that data on deinstitutionalisation settings should be published.

Prevention is the most important way to stop institutionalisation. Mental Health Europe described prevention, through broad investment, as the priority, and asked for a closer look at why people end up in mental health institutional care. It is developing an index of what mental health looks like in preventative measures.

Existing evidence can be built on. Several organisations pointed to work already under way: ENIL's independent living survey, the European services index that ESN has been developing since 2023, a study on institutionalisation and mental health that Mental Health Europe is finalising for publication next year, and Eurofound's report "Paths to independent living and

[1] Eurofound (2024), Paths towards independent living and social inclusion in Europe, Publications Office of the European Union, Luxembourg, p. 14.

inclusion", its forthcoming study on care services and the latest round of its quality of life survey, which can help build a picture of community-based support.

Conclusion: monitoring that goes beyond counting beds

Several themes came up repeatedly across the speakers.

Counting is not enough. Placement numbers say little about whether people have choice, control and good support, as FRA, ENIL, Mental Health Europe and ESN all pointed out. Rights and outcomes need to be measured alongside numbers.

The data gaps are real. Censuses are the only harmonised EU source on people in institutions, the main surveys cover private households, definitions differ between Member States, and Eurostat's pilot studies will not be discussed until 2028 and 2029. For children, indicators exist but rest on estimates and no agreed methodology.

Prevention is the weakest part of the picture. Monitoring tells us little about why children enter care or whether family support and gatekeeping work. DG EMPL itself reported little progress on the deinstitutionalisation of children, and Eurochild highlighted the need to monitor why children enter care and whether timely support prevents unnecessary family separation.

Data must lead to accountability. More monitoring does not automatically produce accountability, as both FRA and the co-chair Konstantina Leventi stressed. Who sees the data, who acts on it, and how civil society and people with lived experience are involved matter as much as the data itself.

Build on what exists. The ECG progress reports, ESF+, the anti-poverty strategy and the new EU alliance on independent living all offer entry points for more coherent monitoring. The European Semester must continuously monitor progress and gaps in deinstitutionalisation, and its findings should inform EU funding planning and allocations.

There is an urgent need to strengthen the use of monitoring and data to advance deinstitutionalisation, including its prevention dimension. Counting is not enough. Data must show why people enter institutions, whether prevention and community-based support work, and who is accountable when progress is absent. Only then can children and adults live with dignity and achieve their full potential.

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