

Deinstitutionalisation in Europe:

From segregation towards inclusion



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By Ebba Olsson



Overview

The move away from institutionalisation of people with intellectual disabilities has been a long and uneven process across Europe. This study examines the history of deinstitutionalisation in Europe, drawing on academic literature, and data from the Inclusion Indicators 2025 to trace developments up to the present day. The findings show substantial progress in advocacy and policy, and the closure of institutions. Yet, more than 1.1 million people with intellectual disabilities still live in institutions, and progress between countries is uneven. Significant work is needed to achieve independent living and inclusion in the community for all people with intellectual disabilities across Europe.

Introduction

Autonomy and belonging are fundamental human needs. The right to live independently and be included in the community is established in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (OHCHR, 2006). All European countries and the European Union (EU) have ratified the CRPD (OHCHR, 2025).

However, many people with intellectual disabilities are still denied this right and continue to live in institutions. Institutions are places where people with intellectual disabilities are separated from the community. Their relationships are limited to staff and other residents, and daily life is controlled by institutional rules (Šiška & Beadle-Brown, 2020). Efforts are being made to replace institutions with community-based services and individualised support, a process known as deinstitutionalisation (Šiška & Beadle-Brown, 2025). This study examines the development of deinstitutionalisation to better understand Europe's progress towards independent living.

Methodology

This study primarily draws on a review of academic and policy literature to examine the history of institutionalisation and deinstitutionalisation in Europe. Sources were selected based on their relevance to the research objective and to provide a broad geographical overview. Together, these sources offer a historical and policy context for understanding key developments.

To complement the review, quantitative data from the Inclusion Indicators 2025 survey was analysed to assess the current situation. The survey was completed by organisations representing people with intellectual disabilities and their families in 33 European countries (24 EU countries). The data includes information on institutionalisation of adults with intellectual disabilities and recent closures of institutions. Although based on informed estimates rather than official statistics, the data provides valuable insight as official data is limited.

History of deinstitutionalisation

The rise of institutions (1900s-1950s)

In the first half of the 20th century, institutions expanded across Western Europe as the responsibility for services for people with intellectual disabilities gradually shifted from individuals and charities to public authorities. Institutions were viewed as a modern and efficient way to provide “care” and supervision (Tøssebro et al., 2025). In the United Kingdom (UK), the Mental Deficiency Act 1913 gave the state greater powers to institutionalise people, based on eugenic beliefs of segregation and social control (Toms, 2010; Woodhouse, 1982). Eugenic ideas influenced disability policy across Europe, culminating in the mass killing of people with intellectual disabilities under the Nazi regime (Kremsner et al., 2019).



Denmark and Sweden had particularly extensive institutional systems by the 1950s (Tøssebro et al., 2025). The Vipeholm Hospital in Sweden, which housed around 1000 residents at its peak, shows the conditions of the time. The institution became known for high mortality rates and the Vipeholm experiments, in which residents were used in research on tooth decay without their consent (Engwall, 2024).

In Central and Eastern Europe, large institutional systems grew during the post-1945 communist era. For instance, in Bulgaria, Czechoslovakia, Hungary, and Romania. Institutionalisation was reinforced by a strong emphasis on

productivity and work capacity (Milić et al., 2020; Mladenov & Petri, 2020).

New perspectives (1960s-1970s)

From the 1960s onwards, institutions came under growing criticism in parts of Western Europe (Engwall et al., 2026). Reports of neglect, abuse, and poor living conditions challenged the view that institutions provided appropriate care. One influential example was Ely Hospital in Wales, where mistreatment of residents led to a public inquiry in 1969 (Butler & Drakeford, 2005). Parents' organisations organised themselves to fight for support and resources (Walmsley et al., 2017). Parental mobilisation was not confined to Western Europe. In Czechoslovakia, parental organisations were established in the 1960s during a short democratisation period (SPMP, 2005). Meanwhile, the first self-advocacy groups of people with intellectual disabilities formed in countries such as Sweden and the UK (Williams, 2021).

The normalisation movement, pioneered by Niels Bank-Mikkelsen, Bengt Nirje, and Wolf Wolfensberger, emerged as an alternative way of thinking about services (Tøssebro et al., 2025). The normalisation principle can be summarised by its goal: people with intellectual disabilities live lives as close as possible to those of other citizens (Nirje, 1999). These ideas began to influence services across the Nordic

countries, where institutions became smaller and living conditions improved (Tøssebro et al., 2025).

Meanwhile, in Italy, psychiatrist Franco Basaglia began to criticise institutions after witnessing the poor and restrictive conditions in psychiatric hospitals. His ideas shaped Law 180 in 1978, which initiated the closure of psychiatric hospitals, and influenced the wider anti-institutional movement (Badano, 2024).

Expanding deinstitutionalisation (1980s-1990s)

In the 1980s, deinstitutionalisation gained momentum in practice, at least in some countries. The Nordic countries replaced most large institutions with small group homes, guided by the normalisation principle and broader decentralisation reforms. In Norway, this transition was completed within five years (Tøssebro et al., 2025). In the UK, a similar process of deinstitutionalisation began, although more gradual (Hamlin & Oakes, 2008). In 1986, Starcross Hospital in England was one of the country's first large institutions to close (Hill, 2020).

However, this movement was far from universal. Spain and Portugal expanded community-based services following the democratic transitions of the 1970s, but many people continued to rely on families and institutions (Oliveira, 2023; Carvalho,

2018). In countries such as Belgium and the Netherlands institutions remained, and the Dutch institutional population even increased in the 1990s (Bredewold & van der Weele, 2023; Roets et al., 2022).

Institutionalisation also continued as the dominant model in Central and Eastern Europe. Following the collapse of communist regimes, poor conditions in many institutions gained international attention (Milić et al., 2020). In Romania, for example, Ceaușescu's policy of increasing birth rates had resulted in many children being placed in institutions under inhumane conditions. In Southern Europe, similar concerns emerged around the Leros Mental Hospital in Greece. During the 1990s, such cases contributed to growing engagement by the EU in deinstitutionalisation within its expanding social policy agenda (Denéchère & Scutaru, 2010; Baldi & Carbone, 2026).

Building a European framework (2000s-2010s)

By the 2000s, deinstitutionalisation was not only pursued by individual countries. It was also becoming an important issue at European level, largely driven by advocacy from disability organisations (Mansell et al., 2007). The EU-commissioned *Included in Society* project, led by Inclusion Europe and partners, helped put deinstitutionalisation and community-

based alternatives onto the EU policy agenda (Freyhoff et al., 2004).



Another major milestone was the adoption of the United Nations CRPD in 2006, later ratified by the EU and all European countries. Through Article 19, the CRPD established the right of people with disabilities to live independently and be included in the community (OHCHR, 2006; OHCHR, 2025).

As EU enlargement brought more Central and Eastern European countries into the Union throughout the 2000s, EU funds became an important tool for supporting deinstitutionalisation. However, these funds were often used for building and renovating institutions rather than replacing them with community-based alternatives (Mladenov & Petri, 2020).

In 2009, advocacy and growing concern about the use of EU funds for institutions led Commissioner Špidla to convene an expert group on the transition from institutional to community-based care

(European Commission, 2009; Ivanova & Bogdanov, 2013). Its report and the following *Common European Guidelines on the Transition from Institutional to Community-based Care* provided a common framework for implementing deinstitutionalisation (EEG, 2012).

Deinstitutionalisation continued across Europe during the 2010s, although progress varied (Šiška & Beadle-Brown, 2020). In Czechia, several large institutions fully closed, for example, Nová Horka, Jinošov, and Domov Pístina (MPSV, 2025). Svojšice institution closed between 2019 and 2022, with 116 people moving to newly developed community-based services (Buček et al., 2025; Johnová, 2024). Bulgaria made progress in closing institutions for children with intellectual disabilities, but progress for adults was much slower (Inclusion Europe, 2024). In France, the estimated number of adults with disabilities living in institutions doubled, while Finland had a “second wave” of deinstitutionalisation and intensified closures (Šiška & Beadle-Brown, 2020; Eurofound, 2024).

Deinstitutionalisation today

Where does deinstitutionalisation in Europe stand today? After decades of deinstitutionalisation, it is now an established policy goal across Europe. For instance, the European Commission adopted guidance on independent living

as part of the Disability Strategy 2021-2030, and many countries have strategies to close institutions (European Commission, 2024; Eurofound, 2024).

However, while progress has been made, data from the Inclusion Indicators 2025 show that the right to independent living is not yet fully realised across Europe (Inclusion Europe, 2025).

Progress remains uneven

Many people with intellectual disabilities still live in institutions. In Europe today:

- At least 1.1 million people with intellectual disabilities live in segregated “care” institutions with more than 10 people living in one place (EU: 1 million).
- Over 37,000 live in psychiatric hospitals (EU: 33,000).

The Inclusion Indicators 2025 also reflect some of the differences seen throughout the history of deinstitutionalisation. For instance, Norway, Sweden, and Iceland report no large institutions. In contrast, large institutions remain common in several Central and Eastern European countries such as Lithuania, Romania, and Slovakia. Many people with intellectual disabilities also live in institutions in Western European countries such as France, Germany and the Netherlands.

Institutions continue to close

At the same time, institutions continue to close across Europe. The Inclusion Indicators 2025 show that in the past year:

- Institutions were closed in at least 7 countries (EU: 5).
- At least 14 institutions were closed (EU: 12).
- At least 370 people with intellectual disabilities moved out of institutions (EU: 340).

While these figures do not provide a complete picture, they show that deinstitutionalisation remains an active process in many countries. For example, in Spain, the Mi Casa project supported over 300 people with intellectual disabilities to leave institutions and move into small group homes in the community between 2022 and 2024 (Inclusion Europe, 2026).

Conclusion

The history of deinstitutionalisation shows that systems can, and do, change. Approaches to intellectual disability that once relied on segregation have been challenged by people with intellectual disabilities, their families, advocates, and changing policy. Institutions have closed, support has developed in the community, and independent living has become an established policy goal. Yet this transition remains unfinished. Continued efforts are needed to close remaining institutions, prevent new forms of institutionalisation, and make community living a reality for all people with intellectual disabilities across Europe.

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Author: Ebba Olsson

Inclusion Europe
Avenue des arts 3, 1210 Brussels, Belgium
+32 25 02 28 15
office@inclusion.eu
inclusion.eu



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