

# Deinstitutionalisation of social services

*Systemic change in favour of personal development and independent living*

*Designing vision and strategy for DI in Slovakia*

International project - Peer review

**„Central European Knowledge Platform for an Ageing Society“**

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## Content:

### SK on the way towards DI and community based services

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- **Social services as part of silver economy**
- **Call of the Council of the EU: *to develop social services to help in independent, dignified and active lives of older people***
- **Deinstitutionalisation (DI) ?**
- **DI as a national programme - Human Rights context, cross-cutting relevance vs. age-specific**
- **Why? How we will benefit? How to do it?**
- **Basic principles**
- **Time schedule**
- **Check against change strategy models**

# Human Rights and international commitments framework

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- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Declaration of the Rights of the Child
- European Social Charter
- **Madrid International Plan of Action on Ageing (MIPAA)**
- **United Nations Principles for Older Persons**
- **Convention on the Rights of Persons with Disabilities (CRPD)**

# UN Principles for Older Persons

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- **Independence:** *i.a. community support and life in safe environments adaptable to personal preferences and changing capacities, opportunity to reside at home as long as possible.*
- **Participation:** *integrated into community life and participate actively in the formulation of policies affecting their well-being.*
- **Care:** *family and community care, autonomy enhancement.*
- **Self-fulfilment:** *access to full range of resources to develop their full potential.*
- **Dignity:** *to live in dignity and security, be free of exploitation and physical or mental abuse and be treated fairly regardless of age, gender, disability, racial/ethnic background and be valued independently of their economic contribution.*

## **CRPD, Art. 19: Living independently and being included in the community**

„States Parties to this Convention recognize the equal right of all PwD to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by PwD of this right and their full inclusion and participation in the community, including by ensuring that:

- ***PwD have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;***
- ***PwD have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;***
- ***Community services and facilities for the general population are available on an equal basis to PwD and are responsive to their needs.“***

# Pillars of Independent Living

- **Independent Living principles:** key to CRPD and MIPAA and transition from institutions to community based services
- **Independent Living as a philosophy and movement** (of PwD) aimed at achieving self-determination, self-respect, equal opportunities, civil rights and full participation in all aspects of life of the society.
- **Three pillars of Independent Living:**
  - *work* (preceded by education) as the main source and means of economic independence
  - *community based services* – individualised services provided in natural/ordinary environment
  - *assistive/supportive/enabling technologies and devices - compensations*

# Deinstitutionalisation!?

„ Current orientation of the EU social policy and the current development of the international agenda related to human rights emphasizes the need to transform the system of institutional care prevailing in terms of the Slovak Republic – to de-institutionalize and **transform it into a system with prevailing services and measures provided in natural communities that are as similar as possible organizationally and culturally to an ordinary family**, since it is impossible to continue to ignore the knowledge that **institutional care with a collective approach leads not only to trauma and a negative influence on the health and personal development of the individual, but to social exclusion, helplessness, passivity and the impossibility of full citizenship.**“

Strategy for Deinstitutionalization of the System of Social Services and Alternative Care in the Slovak Republic, November 2011

# Institutions vs. Home Care

## *Facts about the structure of care*

- Slovakia: 5 424 925 inhabitants
  
- No of institutionalised recipients: appr. 35 000
  - ***Institutionalised: 0,65 %***
  
- No of home care recipients: appr. 17 000
  - ***Home care: 0,31 %***



# Social services facilities

## ■ Clients' groups:

- PwD: 74,2 %
- Old age: 61,1 %

## ■ Composition of social services

- ***Residential (year-round) care: 88,8 %***
- Weekly centers: 1,6 %
- Day centers: 6,7 %
- Short term/Temporary care: 3,6 %
- Long term care services: 91,3 %

# Residential institutions by size

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- < 40: 262 inst., serving 5 673 users
- **> 40: 255 inst., serving 27 730 users =  
83,01 % of all residential users**
- > 100: 94 institutions
- > 200: 12 institutions
- > 250: 6 institutions
- > 300: 4 institutions

# Institution (WHO, WB)

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- environment in which PwD, seniors and children live together outside of their family;
- environment where people don't have control over their lives and daily activities;
- organisation/establishment showing **institutional culture**

# Features of institutional culture

- **Depersonalization:** *deprivation of personal property, signs and symbols of their own individuality and humanity*
- **Rigid, stereotyped and routine activities:** *a fixed time and structure activities, disregard for personal needs and preferences*
- **Uniform medical and professional practice:** *collective treatment of people, without respecting the privacy and individuality*
- **Social distance and paternalism:** *different status of staff and clients, unbalanced power relationship*
- **Segregation from local community:** *eccentric position of the institution, distance from local communities and concentration of services in one place*
- **Learned passivity:** *passively acquired human behavior and their powerlessness*
- **Poorly developed social relations**

# Institutional care

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- recipients of social services are **isolated** from the wider community and / or **forced into living together**,
- recipients of social services have **little power over their lives** and the decisions that affect them,
- requirements and needs of the **organization** itself tends to be **superior to the individual needs** of recipients of social services.

# DI as a horizontal policy instrument

- **value related and principal change** of relationship of society to people dependant on long-term care,
  - **deep and long-term process of change** (transformation) of social services, their format, structure, content, location and organization,
  - **departure from traditional model of care** in conventional settings bound with institutional culture,
  - **shift from passive model of protection,**
  - **towards active model of support** in natural environment of inclusive local community (i.e. community care),
  - towards **model** requiring change of approach to the clients **respecting them as individuals and rights holders**
- ***cross cutting policy tool – not exclusively age-related!***

# DI - not just transfer of care, but value-based change

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- **Technical aspects:** long-term, structured and managed process of transition of clients from traditional care institutions, where they are physically and mentally isolated from normal life, to community based services, with life conditions corresponding to those of the majority, creating conditions of equal citizenship.
- **Human rights aspects:** *aim is to create systemic preconditions for the realization of **full citizenship** of people dependent on social services in their daily lives, and **not just** a technical and end in itself change of the organization of services consisting in "**transfer of care**" from one form and level of organizational to another one.*

# Architecture of DI programme

## ■ Comprehensive National DI Programme

- **National Strategy for DI** of the System of Social Services and Alternative Care in the Slovak Republic 2012-2020
- **NAP for DI in soc. services**
- **NAP/Concept paper for DI of alternative care** 2012-2015/2020
- **3 National Projects (NP)** in both fields+ implementing projects
- **Founding sources:** EU + national public budget
- **ESF:** 2 parallel NP/DI: social services – **1.050 mil €**, alternative care – over **6 mil €**
- **ERDF:** infrastructure DI projects: appr. **20 mil €** - appr. 7 implementing pilot DI projects



# Important funding conditions

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- **Sufficient funds** for DI projects in all regions
- **No co-financing** in ESF projects
- **Types of calls open sufficiently long**
- **Financial coverage by ESF for transition period of service provision**

# Steering and management structure

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- **Involvement of all key actors and clients groups in preparatory WG (public + NGO) - *National DI Platform***
- **Committee of experts – reach out to all key sectors**
- **Supervision and monitoring of compliance with DI principles in all stages**

# Selection of DI projects

- **No institution excluded – programme open for all service providers**
- **Initial group** selected by regional self-gov'ts
- Management and staff: **initial training** on DI
- **Monitoring and supervision:** further selection
- **Drafting transformation projects:** cooperation with regional self-gov't bodies (DI+development of community services)
- **Selection of 7 pilot transformation projects:** compliance with DI principles
- Management and staff of selected institutions: **further intensive training**
- **Ongoing monitoring and supervision**

# Key principles of DI programme

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- **Respect for rights of users and involvement in decision making**
- **Prevention of institutionalisation**
- **Building community- based services**
- **Closing of institutions**
- **Restricting investments into institutions**
- **Human resources development**
- **Effective use of resources**
- **Quality control**
- **Holistic approach**
- **Awareness raising**

# Time Frame

<b>Year</b>	<b>Social Services</b>	<b>Child Care</b>
<b>2011 Preparation phase</b>	<b>Preparation of DI Policy Paper and NAP + NProject</b>	<b>Preparation of NP of DI of Child Care Homes</b>
<b>2011 – 2015 Pilot Phase/ Training and Investment</b>	<b>Implementation of activities under NAP  Pilot phase of DI of selected institutions</b>	<b>Implementation of NProject of DI/Child Care Homes + selected investment projects</b>
<b>2016 – 2020 Implementation, evaluation, revision and further steps</b>	<b>Implementation of NAP + revision for next period</b>	<b>Evaluation, revision and up-date of tasks for 2016 - 2020</b>

# 10 lessons from 25 years of Canadian campaign for community living to achieve DI\*

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- Ensure that **champions** for community living are involved in leading change.
- Make the **needs and preferences of people central** to planning.
- Respect the experiences and roles of **families**.
- Create a **real home and personalised support** for each individual.
- Focus on achieving **quality** services and ensuring people can lead their own lives safely.
- Recruit and develop **skilled staff**.
- **Engage a broad partnership in delivering change**.
- Establish a **clear plan and time-scale** for creating the community services.
- Invest in **communicating** all this effectively to everyone affected, including in the communities to which people are moving.
- **Support each person** in their **transition** to community living.

\* *Summarised by D. Towell , manuscript*

# Kotter's eight step change model\*

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- Increase urgency
- Build the guiding team
- Get the vision right
- Communicate for “buy-in”
- Empower action
- Create short-term wins
- Don't let up
- Make change stick

\* J. P. Kotter: 'Leading Change' (1995)

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*Thank you for your attention!*

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