

Developing Community Care Report Summary

An ESN report that makes the case for community care, outlines the first steps in deinstitutionalisation and identifies key elements for good community care.

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Independence
and dignity

Vision and
leadership

A life like others
and with others

ESN Policy &
Practice Group
ESN High-Level
Advisory
Committee



Introduction

Most people take living in and being a part of the community for granted. And yet in Europe this is not the case for more than 1.2 million persons with disabilities, 300 000 persons with mental health problems and 150 000¹ children who are estimated to be living in long-stay institutions. The persistence of the institutional model of care is one of the major challenges facing the European Social Model.

Developing community care

The European Social Network (ESN) brings together people who are key to the design and delivery of local public social services across Europe to learn from each other and contribute their experience and expertise to building effective social policy and practice. ESN represents the municipalities, counties and regions which plan, design, fund and may also provide social services, whether in institutions or in the community.

Following several years of work with service managers and policy experts in its Policy & Practice Group and High-Level Advisory Committee, ESN publishes the report 'Developing Community Care', which outlines the case for deinstitutionalisation, the first steps in the transformation of services and the key elements for good quality community care.

ESN is also offering strategic support to policy-makers and service managers from the Czech Republic, Hungary, Poland and Slovakia in a training programme that is running during 2011-12. Meanwhile at EU level, ESN is a Member of the European Expert Group on Transition from Institutional to Community Care, which raises awareness of the issue in EU policy-making and funding programmes.

Community
living for all



¹ ESSC, 6-8 July 2011 Warsaw, Presentation by Jan Pfeiffer, chair of the plenary session 'Towards Community Care' available at: <https://esn-conference.org/sites/default/files/Jan%20Pfeiffer.pdf>



Social inclusion
for everyone →

The transition from institutional to community-based care is desirable and – despite difficulties – achievable if we all play our part in the process. Researchers, European Union institutions and Member States can contribute to the success of this important change in the pattern of service provision. ESN is committed to a vision of Europe where everyone has the opportunity to live as normal a life as possible alongside others.



Making the case for community care

There is a strong case for community over institutional care from the perspective of service users' experiences, human rights, social work values and value for money.

The testimonies of former residents confirm that whilst institutions may well provide physical security, food and shelter, they cannot offer the sense of well-being that stems from being included in society, loved and valued by friends and relatives. As one former resident said, "even a piece of bread tastes nicer at home."

International human rights and principles also clearly favour care in the community. Respect for inherent dignity, individual autonomy and the freedom to make one's own choices are well-recognised rights, which should not be denied to anyone on the basis of a disability, age or mental health status.

Social work is based on respect for the inherent worth and dignity of all people. Care in institutions too often takes people's dignity away, creates a strong hierarchy and forces residents to follow a set routine whether or not it suits them and their needs. It is clear that social work principles favour community-based services that promote users' independence and participation by relating to each person as an individual with their own particular needs, preferences and strengths.

The economic case has been hampered by the perception among policy-makers and service providers that only large institutions are capable of producing the economies of scale required for care to be affordable. The evidence suggests that community care is not necessarily more expensive than institutional care. In fact, it emerges as better value for money when one takes into account the better quality of life that people enjoy in the community.

The transition from institutional to community care should have as a goal the improvement of service users' quality of life.

Respect and autonomy



Making the first steps towards community care

The transition to community care can only be successful if based on a clear shared vision, which residents have helped to shape and which is driven forward by local political and professional leadership.

Creating a vision for deinstitutionalisation means making a mental picture of a community where people no longer live in institutions but receive care at home or in a home-like environment. Such a vision can be a powerful source of inspiration and should underpin operational decision-making required to successfully develop community care.

Local leadership is needed to bring about a change of focus on people rather than structures. This change will require additional funding to cover the transitional costs of maintaining the institution, whilst investing staff retraining and in new facilities as a hub for community-based interventions. The transition to community care entails detailed planning and careful management.

Deinstitutionalisation cannot be successful without the involvement of users, their families, care staff and the community in which they are to live. The European Ad-Hoc report contains a Basic Common Principle for the transition from institutional to community-based care:

“Users (and their families) should be full partners in the transition process. They should be actively involved and consulted in the development, delivery and evaluation of the services.”

Residents’ relatives play a key role in making or breaking deinstitutionalisation projects. The staff also need to be included from the early stages and have opportunities to (re) train to work in community-based services. Success also relies on support from where former residents are likely to live. An open and accepting community, made up of neighbours, business and civil society groups, can greatly enhance former residents’ independence and social inclusion.

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Making it work

Focus on the person not the structure

There are a number of key elements that need to be in place in order to ensure an effective and coordinated delivery of community care.

Planning

Strategic area needs assessment and planning is a process that identifies the current and projected social and health needs of the local population, drawing on socio-economic data and qualitative input from local people. In institution-based models, strategic planning may not extend beyond issues of capacity and budget. In a community-based model, there can be a more fundamental assessment of whether the services are meeting citizens' needs and preferences.

Advice

Information and advice are essential for everyone who may need care and support. At first sight, it may seem easier for an institution to publicise itself: there are constant elements, such as capacity, staffing levels, location and a portfolio of treatments. Further, the building is often a local landmark, easy to find in a moment of need. Community-based services, on the other hand, tend to be more dispersed and less well-embedded in the communal consciousness. They have yet to learn to project confidence,

security and commitment to a better quality of life for users.

Assessment

Individual needs assessment usually involves a specialist (or a multidisciplinary team) working with the service user (and their family) to identify their needs and how they might best be met, leading to the development of a personal care plan. In institutions, the staff assess a person's needs in the context of what the institution can offer. In good community care services, it means a complete assessment of a person's needs and life circumstance and leads to the delivery of a variety of services.

Demand

Service capacity is about whether there is enough supply to meet the demand for services. The existence of waiting lists and urban/rural divide in terms of service coverage may reflect a failure of strategic planning or inadequate funding. The capacity and availability of services should be assessed regularly by local authorities and other service planners and funders on the basis of a strategic area needs assessment and planning.

Choice

In community care, choice is a broad concept: it is not only about a choice between different

providers of the same service or between different services altogether, but also about how a person is to live their life. Meanwhile, in an institution, choice may be thought of as a choice of special facilities within its walls. The view that institutions offer more choice was dismissed in the European report of 2009² which points out that institutions tend to treat all residents in the same way, restricting individual choice in favour of routine.

Quality of life

The transition from institutional to community care should have as a goal the improvement of service users' quality of life, i.e. their total well-being, including all emotional, social, and physical aspects of the individual's life. Meanwhile, in an institution, quality is often understood as a compliance with the parameters set by the regulator, such as a ratio of staff per resident or the size of a room per person. By contrast, community care focuses on the individual with their needs and wishes, offering services that are more readily adaptable to users' wishes and preferences. This makes community-based services more likely to see an individual as a whole person with emotional, social and physical needs.



Social inclusion

Being cared for in an institution means being away from home, often in a different town or region altogether and having limited contact with the world outside, including with family and friends. It sets people apart, segregates and labels them. Community care aims to keep people in the local community at home or in a home-like environment for as long as possible, giving them the best chance of achieving full social inclusion. In order to succeed in this, services in the community must be coordinated and interconnected to meet both basic and complex needs.

² Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care was drafted by a group of independent experts convened by Commissioner Vladimír Špidla in February 2009 to address the issues of institutional care reform in their complexity. <http://ec.europa.eu/social/BlobServlet?docId=3992&langId=en>

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An informed choice for users



**ESN would like to thank the members
of its Policy & Practice Group and
High-Level Advisory Committee on
developing community care.**

**Read the full report at
[www.esn-eu.org/publications-
and-statements](http://www.esn-eu.org/publications-and-statements)**

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