



DESCRIPTION OF THE PRACTICE

1. Title of the practice

Rolling out deinstitutionalisation thanks to supported housing in Croatia

2. Organisation responsible for the practice

Department for People with Disabilities, Ministry for Social Affairs and Youth

3. Contact person(s)

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4. Summary of the practice

The service of organised housing with support or "Supported Housing" is part of the Croatian deinstitutionalisation (DI) strategy, which started in 1997 and has intensified in the past years. It aims, not only to move people away from institutions, but to complement this move with high quality support services.

Within the transformation process of the social welfare system, and in parallel with the DI process, there has been increased interest in Croatia in developing new community-based services for people with disabilities, with a special emphasis on different services as a means of prevention of further institutionalisation. This process has been accompanied by legislative changes and the provision of new services, such as the service of Supported Housing.

The service of Supported Housing was defined by the new 2013 Social Welfare Act for the first time. It is defined as a social service in the form of community-based housing units, which meet the user(s)' basic and other social, employment, cultural, educational and recreational needs, 24/7. It is based on the organisation and provision of permanent or occasional assistance, provided by professionals or other persons, in or outside of the apartment.

Along with the above-mentioned DI and service transformation process, Supported Housing aims for the full inclusion of people with disabilities in society, and the full realisation of their right to live in the community. It is based on a person-centred planning approach. Support is provided by specially trained staff (assistants) with a special emphasis on the inclusion of service users in planning, coordinating and shaping the way in which support is provided. Besides assistants working there, each housing unit has a supervisor, responsible for the smooth functioning of each community-based housing unit.

In 2016 in Croatia, 951 persons with disabilities were included in the Supported Housing programme. out of these 951 users, 480 have been provided Supported Housing by social welfare homes for people with disabilities, 422 by civil society organisations of persons with disabilities, and for the remaining 49 users, by other types of social welfare homes.

5. National/regional/local context of the practice





At the national level, the participation of persons with disabilities and their representatives in policy making has become more prevalent.

For example, the Regulatory Impact Assessment (RIA) introduced a system which improved decision-making and rules regulation. All relevant and interested parties were given the right to participate in the process of creating and designing regulations through a process of consultation, including persons with disabilities. This encouraged persons with disabilities to use their knowledge, experience and expertise to influence the design of policy regarding persons with disabilities in Croatia.

Furthermore, the Commission of the Croatian Government for People with Disabilities has recommended that all government bodies responsible for drafting and adopting regulations include representatives of persons with disabilities in the development of legislation and adoption of regulation.

Another piece of national legislation, the Social Welfare Act states that social welfare centres should adopt individual care plans based on the assessment of an individual user's needs. It is designed to support freedom of choice, individualisation and participation in decision making for the user.

This direction in policy making has influenced and informed the development of the Supported Housing scheme, in terms of promoting freedom of choice, individualisation and participation in decision making for the user.

6. Staff involved

Support is provided by specially trained staff (assistants). Besides assistants working there, each housing unit has a supervisor, responsible for the smooth functioning of each community-based housing unit.

The assistants in the Supported Housing are specially trained according to a verified programme. Therefore, all assistants acquired new knowledge and skills and have thus become more competitive in the labour market. Assistants are mainly staff members who previously provided support in institutions. They have been re-trained with specific skills because community-based settings require a completely different way of providing support with the main goal of full inclusion of persons with disabilities in community living.

Additional education and training is provided by the Croatian Association for Promotion of Inclusion, a leading provider of this service in cooperation with recognized experts from different countries.

7. Target group

Supported Housing is provided for adults with disabilities (adult persons with intellectual disabilities and adults with psychosocial disabilities). In this example, the emphasis is on adults with disabilities but Supported Housing is also provided for youth without parental care and youth with behavioural problems. For children with disabilities, supported housing is a much less common approach (adoption and foster family are much more acceptable form of care for children with disabilities).

8. Aims of the practice

The right to live in the community is a fundamental human right. Policy for the DI of people with disabilities is a necessary step for achieving this. In parallel with the DI and transformation process, the service of organised housing with support was also developed to meet individual users' needs.

9. Issues for social services

Service Integration/	Service	Χ	Contracting	
Cooperation across services	Planning			





Technology		Skills development (of the workforce)	Х	Quality of services	
Others: community- based housing	х				

ANALYSIS OF THE PRACTICE					
10. Status					
Pilot project (ongoing)		Project (ongoing)	Х	Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- Micro level practice: practice that involves individuals at local level
- Meso level practice: practice that involves organisations or communities
- Macro level practice: practice that involves large population groups

The service of organised housing is provided across the counties of Croatia.

In 2016 in Croatia, 951 persons with disabilities were included in the Supported Housing programme. Out of these 951 users, 480 have been provided supported housing by social welfare homes for persons with disabilities, 422 by civil society organisations of persons with disabilities, and for the remaining 49 users, by other types of social welfare homes.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- Collaborative management: shared between large partnerships, often of central, regional and local representation
- Organisational management: by one organisation
- Professional management: managed by a single person
- Shared management: shared with no defined leadership

The Ministry of Social Policy and Youth has been promoting the process of DI in Croatia, and has provided funds in order for this to happen. The policy 'Operational Plan of Deinstitutionalisation and Transformation of Social Welfare Institutions and Other Legal Entities Performing Social Welfare Activities in Republic of Croatia 2014-2016' has enabled a shift from people being admitted to institutions, to the DI of care.

Supported Housing itself is largely administered by social welfare homes for persons with disabilities and civil society organisations for persons with disabilities.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- Individual practice: individuals have sought practice change
- Network approach: one or more organisations develop a network
- Collaborative approach: large collaboration with relevant stakeholders





Supported Housing is provided by social welfare homes for people with disabilities as well as civil society organisations for people with disabilities. For example, the Croatian Association for the Promotion of Inclusion (API) is the first and the largest provider of this service for adults with disabilities. At this moment, about 300 adults with intellectual disabilities and dual diagnosis are included in API's programme of Supported Housing in 6 different cities/areas of Croatia.

API also provides person-centred planning education for staff using expert advice from the USA.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- Team involvement: service users and carers were part of the practice team
- Consultative: a consultative body of users was set up for an on-going dialogue and feedback
- Involvement in care: person-centred approaches to care/support

Supported Housing has been designed around the principles of person centred care, and the involvement of service users in the planning, coordinating and shaping of how their support is provided. The use of individualised care plans enable the individual needs of the persons with disabilities to be met. Staff who provide support in the homes are trained to pay specific attention to the individual needs of the persons with disabilities.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- Within existing resources: staff time and other resources are provided 'in-house'
- Staffing costs: costs for staff investment
- Joint/Pooled budgets: two or more agencies pool budgets to fund services
- Funded project: external investment





In 2013, the Ministry of Social Policy and Youth and the Open Society Mental Health Initiative (major source of funding and support for projects for persons with intellectual disabilities in Croatia) provided USD 3,347,200 (equivalent to EUR 3.15 million in February 2017) between them for the transformation of two of the largest rehabilitation centres for people with intellectual disabilities in Croatia in order to promote the process of DI. Over a five-year period, 440 persons will be deinstitutionalised.

It has been forecast that the price of including 90 persons with disabilities in the Supported Housing scheme will cost HRK 5,400 per user, per month (equivalent to EUR 720 in February 2017).

In order to provide additional funding needed for the transition from institutional care to the development of community-based services, Croatia has got the opportunity to use EU structural Funds. Around EUR 35 million are available for DI within the European Social Fund (ESF) for 2014-2020. Also, the European Regional Development Fund (ERDF) has EUR 66 million available for DI projects.

In order to ensure additional funds for the implementation of social reforms with emphasis on the modernisation of the social protection system, the Croatian Government has signed a loan agreement with the World Bank through the Social Protection System Modernization Project for EUR 70 million. Within this project, special emphasis is placed on the process of DI. From the loan, EUR 750,000 is intended for technical support in the process (engagement of consultants).

In addition to the above, the DI process and Supported Housing scheme are also financed by the State Budget through the process of social contracting. But for the transitional period, continuation of the DI process and expansion of the network of community-based services additional funds are needed.

Also, DI is much more than physical relocation and it requires the transformation of social services so that they can meet the individual needs of users. In this sense, additional education and training of staff and professionals from different disciplines is necessary. Furthermore, raising awareness for the wider and professional public of the DI process and the right of persons with disabilities to live in the community is important, in addition to a paradigm and attitude shift regarding people with disabilities from being passive recipients of services to equal members of the community.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- Multi-method: use of both a qualitative and a quantitative approach
- Single method: qualitative or quantitative approach
- Audit: looks at data sources such as existing medical records, and/or other routinely collected service data.
- Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- No evaluation
- An evaluation is planned

During 2014 a study to evaluate the DI process started. The aim of this study is to identify key determinants behind an effective DI process, to evaluate the influence of DI on the quality of life of persons with disabilities and to evaluate the influence of DI on the characteristics of support services.

In this sense, adaptive behaviour, challenging behaviour, decision-making, involvement in the community, social interactions with others, degree of individualisation of support services, some characteristics of support services and self-perceived competence of staff for providing support in the community-based settings were assessed.

Participants in this study are DI persons with intellectual disabilities and DI persons with psychosocial disabilities (120-150 persons) and staff who provide support in community-based settings (60-80 persons/staff).

This study is conducted at two points: first/initial assessment before DI and the second/final assessment 12 months after DI with the aim of continuing research for a longitudinal study of the same sample of participants.

17. Measurable effects of the practice and what it has achieved for...





Service users	Results of pilot study in which 40 deinstitutionalised adults with psychosocial disabilities were included showed that from 22 variables, 19 variables showed statistically significant differences in favour of deinstitutionalising people (deinstitutionalised people are significantly more involved in community life compared with people living in institutions).
	Two smaller pilot studies indicate some positive effect on quality of life of deinstitutionalised persons. They demonstrate that deinstitutionalised persons are much more involved in different community activities and their social network is much wider.
Formal care givers	Some data indicated that staff and assistants within the Supported Housing are very satisfied with the new way of work and providing support for people with disabilities. Furthermore, they have gained more qualifications through training which will allow them to provide person-centred care in a DI system.
Informal carers	n.a.
Organisations	The DI process has instigated a change in the way that social services provide support. There is a new emphasis on person-centred support in the planning of services, and the scientific evaluation of services is becoming more common.
Other	In addition, the process of DI is associated with harmonisation of legislation. In this sense, the Croatian Government has adopted the Decree on Job Titles and Complexity Coefficients in the Civil Service (2012). It defines the classification of posts, salaries, professional requirements to be met by civil servants and state employees in order to be assigned to those jobs, as well as complexity coefficients for those jobs.
	The work of assistants working within the supported housing are recognised as a new job with the relevant coefficient of work complexity.
This category can	d or 'aspirational' effects of the practice and what it has achieved for include outcomes which are not documented, quantified or properly evaluated. They can include such oved knowledge, quality, workforce, etc.
Service users	Due to the intensification of the process of DI, a significant number of people with disabilities achieve their right to live in the community. From 1997 to 2012, 308 people with disabilities were deinstitutionalised, while in the last three years 647 persons with disabilities were deinstitutionalised. It is expected that for these persons, living in the Supported Housing will improve their quality of life by integrating them into the community and catering better for their individual needs.
Formal care givers	
Informal carers	
Organisations	
Other	
19. How the pr	ractice has changed the way the service is provided (lessons learned)





The methods of providing support has changed completely. From passive recipients of services, users have become equal participants in the creation of support services within the community-based settings.

The service of Supported Housing is based on a person-centred planning approach where each user is active in the design of individual support plans and decision-making about the way in which support will be provided, depending on individual needs and the interests of users.

This contrasts with the traditional systems of institutional care where users had little to no control over their life with a strong emphasis on services and programmes that the system can offer regardless of whether they meet the needs of user. The Supported Housing service with specially trained assistants represents a completely different approach and transfers activation and responsibility from professionals and staff to users that are now leaders in making decisions important to their lives.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- Potential for sustainability: practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- Organic sustainability: service users have been empowered to take the practice forward
- Established: the project has been operational for several years

The sustainability of the DI process and the Supported Housing scheme as well as sustainability of some other community-based services will be ensured financially through the state budget and by accessing European Structural Funds (European Social Fund and European Regional Development Fund).

Initial results of evaluation studies demonstrate that DI through Supported Housing has been successful in improving the quality of life for persons with disabilities. Meanwhile policy from the Ministry of Social Policy and Youth has continued to encourage and instigate the process of DI, therefore the practice of DI through Supported Housing has the potential to be maintained in the long-term.

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- Transferred: transfer to other regions, countries, service user groups, etc.
- Potential for transferability: there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

This project is a good example and useful guide for countries and organisations who are taking the first steps in the DI process. The Supported Housing scheme has been rolled out across Croatian counties and shows evidence of sustainability so could be replicated abroad.

The planning of the DI process in Croatia required extensive research into how DI has been done in other countries, examining the example of the USA in particular. This research played a large role in the development of the Supported Housing scheme and underlined the importance of planning for and catering to the unique conditions in each country,

The DI experience for persons with disabilities has been recorded in a number of documentaries: Free, New Day and Supported Employment which are available here (in Croatian). They can provide a closer portrayal of the DI process.

"While social welfare systems differ from country to country, the big ideas that this project Operationalizes - the development of quality, person-centred, community-based services and policy and legislation that is aligned to support the new system - could be adapted to other contexts outside Croatia. The outputs, such as training materials for staff, protocols for relocating residents and helping them adjust to the community, contracting with community-based service providers, and monitoring and evaluation frameworks can be used in other DI efforts". (Source: Open Society Foundations, 2014)