

## **Attributes and guidelines related to deinstitutionalisation (transition from institutional to community-based care)**

Activity 5.1: Development of indicators evaluating the Criteria for Transformation, Humanisation and Deinstitutionalisation of Selected Social Care Services and of the relevant implementation methodology - Indicators Developed to Evaluate Transition Criteria

### **Introduction**

#### **Deinstitutionalisation**

During a long time, the existence of institutional care was perceived as a proof that the society cares, that it does not leave vulnerable persons without assistance and that it provides the needy with food, shelter, clothing and treatment. However, over the past decades, the socially accepted values have changed both in our society and globally.

Non-material values such as human dignity, autonomy and inclusion in the society are now recognised as being of paramount importance. The United Nations Convention on the Rights of Persons with Disabilities clearly states that persons with disabilities have the same right to live a normal life as anyone else, and that they have the right to choose where and with whom they live. The state has an obligation to help them achieve these rights.

Care provided in large institutions, which are often isolated from everyday life and inherently limited in their ability to provide care tailored to the needs and goals of their clients, is recognized as clearly discriminatory. This discrimination can only be eliminated by de-institutionalization: transition from institutional care to care provided in everyday life settings, i.e. the community-based care.

#### **The purpose of the attributes and guidelines related to deinstitutionalisation**

The attributes and guidelines related to deinstitutionalisation provide an overview of the process of transition from institutional to community-based care. They also help the institutions, regions and municipalities achieve the objectives of deinstitutionalisation.

At the same time, they help them recognize and avoid practices that do not result in deinstitutionalisation (e.g. investments in the equipment of the institutions, reduction of the capacity of the institution not accompanied by the development of community services).

#### **Who are the intended recipients of the attributes and guidelines?**

A successful deinstitutionalisation takes place both at the level of providing social services to specific persons (the responsibility of institutions and of their establisher) and at the level of social services system (the responsibility of municipalities, regions and of the state as the contractors of social services).

The attributes and guidelines have therefore been set for the institutional facilities in the process of transition and for their establishers. The latter are responsible for providing social services directly to specific persons, and also for the process of transition from institutional to community-based care in relation to specific users of institutional services.

At the other level, the attributes and guidelines have been set for municipalities, regions and the state as the contractors of social services. They are responsible for the social services system and for its management and funding, thereby creating a framework in which deinstitutionalisation can take place.

(At the level of the municipalities, regions and of the State, the guidelines use the terms „municipal/regional/state authority“. This denotes any individual or organization authorized by a

municipality/region/State to take relevant steps and bear the related responsibility. These can be authorities (municipal, regional, state), authorized organizations or individuals. We are aware of the fact that the term „authority“ is used in legislation with a somehow different meaning. However, we believe that outside of the legal standards, the term „authority“ has a more general sense, and we opted to use it in the latter sense for the sake of clarity of this document).

### **The contents and structure of the document**

For the sake of clarity, we have divided the deinstitutionalisation topic into ten areas each of which has a specific target status (i.e. the result to be achieved).

The target status has been specified using attributes which refine its shape and display the effects of achieving the target status in practice.

These attributes are further elaborated in the form of guidelines specifying how to achieve them and what specific steps should be taken in order to meet them.

The objectives, attributes and guidelines have been formulated as the target status of deinstitutionalisation. They therefore describe the result of deinstitutionalisation rather than its process.

While the target statuses and attributes of deinstitutionalisation are the same for all levels, the roles of institutions (and establishers) defined in the guidelines differ from those of municipalities, regions and of the State.

The document includes a glossary explaining the key terminology (see Appendix).

(The attributes and guidelines of deinstitutionalisation at the level of institution/establisher are complemented by the methodology of achieving the attributes of deinstitutionalisation. It specifies „how“ the facility should act and „what“ should be done to fulfill each of the guidelines, and thereby also of the attributes, of deinstitutionalisation.)

The facility staff will also receive a checklist to be used for monitoring and evaluating the transition process of their institutional facility.

### **Use**

The attributes and guidelines of deinstitutionalisation are intended primarily as a self-management or a self-control tool to be used during the deinstitutionalisation process. The attributes and guidelines can be used by any actors involved in the process in order to evaluate their steps towards the transition and reflect whether these steps actually lead to transition from institutional to community-based care.

For this purpose, attributes and guidelines of the appropriate level (i.e., facility/establisher, region/municipality/State) should be used. The remaining levels shall serve as an inspiration for cooperation and also as a tool helping to raise the awareness of the different levels and areas of responsibility of each deinstitutionalisation actor.

The attributes and guidelines can also be used as a tool for external evaluation of the transition activities at different levels. For example, the contractors can evaluate the course of transition of specific institutions, or the public can evaluate how the municipalities, the regions and the State contribute to the deinstitutionalisation of social care.

### **Resources**

The relevant Working Group has prepared this document on the basis of the knowledge and experience of the countries that have already completed the reform of institutional care, or in which the reform is underway. Its work was based on documents such as the pan-European report of a study carried out in the EU Member States and in Turkey and denominated „Deinstitutionalisation and Community Living: Outcomes and Costs“ („DECLOC“), or the report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care. Moreover, the efforts of the Working Group were also based on the experience, knowledge and the actual situation in the Czech Republic.

## **Attributes and guidelines related to deinstitutionalisation: Roles of facilities and establishers - Roles of municipalities and regions - Role of the State**

### **1. Willingness to change**

Target status: All decision-making structures clearly and publicly express their commitment to deinstitutionalisation (i.e. transition from institutional to community-based care).

#### **1.1. There is a public commitment to deinstitutionalisation (i.e. transition from institutional to community-based care).**

##### **Facilities and Establishers**

- 1.1.a The facility takes steps to ensure that its establisher expresses commitment to deinstitutionalisation.
- 1.1.b The establisher expresses and discloses its commitment to deinstitutionalisation.
- 1.1.c The facility expresses and discloses its commitment to deinstitutionalisation.

##### **Municipalities and Regions**

- 1.1.a The regional plan of development of social services meets the principles, objectives and methods of deinstitutionalisation (it defines the deinstitutionalisation strategy in the region).
- 1.1.b The deinstitutionalisation strategy is reflected in all policy documents of the region relating to people with disabilities.
- 1.1.c The plan of social services in a municipality (or another similar document) meets the principles, objectives and methods of deinstitutionalisation.

##### **The State**

- 1.1.a The Government clearly states in its documents that institutions are not a suitable setting to address the plight of people with disabilities.
- 1.1.b The legislation defines the conditions for the provision of social services in such a manner that they cannot be provided in institutions.
- 1.1.c The legislation defines a transitional period for deinstitutionalisation (transition from institutional care to community-based care) to take place
- 1.1.d There is a national strategy defining the principles, objectives and methods of deinstitutionalisation.

### **2. Planning and coordination at all levels of deinstitutionalisation**

Target status: The transition is based on the plan and on the cooperation of all entities involved, taking into account all relevant contexts.

#### **2.1. The transition process takes place in compliance with the plan of transition from institutional to community-based care.**

##### **Facilities and Establishers**

- 2.1.a The business plan (development plan) of the organization providing residential social services is aimed towards its transition to a community-based service and is in line with the principles, objectives and methods of deinstitutionalisation.
- 2.1.b The transition plan is based on the individual plans of each client that include a plan of transition to the community-based services.
- 2.1.c Clients with the highest support needs and children receive increased attention when planning the transition and leaving the institution.
- 2.1.d The transition plan defines individual steps along with the relevant deadlines.

### **Municipalities and Regions**

- 2.1.a There is a regional plan of transition from institutional to community-based care which meets the principles, objectives and methods of deinstitutionalisation and provides clear indicators of achievement of these objectives while ensuring sufficient capacity of community services.
- 2.1.b The deinstitutionalisation commitments contained in the regional/municipal social services plan or in the transition plan are reflected in the financial and organizational instruments of the region/municipality.

### **The State**

- 2.1.a There is a national plan of transition from institutional to community-based care which meets the principles, objectives and methods of deinstitutionalisation set by the national strategy and provides clear indicators of achievement of these objectives while ensuring sufficient capacity of community services.
- 2.1.b The commitments based on the transition strategy and plan are reflected in the financial and legal instruments of the state.
- 2.1.c The commitments based on the strategy and plan are met by the relevant governmental authorities (various ministries, authorities, organizations, etc.).

## **2.2. The process of transition from institutional to community-based care is coordinated and controlled.**

### **Facilities and Establishers**

- 2.2.a The institution clearly defines the responsibilities of each individual and organization involved in the transition from institutional to community-based care.
- 2.2.b The governance structure of the transition is defined.
- 2.2.c There is a team of relevant persons who participate in the transition process.
- 2.2.d The management of the institution makes all organizational units of the facility and all the employees concerned participate in the transition process.
- 2.2.e All employees have the necessary information on the transition.

### **Municipalities and Regions**

- 2.2.a A regional/municipal authority is appointed to be responsible for the planning and implementation of the transition from institutional to community-based care.
- 2.2.b The responsibilities of other regional/municipal authorities involved in the transition are defined.

- 2.2.c The coordination and management of the transition from institutional to community-based care is a part of the regional/municipal social services planning.
- 2.2.d All the relevant persons in the regional/municipal government authorities have the necessary information relating to the process of transition from institutional to community-based care.
- 2.2.e The responsible regional/municipal authority coordinates the transition with all the ministries concerned, and makes other relevant regional/municipal authorities participate in the transition process.

### **The State**

- 2.2.a A state authority responsible for the planning and implementation of the transition from institutional to community-based care has been appointed (hereinafter referred to as "the responsible state authority").
- 2.2.b The responsibilities of other state authorities participating in the transition are defined.
- 2.2.c All the persons involved have the necessary information on the transition process.
- 2.2.d The responsible national authority coordinates the transition with all the ministries concerned, and makes other relevant state authorities participate the transition process.

### **2.3. There is on-going cooperation between all individuals and organizations important for the transition.**

#### **Facilities and Establishers**

- 2.3.a The institution seeks for, and cooperates with, the individuals and organizations important for the transition.
- 2.3.b The institution is actively involved in the existing structures which can be used to support the transition process.
- 2.3.c If necessary, the institution advocates the development of structures enabling cooperation of all individuals and organizations important for the transition.

#### **Municipalities and Regions**

- 2.3.a Regions/municipalities cooperate with institutions in the implementation of the transition from institutional to community-based care.
- 2.3.b Regions/municipalities cooperate with the communities in which people leaving institutional care are now going to live.
- 2.3.c Regions/municipalities cooperate with the national authorities in the area of deinstitutionalisation.
- 2.3.d Regions/municipalities cooperate with other regions/municipalities in the area of deinstitutionalisation.
- 2.3.e Regions and municipalities cooperate in the area of deinstitutionalisation.
- 2.3.f Regions and municipalities cooperate in the area of deinstitutionalisation with organizations providing community-based social services.
- 2.3.g Regions and municipalities cooperate with the publicly available services.

#### **The State**

- 2.3.a The responsible state authority cooperates with local governments, providers and establishers of

social services, organizations of people with disabilities and their carers, and/or with other individuals and organizations important for deinstitutionalisation.

### **3. Involvement of people with disabilities, their family members and friends (and possibly their guardians) in the deinstitutionalisation process**

Target status: People with disabilities, their family members, friends, and, where appropriate, also their guardians, are full partners in the transition from institutional to community-based care.

#### **3.1. People with disabilities decide where and with whom to live.**

##### **Facilities and Establishers**

- 3.1.a The facility has and uses the tools necessary to support its clients in independent decision-making.
- 3.1.b If the client is unable to make independent decisions on certain routine issues, such decisions are made by an employee of the institution, always in the best interest of the client.
- 3.1.c The clients are supported in their decision-making by a person of their choice.
- 3.1.d Each client's individual plan includes planning of his/her transition from institutional to community-based care.

##### **Municipalities and Regions**

- 3.1.a If the municipality acts as a public guardian, it does so in accordance with the right of people to live in the community and in such a manner that people with disabilities can enjoy the right of choices equal to others (in compliance with Article 19 of the Convention on the Rights of Persons with Disabilities).

##### **The State**

- 3.1.a The legal, economic and organizational barriers preventing people with disabilities from making choices about where and with whom to live, have been described.
- 3.1.b Legislation removing such barriers has been adopted.

#### **3.2. People with disabilities are provided with all necessary information.**

##### **Facilities and Establishers**

- 3.2.a The facility openly, actively and objectively provides its clients with all the essential information on the transition process and its outcome.
- 3.2.b All relevant information is understandable to the clients in terms of both content and form so that they are able to form an opinion about the nature of the changes and their life in the new settings.
- 3.2.c It is always verified whether the client understands the relevant information.

##### **Municipalities and Regions**

- 3.2.a The responsible regional/municipal authorities openly, actively and objectively provide persons with

disabilities with all relevant information about the transition process and its outcome.

3.2.b The responsible regional/municipal authorities openly, actively and objectively provide persons with disabilities with all relevant information on the community services available.

3.2.c The information is transmitted in the form which is accessible and understandable for people with disabilities.

#### **The State**

3.2.a The responsible national authority openly, actively and objectively provides persons with disabilities with all relevant information on the entire transition process and its outcome and on community services.

3.2.b The information is transmitted in the form which is accessible and understandable for people with disabilities.

### **3.3. People with disabilities are actively involved in the decision-making on the transition process.**

#### **Facilities and Establishers**

3.3.a The clients are provided with assistance and support enabling them to participate in all important decisions in the facility.

3.3.b The clients are effectively represented in the important bodies of the facility.

3.3.c The clients' opinions are always taken into account, and any discrepancies between the final decision and the clients' opinion must be clearly justified.

#### **Municipalities and Regions**

3.3.a At the regional level, conditions have been developed and implemented to involve people with disabilities (including institutional residents) in the decision-making processes when developing regional deinstitutionalisation strategies.

3.3.b At the regional level, conditions have been developed and implemented to involve people with disabilities (including institutional residents) in the decision-making processes when planning community-based social services in the region.

#### **The State**

3.3.a The responsible authority of the State enables and encourages the participation of people with disabilities (including institutional residents) in the decision-making processes when developing the strategy of deinstitutionalisation.

3.3.b The responsible authority of the State enables and encourages the participation of people with disabilities (including institutional residents) in the decision-making processes when developing the national plan of transition from institutional to community-based care.

### **3.4. Family members, friends or guardians actively participate in the decision-making process related to the transition.**

#### **Facilities and Establishers**

3.4.a The facility identifies the group of the client's family members and friends, unless the client wishes otherwise.

- 3.4.b The client's family members and friends are invited to participate in the decision-making processes, if the client so wishes.
- 3.4.c If the client is able to do so, he/she shall decide what information about him/her can be provided, to what extent and to whom.
- 3.4.d Family members and friends who are unable to choose such a person (or to express their preferences) are actively invited by the institution to participate in the decision-making process.
- 3.4.e Guardians of persons deprived of, or restricted in, their legal capacity are always invited to participate in important decisions.
- 3.4.f In case of minor clients, their parents, guardians or carers and, where appropriate, also the agencies for child protection and social assistance are always invited to participate in important decisions.
- 3.4.g The facility detects the interests and needs of family members (or, possibly, friends), associated with the clients' integration into the community, and works with them.

#### **Municipalities and Regions**

- 3.4.a At the regional level, conditions have been developed and implemented to involve family members, friends and possibly guardians in the decision-making processes when developing regional deinstitutionalisation strategy.
- 3.4.b At the regional/municipal level, conditions have been developed and implemented to involve family members, friends and possibly guardians in the decision-making processes when planning community-based social services in the region.

#### **The State**

- 3.4.a The responsible authority of the State enables and encourages the participation of family members of people with disabilities, their friends and/or their guardians in the decision-making processes when developing deinstitutionalisation strategies.
- 3.4.b The responsible authority of the State enables and encourages the participation of family members of people with disabilities, their friends and/or their guardians in the decision-making processes when developing the national plan of transition from institutional to community-based care.



## 4. Preventing further institutionalization

Target status: No persons in unfavourable social situation are admitted to institutions.

### 4.1. Institutions do not accept new people.

#### Facilities and Establishers

- 4.1.a The facility takes steps to make the establisher announce that the institution is not going to accept any new clients.
- 4.1.b The establisher announces that no new clients are admitted to the institution.
- 4.1.c The facility discloses the information that the institution does not admit any new clients.
- 4.1.d New clients are only admitted to community-based social services.

#### Municipalities and Regions

- 4.1.a The region/municipality does not support (financially or otherwise) the creation of new beds in institutions.

#### The State

- 4.1.a The legislation stipulates that no new clients shall be admitted to institutions .
- 4.1.b The legislation stipulates the conditions for the provision of social services so that people with disabilities are provided with the necessary support in normal living conditions and are only admitted to community-based social services.

### 4.2. People with disabilities (who are interested in social services) are encouraged to use any resources enabling them to live in the community.

#### Facilities and Establishers

- 4.2.a The facility informs those interested in institutional social services of the possibilities of community-based support: informal caregivers, social and civic organizations, associations, publicly available services, community-based social services.
- 4.2.b The facility informs those interested in institutional social services of the reasons for the transition including the impact of institutional care on people.
- 4.2.c The facility informs the contractor of the services of any rejected applicants for institutional services.

#### Municipalities and Regions

- 4.2.a The regional/municipal public policies and measures regarding people with disabilities are assessed in terms of whether they support the inclusion of people with disabilities in everyday life and whether people with disabilities are able to use all public resources enabling their life in the community.
- 4.2.b Regional/municipal public policies and measures have been set to deal with the unfavourable social situation of people with disabilities through providing support and services in their natural environment (i.e. informal support), and/or field or outpatient social services; community residential services shall only be used in situations which cannot be handled in their natural environment.
- 4.2.c The region/ municipality monitors the number of rejected applicants for institutional services and the support and assistance provided to them; such findings are then used to plan social services.

#### The State

- 4.2.a The public policies and measures of the State regarding people with disabilities are assessed in terms of whether they support the inclusion of people with disabilities in everyday life and whether people with disabilities are able to use all public resources enabling their life in the community.

- 4.2.b The public policies and measures of the State have been set to deal with the unfavourable social situation of people with disabilities through providing support and services in their natural environment (i.e. informal support), and/or field or outpatient social services; community residential services shall only be used in situations which cannot be handled in their natural environment.
- 4.2.c The state monitors the number of rejected applicants for institutional services and the support and assistance provided to them; such findings are then used to plan social services.

## 5. Use of the resources existing in the community and development of new community-based social services

Target status: All the necessary care and support of people with disabilities leaving the institutions are provided by the community.

### 5.1. People leaving institutions are provided with access to the existing community-based sources of support, including the existing community-based social services.

#### Facilities and Establishers

- 5.1.a The facility finds out what kind of support a client leaving the institution is going to need.
- 5.1.b The facility searches for publicly available services, community-based social services and informal sources of support in communities in which the clients are going to live.
- 5.1.c The facility plans to support clients within communities using informal support and publicly available services.
- 5.1.d In case of need, the facility advocates the adaptation or development of a publicly available service accessible to people with disabilities.
- 5.1.e The existing community-based social services are used only if informal support and publicly available services fail to cover all the needs of the clients leaving the institution.

#### Municipalities and Regions

- 5.1.a The region/municipality supports publicly available services so that they are available also to people leaving institutions.
- 5.1.b The region/municipality supports the existing community-based social services so that they are able to provide care also to people leaving institutions.

#### The State

- 5.1.a The State develops a legal and organizational environment supporting public services available also to people leaving institutions.
- 5.1.b The State develops conditions for the activities of the existing community-based social services enabling them to provide care also to people leaving institutions.

### 5.2. If necessary, new community-based social services are developed to support the ability of people with disabilities to live a normal life.

#### Facilities and Establishers

- 5.2.a The facility advocates the development of, or it itself develops, new community-based social services only if the existing sources of community-based support are unable to meet the needs of the clients leaving the institution.
- 5.2.b The community-based social services developed by the facility are focused on meeting the needs and objectives of the client.
- 5.2.c The community-based social services provide clients with adequate support in order to achieve the best possible development of their competencies and independence.
- 5.2.d The community-based social services developed by the facility support the clients' relationships with their family members and friends.
- 5.2.e The community-based social services developed by the facility use volunteer work, informal sources of support and local community organizations.
- 5.2.f The community-based social services developed by the facility provide assistance and support to families of minor clients.

- 5.2.g The community-based services developed by the facility detect, and work with, the interests and needs of the client's family members (or friends) in relation to the client's life in the community.
- 5.2.h The community-based social services developed by the facility are sufficiently funded and staffed.

**Municipalities and Regions**

- 5.2.a The municipalities/regions provide the conditions needed for the development and activities of the necessary community-based social services.

**The State**

- 5.2.a The State provides the conditions needed for the development and activities of the necessary community-based social services.

## 6. Closure of institutions

Target status: The institution has been closed.

### 6.1. The Provider ceases to provide residential social care in the original building.

#### Facilities and Establishers

- 6.1.a The facility takes steps to make the establisher decide that the building is not going to be used to provide social services related to long-term residential care anymore.
- 6.1.b The establisher ensures that the building of the institution is no longer used to provide social services related to long-term residential care.
- 6.1.c The impacts of leaving the building and the possibilities of its further use are identified and dealt with.

#### Municipalities and Regions

- 6.1.a The region/municipality identifies and removes the barriers within its scope of responsibility which prevent its ability to stop providing residential social services in the given building.
- 6.1.b The region/municipality provides financial support to the facilities in transition.

#### The State

- 6.1.a The State identifies and removes the barriers within its scope of responsibility which prevent its ability to stop providing residential social services in the given building.
- 6.1.b The State checks whether the providers comply with the specified length of the transitional period (see 1.1.c).
- 6.1.c The State penalizes the providers who exceed the specified length of the transitional period (see 1.1.c).
- 6.1.d The State provides financial support to the facilities in transition.

## 7. Education and preparation for the change

Target status: All participants in the transition process have the knowledge and skills sufficient to carry forward the transition process and to support life in normal environment.

### 7.1. Institutionalized people are ready for transition to community-based care.

#### Facilities and Establishers

- 7.1.a The facility ensures that its clients acquire and strengthen their skills and competencies they need to live in the community.
- 7.1.b The clients receive the necessary and appropriate support from the service staff along the entire process.

#### Municipalities and Regions

- 7.1.a The region/municipality defines rules ensuring that the funds intended to provide social services are used for the inclusion of people with disabilities - including users of institutional services - in everyday life, and monitors adherence to them.

#### The State

- 7.1.a The State defines rules ensuring that the funds intended to provide social services are used for the inclusion of people with disabilities - including users of institutional services - in everyday life, and monitors adherence to them.

### 7.2. The family members, friends and guardians of the clients are adequately prepared for their transition from institutional to community-based care.

#### Facilities and Establishers

- 7.2.a The family members, friends and guardians of the clients are informed, supported and trained on an on-going basis to make the transition process manageable and successful for them as well.
- 7.2.b The family members, friends and guardians of the clients are informed, supported and trained on an on-going basis to be able to support the clients in achieving the most independent life possible.

#### Municipalities and Regions

- 7.2.a The region/municipality defines rules ensuring that the funds intended to finance institutional services are used also to prepare the family members of people living in institutions, their friends and guardians for the transition of the clients to community-based care, and monitors adherence to them.
- 7.2.b The municipality exercising public guardianship ensures that the municipal employees acting as public guardians are trained in relation to the deinstitutionalisation process.

#### The State

- 7.2.a The State defines rules ensuring that the funds intended to finance institutional services are used also to prepare the family members of people living in institutions, their friends and guardians for the transition of the clients to community-based care, and monitors adherence to them.

### 7.3. Other persons who are in any way affected by the transition process are sufficiently prepared to support a person with disabilities in the community.

#### Facilities and Establishers

- 7.3.a The facility supports the nearest community in which the person with disabilities is going to live, and provides it with information.
- 7.3.b The facility participates in the education and awareness-raising of government officials, judges, doctors, etc., who form an integral part of the transition process, or advocates the introduction of such education.

### **Municipalities and Regions**

- 7.3.a The region/municipality ensures education of their employees on the deinstitutionalisation process.

### **The State**

## **7.4. The employees of the institution receive training in relation to the transition process and to support in the community.**

### **Facilities and Establishers**

- 7.4.a Plans for continuous education of employees shall be set in accordance with the transition process.
- 7.4.b The facility provides continuous professional development to all employees in the area of deinstitutionalisation and provision of community-based social services.
- 7.4.c The users of the services, their family members and/or their friends participate in the education of professionals as their instructors able to share their real-life experiences.

### **Municipalities and Regions**

- 7.4.a The region/ municipality provides the funding of educational programs targeted at the transition from institutional to community-based care
- 7.4.b The region/municipality checks whether the educational programs financed from public funds (mainly those allocated for the operation of social services) contribute to the inclusion of the service users in daily life.
- 7.4.c The region plays a methodological role in relation to the municipalities and facilities in accordance with the principles, objectives and methods of deinstitutionalisation.

### **The State**

- 7.4.a The State provides the funding of educational programs targeted at the transition from institutional to community-based care.
- 7.4.b The State checks whether the accredited educational programs are implemented in a manner contributing to deinstitutionalisation.
- 7.4.c The State checks whether the educational programs financed from public funds (mainly those allocated for the operation of social services) contribute to the inclusion of the service users in daily life.
- 7.4.d The State plays a methodological role in relation to the regions, municipalities and facilities in accordance with the principles, objectives and methods of deinstitutionalisation

## **7.5. Various resources are used to educate all the participants in the transition process and to increase their competencies.**

### **Facilities and Establishers**

- 7.5.a The facility outsources education.
- 7.5.b The facility searches for examples of good practice outside its institution, especially in community-based social services.

7.5.c The facility shares its experience with other providers of social services.

#### **Municipalities and Regions**

7.5.a The region/municipality uses the examples of good practice and experience acquired in providing community-based social services in both the Czech Republic and abroad.

7.5.b The region/municipality uses the examples of good practice and experience acquired during the transition from institutional to community-based care (i.e. deinstitutionalisation) both in the Czech Republic and abroad.

#### **The State**

7.5.a The relevant ministries look for, and use, domestic and foreign examples of good practice in the area of transition.



## 8. Use of the existing experiences and resources

Target status: There are sufficient resources to ensure community-based social services.

### 8.1. Conditions are created in which the employees of the institution are able to work in new services including retraining.

#### Facilities and Establishers

- 8.1.a The facility defines the appropriate number of employees and their qualification requirements in accordance with the needs of the new service and in compliance with the transition plan.
- 8.1.b The facility evaluates the ability of the employees to work in the community-based social services and determines the appropriate support and training.
- 8.1.c The employees are motivated to change their job roles.
- 8.1.d The facility ensures good working conditions for the employees' transition to community-based social services.

#### Municipalities and Regions --

#### The State

- 8.1.a The State finances retraining programs for the employees of institutions who change their job positions during the transition from institutional to community-based care.

### 8.2. The funding related to the provision of institutional services is re-allocated to community-based social services.

#### Facilities and Establishers

- 8.2.a The facility/establisher re-allocates funds (both operating and investment) to community-based social services.
- 8.2.b No investments are made in the buildings of the institution, except for those dealing with emergency situations.
- 8.2.c When the clients leave the institution, the funds originally used for its operation shall be re-allocated to community-based social services.

#### Municipalities and Regions

- 8.2.a All regional/municipal funding of social services is allocated to community-based services.

#### The State

- 8.2.a All state funding of social services is allocated to community-based services.

### 8.3. Assets (buildings and equipment), of the institution are used to develop and operate community-based services.

#### Facilities and Establishers

- 8.3.a The facility is taking steps to make the establisher use the institution's assets to finance community-based social services.
- 8.3.b The establisher launches timely discussions on the use, sale or lease of idle assets of the institution.
- 8.3.c The facility uses the appropriate equipment of the institution for the operations of the community-based social services.

8.3.d The establisher uses the funds obtained from the sale or lease of idle assets of the institution for the operation of community-based social services.

**Municipalities and Regions --**

**State --**

## 9. Communication, awareness-raising, influencing of key players

Target status: The transition process is accepted both by professionals and the general public.

### 9.1. Public awareness of deinstitutionalisation and community-based services is being increased.

#### Facilities and Establishers

- 9.1.a The facility has developed a communication plan identifying the key beneficiaries, the key messages and the appropriate means of communication.
- 9.1.b The communication is appropriately timed and reflects the existing situation.
- 9.1.c The facility participates in the activities supporting deinstitutionalization.

#### Municipalities and Regions

- 9.1.a At the regional/municipal level, a plan of communication with the public on deinstitutionalisation and community-based services is developed and implemented.
- 9.1.b The responsible regional/municipal authority communicates on the deinstitutionalisation process with people and organizations important for the transition.

#### The State

- 9.1.a At the state level, a plan of communication with the public on deinstitutionalisation and community-based services is developed and implemented.
- 9.1.b The responsible state authority communicates on the deinstitutionalisation process with people and organizations important for the transition.
- 9.1.c A national campaign is organized to promote deinstitutionalisation.

### 9.2. Communication on the transition process is focused mainly on the change of attitudes towards persons with disabilities.

#### Facilities and Establishers

- 9.2.a Young people with disabilities/clients of the facility participate in the communication.
- 9.2.b The facility communicates with the public on the favourable influence of the transition on the lives of the clients.
- 9.2.c The communication reflects reality and reduces unrealistic expectations.
- 9.2.d Risks and examples of bad practice are communicated openly and in a way contributing to successful deinstitutionalisation.

#### Municipalities and Regions

- 9.2.a People with disabilities participate in the communication.

#### The State

- 9.2.a People with disabilities participate in the communication.

## 10. Evaluation of the transition process

Target status: The transition process is being monitored and its objectives are being evaluated and revised.

### 10.1. The course of the transition is being evaluated.

#### Facilities and Establishers

- 10.1.a The indicators of achievement of the transition objectives are determined and evaluated.
- 10.1.b The facility/ establisher provides management of the risks relating to the transition from institutional to community-based care.
- 10.1.c Clients are involved in the evaluation of the transition.
- 10.1.d The facility evaluates whether the family members and guardians act in the best interest of the client and, if necessary, takes steps in accordance with the best interests of the client.

#### Municipalities and Regions

- 10.1.a The suggestions and opinions of the public are evaluated at the regional/municipal level.
- 10.1.b The regions/municipalities monitor and evaluate the implementation of the objectives of transition from institutional to community-based care.
- 10.1.c The responsible regional/municipal authority ensures the deinstitutionalisation risk management.

#### The State

- 10.1.a The suggestions and opinions of the public are evaluated at the national level.
- 10.1.b The State monitors and evaluates the implementation of the objectives of transition from institutional to community-based care.
- 10.1.c The responsible State Authority ensures deinstitutionalisation risk management.

### 10.2. Evaluations are made whether the transition process leads to the pre-defined objectives.

#### Facilities and Establishers

- 10.2.a The evaluation results are reflected in the further course of the transition .
- 10.2.b The suggestions of the clients, their family members and close persons are used to improve the transition process.
- 10.2.c The suggestions of the staff are used to improve the transition process.
- 10.2.d The suggestions of the community and the broader public are used to improve the transition process.
- 10.2.e The evaluation results are being disclosed.
- 10.2.f The evaluation results are submitted to the contractors of social services in the relevant territory.

#### Municipalities and Regions

- 10.2.a The evaluation results are reflected in the further course of the transition.
- 10.2.b The regional/municipal evaluation of deinstitutionalisation objectives takes into account also the findings of other institutions (e.g. NGOs, Ombudsman's reports, etc.).
- 10.2.c The suggestions of the public are used to improve the transition process.
- 10.2.d The evaluation results are being disclosed.
- 10.2.e The evaluation results are submitted to contractors and providers of social services in the relevant

territory.

**The State**

- 10.2.a The evaluation results are reflected in the further course of the transition .
- 10.2.b The national evaluation of the fulfilment of deinstitutionalisation objectives takes into account also the findings of other than state institutions (both national and international).
- 10.2.c The suggestions of the public are used to improve the transition process.
- 10.2.d The evaluation results are being disclosed.
- 10.2.e The evaluation results are submitted to contractors and providers of social services in the relevant territory.