

Deinstitutionalisation and community living

Outcomes and costs

- The overall aim of this project was to provide scientific evidence to inform and stimulate policy development in the reallocation of financial resources to best meet the needs of people with disabilities, through a transition from large institutions to a system of community-based services and independent living.
- The objectives of the project were to:
- Collect, analyse and interpret existing statistical and other quantitative data on the number of people with disabilities placed in large residential institutions in 28 European countries
- Analyse the economic, financial and organisational arrangements necessary for an optimal transition from a system of large institutions to one based on community services and independent living, using three countries (England, Germany and Italy) as case studies to illustrate the issues involved
- Report on the issues identified, addressing the results of the project, the adequacy of the data available in each country, and making recommendations for the cost-effective transition from institutions to community-based services.

METHOD

- For the purposes of this study, the European Commission defined a residential institution as an establishment in which more than 30 people lived, of whom at least 80% were mentally or physically disabled. Informants were asked to supply information about all residential care establishments serving disabled people in each country, to permit examination of the current balance between institutional and community care. The study covered all age groups and all kinds of disability, including mental health problems

CONCLUSIONS

- Agree a harmonised data set at European level
- Publish statistics demonstrating progress in each country
- Adopt policies in favour of inclusion
- Develop legislative support for inclusion
- Strengthen the voice of disabled people, families and their advocates in policy
- Require professional bodies to make their policies consistent with supporting inclusion
- Encourage media interest in and support of inclusion
- Learn from best practice in other countries
- Open institutions to independent scrutiny
- Create inspectorates to protect and promote the rights of individuals
- Emphasise comparisons of quality of life
- Create innovative services
- Include everyone from the start
- Create new funding opportunities
- Remove obstacles to development of services in the community
- Make funding of new services contingent on quality

OTHER AREAS FOR DISCUSSION

- The change process in three countries (England, Italy and Germany)
- Affected by – layers of decision making in each country, governmental, local government, agencies
- Level of dissatisfaction amongst decision makers with institutions
- Service-led reform (group homes) Versus self directed services (more ambitious goals)

OTHER COMPLICATING FACTORS

- Supply Constraints:
 1. Family involvement
 2. Support systems
 3. Staff resources
 4. Retraining issues
- Local Economic Development

Loss of a major employer
- **Opportunity cost of capital**

Sale of institutions
- Funding flows
 - Centralised budgets
 - Funding tied to individuals

CONCLUSION

1. Access to harmonised date sets
2. System aim complex by nature of:-
 - Numerous stakeholders
 - Funding relationships
 - Leadership
3. The relationship between cost V needs V outcomes can be interpreted in many different ways
4. Movement towards new services is based on agreed vision process of inclusion movement towards shared decision making, leading to best outcomes for people using services

After Transition to services in the community

	Costs	Quality	Cost Effectiveness
<u>Less expensive institution</u>			
Less disabled person	Same or lower	Same or higher	Same or better
More disabled person	Higher	Higher	Same or better
<u>More expensive institution</u>			
Less disabled person	Lower	Same or higher	Better
More disabled person	Same or lower	Higher	better