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'Adapting services for persons with disabilities to new users'

Lifelong Learning Programme

Service providers' strategies to adapt services to new users
Summary Report

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Introduction and definitions

This summary report is based on information provided by the partners in the 'Adapting services for persons with disabilities to new users' Leonardo project:

- Jugend am Werk, Austria;
- EASPD, Belgium;
- Unapei, France
- Hand in Hand Foundation, Hungary;
- PSOUU Jarosław, Poland ;
- CECD Mira Sintra, Portugal;
- Learning Disability Wales

While some partners are umbrella organisations for their sector at regional or national level, other respondents are individual service providers whose response is based primarily on the situation in their services. The analysis below should therefore be considered as primarily informative rather than fully representative of the situation in the participating countries.

In this report we shall use the following definitions:

"Current users" are persons with an intellectual disability;

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"New users" are:

- Persons with a mental disability (that is mental health problems / mental illness);
- Persons with a dual diagnosis (persons with an intellectual disability and a mental disability);
- Persons in a situation of social exclusion (persons who do not fall neatly into a diagnosis of intellectual disability, or mental disability, or dual diagnosis, but who are vulnerable, distant from the labour market, and who need to be supported by services in order to be socially included).

"Person centred planning" is a process-oriented approach to empowering people with a disability. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.

Person-centred planning involves the development of a "toolbox" of methods and resources that enable people with a disability to choose their own pathways to success; the planners simply help them to figure out where they want to go and how best to get there (Cornell Institute, ILR School, Employment and Disability Institute).

This report is based on the more relevant strategies mentioned by the different partners. These strategies mainly originated from the best practices identified previously. Some are strategies' already implemented by service providers, and other are strategies that service providers plan to implement, to adapt their services to new users.

From the strategies identified by the partners we highlight the following:

1. Use of multidisciplinary teams (AT/BE/FR/PL/PT/Wales)

The majority of partners identified this strategy. It is widely accepted that when creating services for people with dual diagnosis or with mental health problems it is crucial to have in the team two types of experts:

- experts with specific know how and skills in the field of mental health;
- experts in the field of disability.

This does not mean that all the experts must belong to the organisation that offers the service. The experts can be part of the services provided in the community (e.g. BE). This implies networking and the creation of partnerships (see below).

A close articulation between different stakeholders is important in order to promote an efficient use of resources and the creation of synergies to be able to provide the most adaptable solution to each person needing support. This is the role of the coordinator or case manager.

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2. Networking and creation of partnerships with other stakeholders (BE/FR/HU/PL/PT/Wales)

As a consequence of the previous strategy mentioned, several partners noted that it is critical for service providers to build and develop partnerships with other stakeholders, to achieve holistic support for the service user.

It is especially crucial to do so between the social care sector and the health sector (mainly in the mental health area).

Service providers' strategies in this field include for instance networking and partnership with:
- Public authorities of the health sector;
- Psychiatric hospitals;
- Psychiatric private practices;
- associations of persons with mental health problems and their families;

Objectives are manifold: better referral, better access to psychiatric care, continuity of support, better diagnosis and better needs assessment, sharing of methods and exchanges of best practices, and even, in some cases, a proper integrated model of care for persons with dual diagnosis (BE).

Service providers' strategies also highlighted the importance of developing networking with:
- other stakeholders in the social sector, including mainstream services in the community and social care services for persons with mental health issues;
- public authorities of the social sector;
- families;
- the local community for a greater inclusion.

It was also mentioned that it is important to develop active networking relationships and avoid the trap of having in the network some partners that adopt passive postures.

3. Training (AT/FR/HU/PL/PT)

Some partners mentioned the implementation of specialized formal training for all team members in the following areas:
- psychiatric know how;
- challenging behaviour management;
- dual diagnosis;
- autonomy development;

Some service providers also arranged for immersion placements at the psychiatric hospitals for their staff (AT, FR).

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Informal training is also provided through supervision, exchanges within the multidisciplinary team, and with partners in the health sector.

Some service providers pay careful attention to training needs assessment (AT, FR, PT) and to assessing the efficiency of training (PT).

4. Use of a Person Centred Approach which promotes tailor-made and adaptable support (AT/BE/FR/PL/PT/Wales)

Several partners mention the concept of a person centred-approach.

The use of a Person Centred methodology allows the construction of a model of care closer to the people, tailored to their needs and promoting their quality of life and rights of citizenship. (PT, Wales)

The application of this strategy means that service users are more involved when it comes to the design of services; their specific needs of each user are taken into account. It also means that the support can be swiftly adapted to the changing needs of the persons, on a day to day basis if needed, and crisis situation can be prevented.

This strategy implies a proper holistic assessment, taking into account valuable expertise from all stakeholders (the person with disability, his/her family and close relatives, health professionals, social care sector professionals), entry procedure, and regular reviews to adapt the responses (FR). It also requires that a good knowledge of the person, observation of the mood fluctuation, and sharing of information are established as constant professional practices.

Service providers put an emphasis on direct involvement of service users, using adequate communication tools. The individual needs of service users are respected also for users under guardianship.

Many service providers do also have user representatives or cooperate with self-advocacy groups (AT, FR, PL, PT).

5. Community based model to promote the full inclusion of users in society (AT/BE/FR/PT/Wales)

Several partners mention that the services should be based in the community to foster inclusion, access to services and partnerships.

It is advisable that service providers use the existing facilities of the community (public facilities, companies, schools, public cultural locations like theatres, religious facilities, etc).

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The service providers should seek the participation and involvement of various organizations and community stakeholders in building a network of support to users.

6. Flexibility (AT/FR/PT)

Some partners mentioned the importance of having flexible services that can be easily adapted to the needs of individuals.

An example of the application of this strategy is the existence of flexible opening hours and smaller numbers of users as a key element in the improvement of the quality of the services (AT).

Another way to provide flexibility is to promote links between various types of social care support (PT) and between independent living and residential facilities (e.g. links between services, short stay in a residential facility, evening activities in a residential facility for persons living independently, etc) (FR).

7. Funding management (AT/FR/PT/Wales)

In the majority of the countries the existence of services is dependent on public funding but in other countries the cost of the services is covered by the users.
One of the most important ideas to have in mind is that planning ahead is needed. Cost and funding aspects must be integrated into plans at the very beginning of the design of a service.
It is also crucial to keep track of community resources (physical, human and material) that are directly or indirectly involved in the rehabilitation process.

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