Seminar on "Children without adequate parental care moving towards life in the community"

Good Practices Fiche – Croatia

Centre for Rehabilitation Zagreb Deinstitutionalization and Transformation Process 2013 – 2017

Zagreb, Croatia, 14 March 2019

DG Employment, Social Affairs and Inclusion

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March, 2019
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1 Introduction

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<thead>
<tr>
<th>Full name of the project:</th>
<th>Transformation and deinstitutionalization of Centre for Rehabilitation (CR) Zagreb and Stančić</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible organisation for implementation:</td>
<td>Ministry for Demography, Family, Youth and Social policy (MDFYSP), Open Society Institute (Institut Otvoreno društvo), CR Zagreb, Association for Promoting Inclusion, Centre for Adult Education Validus, Association for Self-Advocacy, Oxford Policy Management Consortium</td>
</tr>
<tr>
<td>Geographical scope:</td>
<td>City of Zagreb, Republic of Croatia</td>
</tr>
<tr>
<td>Total duration of the project:</td>
<td>52 months</td>
</tr>
<tr>
<td>Time frame (from mm/yy to mm/yy):</td>
<td>4/2013 – 8/2017</td>
</tr>
<tr>
<td>Beneficiaries/target group:</td>
<td>Children and adults with intellectual disabilities</td>
</tr>
<tr>
<td>Type of service/support/measure (specialised, mainstream):</td>
<td>Social services for adults with intellectual disabilities Supported housing, community-based living with support.</td>
</tr>
<tr>
<td>Area of activity (e.g. housing, social service, employment, transport, healthcare etc.):</td>
<td>Supported housing - self-determination, self-advocacy, living in the apartment, community activities, health and safety, leisure time, employment, relations with other people, education</td>
</tr>
<tr>
<td>Total amount of funding:</td>
<td>3.347.200 USD CR Zagreb and Stančić</td>
</tr>
<tr>
<td>Source of funding (EU/national, if EU, under which EU funding programme):</td>
<td>State Budget, Grant Funds Open Society Mental Health Initiative - Open Society Institute, European Social Fund – Expanding of community-based services – 150.000 €</td>
</tr>
</tbody>
</table>

2 Scope and main objectives of the Centre for Rehabilitation Zagreb project 2013

The Centre for Rehabilitation Zagreb (CR Zagreb) is a social welfare institution founded by the Ministry for Demography, Family, Youth and Social policy (MDFYSP) in Croatia, providing since 1947 different social services to children and adults with intellectual disabilities. Services were financed from the State budget.

In 2013, the services were provided for 615 users, of which 154 (8 children, 146 adults) were living in the institution, while for 461 users (274 adults and 179 children) the services were provided through daily programmes and integration programmes in the community. According to the Statute of the Centre, CR Zagreb offered care services for children and adults outside of their own family within the framework of permanent, weekly, or temporary accommodation, all-day, half-day or occasional stay as well as professional assistance in the family. In addition to these services, the Sloboština 1
Branch assisted the inclusion of young people in regular preschools and school institutions programs (integration).

The headquarters of the Centre were located in Orlovac with four additional Branches and one detached Unit (which comprised 10 leased-in workshops in the City of Zagreb).

Sloboština 1 Branch was owned by the Republic of Croatia while Sloboština 2 Branch is co-owned by the Republic of Croatia and the City of Zagreb. The other premises where CR Zagreb provided its services were rented. The Centre employed 245 staff (of which 148 health and education professionals, such as special teachers, social workers, psychologists, vocational therapists and health care staff).

The general objective of this project was to deinstitutionalise the users of CR Zagreb and the work was organised in five strands:

- Sensitization and education of managing bodies, employees, parents and caregivers for the process (individual objective 1);
- Empowering users and preparing for living in residential setting (individual objective 2);
- Selection and training of staff for community based care (individual objective 3);
- Displacement of 132 users of CR Zagreb in newly established 33 residential settings in Zagreb and in Zagreb County (individual objective 4); and
- Monitoring and evaluation of project implementation (individual objective 5).

3 Difficulties and constraints

Difficulties in the implementation of the project have been observed since the beginning of the process. In particular, there was initial resistance from the side of parents and some experts.

Moreover, as this project was the first of its kind, there was no clearly defined social policy as well as no alternatives for national forms of community care services. In addition, the existing legislation was not in line with the goal and the scope of the project which needed a more advanced set of legal regulations to be fully implemented. Furthermore, delays and the existence of parallel systems of services were common at the beginning of the project. In addition, the project had no immediate access to EU funds.

The implementation was also hindered by insufficient cross-sectoral cooperation as well as weak vertical and horizontal communication.

4 Main activities of the project

The project was managed by the MDFYSP, implemented by Centre for Rehabilitation Zagreb. While Open Society Institute was in charge for financial support, the technical support was provided by the Association for Promoting inclusion and the Centre for Adult Education (to this purpose several bilateral implementation agreements were signed).\(^1\)

To achieve the first objective, MDFYSP took the lead in presenting the new approach to the Zagreb Governing Board of the Centre, to representatives of trade unions in the Centre as well as to users and their parents.

\(^1\) Agreement on the implementation of the Project Open Society Institute and MDFYSP (4/2013); Agreement on the implementation of the joint initiative among the Open Society Institute, MDFYSP, the Association for Promoting inclusion, Centre for Adult Education Validus, Gral d.o.o. (5/2013); and Cooperation and implementation agreement signed between MDFYSP and CR Zagreb (6/2013).
The project then conducted an assessment to select users and prepare them to the deinstitutionalisation process. This included conducting initial interviews and assessments of users. Moreover, the Association for Promotion of Inclusion raised awareness of the benefits of the process by sharing the experience of other users who were already in the supported housing with new users. As a result, the project empowered users for self-advocacy (objective #2).

In parallel, the project assessed and selected staff for community-based care centres and trained them for their work in the new residential units (objective #3).

The project was also in charge of finding and renting apartments for users (namely, 33 apartments, 132 users). By June 2014, the users had moved in the new flats, as originally planned (objective #4). Finally, the project monitored new community-based care services as well as the impact on the quality of life of users (objective #5).

5 Stakeholder involvement in the design and implementation of the project

Several stakeholders were involved in the project:

**MDFYSP** introduced changes in the legislation to foster the transition to independent living as well as amended the Statute of the Centres; it also provided financial resources and staff; and, in cooperation with the **State Office for the Management of State Property**, it made available four apartments and two day-centres to the project.

**The Association for the Promotion of Inclusion in cooperation with the Centre for Adult Education Validus and Association for Self Advocacy** provided professional and technical assistance and they were instrumental to train 90 assistants as well as 15 experts on personally oriented planning.

**CR ZAGREB** established a new department (96 employees) for supported housing for 90 users in 21 apartments in Zagreb. It managed to increase the number of users in existing community based services compared to 2013, also by strengthening cooperation with the media and raising awareness to the benefit of the programme with the parents of the users still living in institutions.

**Service users** were well informed of basic human rights though individual approach (Person-centre planning) and the level of support was determined by applying the Support Intensity Scale (SIS) instrument. Thus, users had the freedom to choose to participate in self-advocacy groups, meetings with fellow-mates and introduction activities to their local community. These initiatives fostered their independent living and they were conducted in close cooperation with their family members.

**Service providers** - support staff participated in the design, implementation and evaluation of Person-centre planning. They also took part in establishing and maintaining social/emotional connections between the users and both their family and their community.

6 Main results and impact to date

The project supported the transition from institutional to community-based care of 90 users. In addition, 12 adults were assisted in relocating to their neighbourhood and 8 children were returned to their biological families or placed in a foster family.

The project also supported users in finding a job, learning new skills, practicing sports (also at the competitive level) and taking an active role in their community by volunteering in different institutions.

In addition, the project brought a fundamental change in the way the services were provided to the users. While one institution was closed, others were transformed into day-care centres or detached units that provided daily services to users.
7 Main challenges and success factors

The project managed to transform several institutions into community-based care centres and in 2017, over 500 users could benefit from community-based services.

Moreover, the project assisted Croatian authorities, local administrations and service providers in designing and implementing a complex and holistic initiative aimed at fostering independent living for people with intellectual disabilities. This process helped building the capacities of the different stakeholders involved. Several success factors were identified:

- The experience in the process of deinstitutionalization of the CR Zagreb management and experts;
- The experts of CR Zagreb were active participants in piloting the transition programme;
- The importance of employing teams of experts with different profiles to provide a set of various services in the Centre;
- The importance of having an open approach to the development of innovative services which motivates employees to support the change (also through regular trainings);
- Involving parents through an open communication as well as evaluating the satisfaction of the users;
- Establishing Partnerships at the community level with the non-governmental sector, private sector as well as educational and health institutions;
- The importance of relying on the State budget as a sustainable source of funding and creating synergies between different funding streams and resources;
- Identifying strengths, weaknesses, opportunities, threats before and during the implementation of the project;
- Foresee financial profitability for each community in accordance with the level of support.

Some challenges were also highlighted, such as:

- Identifying and introducing new specialised knowledge to the work of professionals with the users;
- Ensuring continuous improvement of service quality;
- Resistance in introducing innovative services to foster the deinstitutionalisation process and prevent re-institutionalization;
- Strengthening the capacities of families of persons with intellectual disabilities;
- Developing an inclusive labour market and promoting employment;
- Determining the cost of the service in accordance with the individual needs of each person;
- Developing human rights models in relation to persons with intellectual disabilities;
8 Recommendations for sustainability and potential transferability of the good practice

The following findings to improve sustainability and quality of the services were identified:

- Ensure that process constantly focuses on the needs of persons with intellectual disabilities;
- Promote human rights during the entire process;
- The obligation to convey achievements and experience to those who begin the process by sharing knowledge and experience;
- Foster cooperation with NGOs;
- Have a clear vision and mission of social policy;
- Accept challenges as a part of the process and learn from them;
- Follow the European Commission’s guidelines;
- Evaluate the stages of the process;
- Develop innovative services;
- Design a strategy tailored to each institution and ensure the respect of their activities and deadline set;
- Respect all stakeholders in the process and establish solid relationship with them as partners;
- Carry out quality control and respect international and national policies;
- Believe in yourself, change the paradigm and believe in people, do not be afraid...
Annexes

Check-list for identifying good practices:

<table>
<thead>
<tr>
<th>Transitioning from institutional to community-based care</th>
<th>Very much</th>
<th>To some limited extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Is it guaranteed that, as a result of the project, individuals are not just moved to smaller institutions, but are supported in community-based settings?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Did the project cover all service users/residents in the original institutional setting, or did it target only a specific group of service users?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Did the institutional care setting close down as a result of the project, or did it continue to operate on a smaller scale?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance with human rights</th>
<th>Very much</th>
<th>To some limited extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Was the project in line with the relevant provisions of the UN CRPD, UN CRC, EU Charter of Fundamental Rights and other relevant international human rights documents?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involvement of different actors</th>
<th>Very much</th>
<th>To some limited extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Was the project developed in an inclusive way (with the involvement of different stakeholders, including civil society organisations)?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Was the project implemented in an inclusive way (with the involvement of different stakeholders, including civil society organisations)?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Were services users and the representative organisations of the relevant target group (persons with disabilities, homeless people, children, users and survivors of psychiatry etc.) involved in the project design and implementation, through co-production?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting individuals and communities during transition</th>
<th>Very much</th>
<th>To some limited extent</th>
<th>Not at all</th>
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</table>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Rating</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Did a human rights-based individual needs assessment take place to ensure that the needs of all individuals are met during the transition?</td>
<td>X</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2: Were individuals prepared adequately to the transition through trainings and other measures prior to and after moving out of institutional care?</td>
<td>X</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3: Was the local community adequately prepared through awareness raising to welcome people leaving institutional care in the community?</td>
<td>None</td>
<td>X</td>
<td>None</td>
</tr>
</tbody>
</table>

#### Impact on mainstream service provision

<table>
<thead>
<tr>
<th>Impact</th>
<th>Rating</th>
<th>Rating</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Do the individuals who benefitted from the project have now access to mainstream services and facilities (e.g. social housing, education, employment, health care, transport, sports and cultural facilities, childcare facilities and any other services from which the community benefits)?</td>
<td>X</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

#### Sustainability of the good practice

<table>
<thead>
<tr>
<th>Sustainability</th>
<th>Rating</th>
<th>Rating</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Is there any follow-up/quality assurance in place to ensure the smooth operation of the newly created community-based care services?</td>
<td>X</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2: Is the support that individuals receive regularly monitored to ensure high quality?</td>
<td>X</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>