



Evropská unie
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Operační program Zaměstnanost

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Sociální služby Vsetín

De-institutionalisation

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Dobre den moje jméno je David

Je mi líto, že nemluvím češtinou!



- ▶ I am from Scotland in the UK
- ▶ I have worked both as a direct support person and as a Manager in social care for over 17 years
- ▶ I have also worked in managing pre-school education centres for 6 years
- ▶ I have worked with both physical disabilities and learning disabilities
- ▶ I spent 5 years working with people with severe learning disabilities and very challenging behaviour
- ▶ Part of my years in social care have been designing, implementing, and managing services for those people leaving long stay institutions



Institutional care



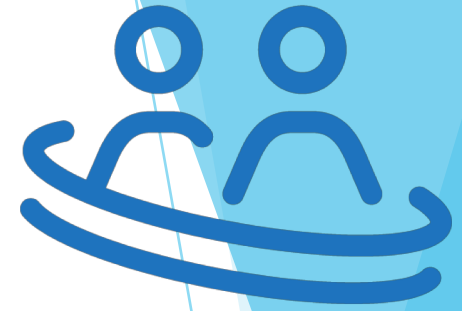
- ▶ Just the same as in Czech Republic, Institutions existed for many years. In the UK these were referred to as hospitals and the people living there as patients
- ▶ They cared for people that were seen to be difficult or too complex to live at home, or on their own, or within their local communities
- ▶ They often cared for between 200-300 people in the one institution
- ▶ Most wards or units would contain 20-30 people with many of these wards locked and secured at all times of the day and night, mainly due to the aggressive nature of the patients.
- ▶ People living in institutions would be managed by medical staff (doctors and nurses), care staff, therapists, and medication.
- ▶ The model of support within institutions was primarily a medical model

What initiated change?

- ▶ More and more issues relating to bad practice, neglect and at times even abuse were being recorded
- ▶ Disability rights movements had become much stronger
- ▶ More and more voluntary organisations were forming and adding to the voice of people with disabilities
- ▶ The physical buildings of institutions were in poor condition, very old, and no longer able to serve their purpose
- ▶ It was becoming apparent that the medical model of support was not meeting the needs of the people within the institutions - no time for changing behaviour - medication being used to suppress challenges
- ▶ Voluntary organisations believed that a social care model would be more effective and that people's needs were not being met.



The needs & rights of the people



Through government consultation, disability rights movements and voluntary organisation voices, a set of values became the standards for care and support for the future:

- ▶ Respect - the right to be treated as an equal human being with the same rights to respect as every other individual irrespective of ability
- ▶ Dignity - the right to receive support in a way that minimises the need to highlight the disability
- ▶ Privacy - the right to have their care, support and information only shared with those who it was deemed necessary
- ▶ Choice - the right to make the same choices as every other individual or the right to receive support to make choices where they have difficulty
- ▶ Individuality - the right to receive support tailored to the individual needs of each person

The closing of institutions



- ▶ Decisions made by government to close...
- ▶ In 1998 the decision was made by The Secretary for State for Scotland to close Lennox Castle Hospital. It finally closed in 2002.
- ▶ As part of the closure programme a team of professionals was set up to be responsible for moving all of the residents into more appropriate accommodation.
- ▶ The UK and Scotland as a part of that is made up of areas called Local Authorities. In Scotland there are 32 Local Authorities (Czech Republic 13)
- ▶ Local authorities would be responsible for paying for the support of each individual after leaving the institution. It would be the person's original Local authority (where they came from prior to institutional care) that would pay for their care.
- ▶ Most of this care would be provided by voluntary organisations as opposed to local authorities themselves.

The way forward



Voluntary organisation played a huge part in changing the way support and care was provided for people in the UK. They would be funded by local authorities on an individual support package basis or block funding for a number of people at the one time. They would provide the support in a number of different ways and often organisations would chose to specialise in a particular are of support such as:

- ▶ Small group homes perhaps for around 5 or 6 people
- ▶ Shared accommodation and support for 2 people
- ▶ Individual support with people having their own individual home
- ▶ Some larger group homes with perhaps around 25 people would also be funded but these were much less common and not seen as best practice

Accommodation would be provided mostly through mainstream social housing or at times purpose built through private sector housing associations

The impact



- ▶ People's behaviour could be supported, adapted and changed, enabling them to be less dependant on medication.
- ▶ People had less contact with medical professionals and would only see them when required and at 'out-patient' clinics.
- ▶ People were provided with support, care and planning in a person-centred way
- ▶ People built relationships with others.
- ▶ People became part of their own community and participated within it.
- ▶ People had much more fulfilling lives with real choice
- ▶ People themselves changed attitudes by being a part of their own communities, promoting their rights to access all public services and the right to equality.

Děkuji za
poslech