European Social Network

Leading Social Services

Enhancing Community Care

Social Services A Force for Change

Co-funded by the European Union

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Enhancing Community Care

Social Services A Force for Change

Executive Summary

What is Community Care?

Community Care refers to any form of support and care provided in the local community that enables people to overcome or manage any condition, disability or life difficulties, while living alongside others in their local communities, instead of in segregated institutions. As an alternative for the institutional care model, it empowers everyone in need of care to participate in society and to take control of their own life. Closing institutions alone is not a viable option to deinstitutionalise care and support - instead a range of community-based services need to be provided to support people with wide-ranging health and social needs to live in their homes and communities.

Why Community Care?

The transition to community care can be justified through strong arguments:

1. The voice of people who live, or who have lived, in institutions.
2. International human rights frameworks, guidelines and principles from the UN and the EU.
3. Public health arguments based on learnings from the Covid-19 crisis.
4. Cost-effectiveness as several studies have shown that community- based care can lead to better life outcomes and quality of life with similar spending.

How can Community Care be Put into Practice?

In 2011, ESN put forward three key requirements to advance towards community care. Reflecting on the discussions at 2023 ESN Seminar and various surveys, questionnaires, events and activities conducted with our members over the past years, we identified four reinforced or additional key components for the provision of community-based social services.

Key components (2011)

1) A vision and the leadership to bring about that vision

2) Funding to make it happen

3) The participation of all those affected

Reinforced components (2023)

4) An Engaged Leadership and Workforce

5) The Power of Prevention

6) Accessible Communities

7) Co-design with People using Services

Development of Community-Based Social Services - Check List for Decision Makers

To help decision-makers in setting up community care social services we have created the following checklist:

Leadership and Workforce

- ✓ Are staff adequately trained and qualified to cater for the needs of the people they support?
- ✓ Do staff receive suitable training in accordance with current evidence-based and best practice guidelines to deliver their services?
- ✓ Have staff the necessary resources to provide the support needed?
- ✓ Do workforce teams include people with experience of care and support?
- ✓ Do workforce training programmes include contributions from other professionals and people using services?

Power of Prevention

- ✓ Is there a system (including IT) in place to ensure data is being collected about the social care and support needs, barriers to services and resources and skills within the community?
- ✓ Is there a system (including IT) in place to ensure the service takes into account the social care and support needs of the community?
- ✓ Is there a system (including IT) in place to monitor usage of the service, its quality and impact?
- ✓ Are local needs being taken into consideration to ensure the service is adequately resourced to ensure it is successful?
- ✓ Is technology being used to ensure people are supported to remain in their homes and communities?
- ✓ Are protocols developed so that people can access and use the technology they need to remain in their homes and communities?
- ✓ Does the service work in an integrated manner with other services in the provision of support?

Accessible Communities

- ✓ Are services effectively indicated and promoted within the community?
- ✓ Have services been made easy to access? For example, through:
  - mobile units or professionals
  - extended opening hours
  - child and age-friendly spaces
  - ensuring physical accessibility for people with reduced mobility
  - ensuring services are safe for persons of different gender and sexual orientation
  - guaranteeing they are anonymous and confidential
  - assuring they do not charge for use
  - the provision of user-friendly information on available services in plain, accessible language and the possibility of accessing them through translations into different languages or the support of an interpreter in order to assist with making informed decisions
  - being tailored to needs and protective characteristics such as sexuality, ethnicity, faith, gender, or disability?

Co-design with Persons who Use Services

- ✓ Are services delivered according to international standards on human rights?
- ✓ Is there a formal process in place to obtain the feedback of people using the services?
- ✓ Are people from the target community involved in service design, delivery and evaluation?

Governance

- ✓ Is there a national supportive legal framework and a plan promoting the development of care in the community?
- ✓ Can you identify which public administration is responsible for the plan and how do they cooperate with other public administrations?

While this checklist is not exhaustive, it provides an overview of key items to be considered when planning, delivering and evaluating community-based social services. Likewise, specific items on the checklist may vary depending on the nature and scope of the social services being provided and the unique needs of the community. Regularly reviewing and updating the checklist is also essential to adapt to changing circumstances and needs.

About the European Social Network

The European Social Network (ESN) represents the voice of public social services as employers, managers, funders, planners, providers, and inspectors of social services in Europe. ESN inspires Social Services Leaders to Improve the Lives of People in the Community through the development and exchange of knowledge to improve policy and practice in public social services, including all support and community-based services fighting poverty, promoting social inclusion and autonomy, child protection, protection of people with disabilities, care and support for older people, homeless people, and people and families in disadvantaged socio-economic situations.

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About this publication

The European Social Network (ESN) has been actively working on community care since 2008 at European and national level advising public administrations across Europe. In 2011, we launched 'Developing Community Care' a publication which was the result of a Working Group on this theme that ran for three years. In 2023, we ran a questionnaire with our members, identified good practice and looked back at efforts over the past 10 years at our autumn seminar in cooperation with Spain's EU Presidency. This publication covers what is community care, why we need it, how we can put in place, and ends with a checklist for directors who manage community-based social services.

Acknowledgements

This publication has been drafted by Martin Lichte, Senior Policy Officer, and Alfonso Lara Montero, Chief Executive Officer. Many thanks to ESN members who contributed practice examples for the seminar on Community Care in October 2023 and to the ESN Communications Team for disseminating the publication.

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1. What is Community Care?

Community Care refers to **any form of support and care provided in the local community** that enables people to overcome or manage any condition, disability or life difficulties, while living alongside others in their local communities, instead of in segregated institutions. It empowers people in need of care to participate in society and to take control of their own life (ESN, 2011).

Community care is for all. This means all people in need of care, whether they are a child or an adult, whether they have a disability, have become frail due to ageing, have a mental health issue or are homeless. It is the alternative to institutionalised care, a model that separates people from society within a congregate living environment designed to meet the functional, medical, personal, social, and housing needs of individuals who may have physical, mental, and/or developmental conditions.

It is about self-determination and enabling people to make choices about their own lives, including simple things such as when they eat, what they buy, or when they socialize. It also means people have a say in which kind of care and support they would like to receive and with whom they would like to live.

When we talk about what community care is, it is also worth referring to what community care is not. **Community care is not just about creating smaller care units**. Institutions cannot be defined solely by their size, or the number of residents.

General Comment No 5 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), argues that institutions can include group homes with five to eight individuals, if these homes continue to isolate residents and deny them control over how they live their life. This means that smaller care units or homes can apply **an institutional culture.**

The 2009 European Ad Hoc Group on the Transition from Institutional to Community Care coined the notion of institutional culture by defining the internal characteristics of institutions. The Group argued that external features (such as walls, gates, large secluded building) are merely 'the most visible and not necessarily the most important in defining what is an institution'.

Instead, the Group proposed to concentrate on internal characteristics, defined as:

- depersonalisation (removal of personal possessions)
- rigidity of routine (fixed timetables for waking, eating and activity irrespective of personal preferences or needs)
- block treatment (processing people in groups without privacy or individuality)
- social distance (symbolising the different status of staff and residents). (ESN, 2011)

Living in such settings often means a person is cut off from the rest of society. This perception is also validated by a recent survey conducted in Spain which found that 8 out of 10 people view those living in institutions as somewhat marginalised from society, highlighting the need for measures to enhance their social inclusion (Ministry of Social Rights and 2030 Agenda. 2023).

Since the 1960s governments have taken action to transform their care and support services towards a **community-based model.** These reforms were launched with the aim of deinstitutionalising health and social care, due to the negative effects of institutionalised care for people living in such facilities. The term **de-institutionalisation** was originally used in 1963 in the United States Community Mental Health Act. Since then, it has been increasingly used in relation to social services for people with disabilities or mental health issues, but also regarding children and young people in child protection, extending over time to other services such as long-term care and support for homeless people.

The concept of de-institutionalisation is related to that of **'total institution'** defined by Erving Goffman, which he uses to refer to residential care that effectively cuts off residents from the larger society. However, we should refer to community-based care or community-based social services rather than deinstitutionalisation, as closing institutions alone is not a viable alternative. Instead, community care is about the process of developing a range of community-based services to support people with high health and social needs to live in their homes and communities.

WHY

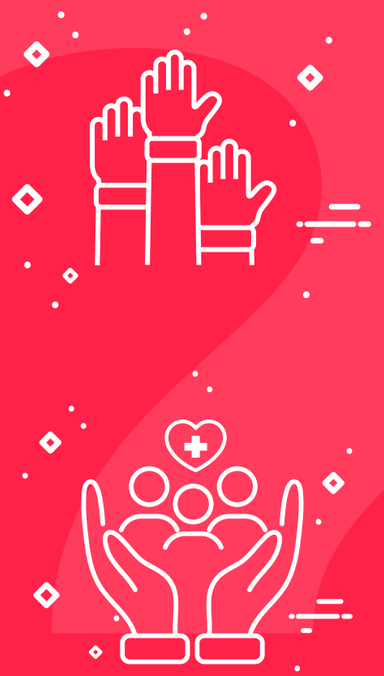
2. Why Community Care?

While there has been notable progress in de-institutionalisation, concerns persist regarding the practical feasibility and economic viability of fully transitioning from institutional to community care. In addition, over the past 15 years, data concerning the population residing in European institutions indicates that there has been stagnation rather than a noticeable decline in numbers.

As part of our efforts promoting community care, ESN organised a seminar in 2023, where Jan Šiška, Assistant Professor at Charles University, Prague, revealed that between 2007 and 2019, around 1.3 million people continued living in congregated care settings, defined as spaces with six or more residents. The data highlighted a persistent trend, especially among adults with intellectual disabilities. Additionally, a growing number of older people are residing in these settings. This suggests that ensuring that people with long-term needs are supported in their homes and communities is still a long way off (Šiška & Beadle-Brown, 2022).

In this section, we provide three sets of arguments that make the case for community care:

- The voice of people in need of care and human rights related principles
- Public health related considerations
- The economic case.



2.1 People's Voices and The Human Rights Case

The voices of people who live, or who have lived, in institutions and their evidence for abandoning institutional care remains one of the strongest arguments in favour of transitioning to a model of care rooted in personalisation, the community and people's own homes.

> ***"Being cared for in an institution means being away from home, often in a different town or region altogether and having limited contact with the world outside, including with family and friends. I feel this care sets people apart, segregates and labels them."***

This is what a resident of a former institution told us when we visited several institutions in preparation for our report 'Developing Community Care' (ESN, 2011).

International **human rights and principles** are crucial in supporting people's voices on the implementation of care in the community. Respect for inherent dignity, individual autonomy and the freedom to make one's own choices are well-recognised rights, which should not be denied to anyone on the basis of a disability, age or mental health status (ESN, 2011). The UN Convention on the Rights of the Child (UNCRC) and the UN Convetion on the Rights of People with Disabilities (UN CRPD) stipulate people's right to live in the community.

The UN CRC stipulates that every child should be able to enjoy a standard of living that is adequate for their physical, mental and social development, and be able to grow up in a family environment. In Art. 20, State Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

The UN Guidelines for the Alternative Care of Children direct States to ensure that children grow up in their own families wherever possible, that alternative forms of care provide children with a supportive and protective care environment, and that children living in residential care who have a family network get the support they need to reintegrate.

The UN CRPD recognises, in Article 19, the right to live independently and to be fully included and participate in the community and calls for measures to ensure that persons with disabilities have the right to choose where they live and how and with whom they live, on an equal basis with others.

According to principle 10 of the UN Principles for Older Persons, older people should benefit from family and community care and protection in accordance with each society's system of cultural values.

EU Policies Promoting Community Care

In line with UN human rights principles, there are aligned relevant EU social policies. For instance, the European Pillar of Social Rights, the EU Care Strategy, the EU Strategy for the Rights of the Child, the EU Child Guarantee, the EU Strategy for the Rights of Persons with Disabilities 2021-2030 promote the right to community based care and support.

Recent European Council recommendations and conclusions also promote a transition to community care, notably the 2023 Council Conclusions 'on the transition of care systems throughout life towards holistic, person-centred and community-based support models with a gender perspective' recognise that:

"steady gains in social rights and greater awareness of the right of all persons to enjoy a full and dignified life have led to the questioning of institutional care models, which in many cases entail segregation and limit fundamental freedoms."

The Council Conclusions invite EU Member States to:

"recognise the individual right to be cared for, under equal conditions, promoting reforms, (...) that holistically define and ensure the right to sufficient, appropriate and affordable high-quality, person-centred and community-based care." (Council of the EU, 2023)

The 2022 Council Recommendation on 'access to affordable high-quality long-term care' recommends that:

"the Member States continuously align the offer of long-term care services to long-term care needs, (...) including by developing and/or improving home care and community-based care, and ensuring that long- term care services (...) support autonomy and independent living, as well as inclusion in the community in all long-term care settings." (Council of the EU, 2022)

The 2021 Council Recommendation establishing a European Child Guarantee recommends that Member States should:

"take into account the best interests of the child as well as the child's overall situation and individual needs when placing children into institutional or foster care; ensure the transition of children from institutional or foster care to quality community-based or family-based care and support their independent living and social integration." (Council of the EU, 2021)

2.2 The Public Health Case

The Covid-19 crisis has shown that concentrating vulnerable people in large settings is not a viable option – also from a health prevention perspective (ESN, 2021a). During the first Covid-19 wave in spring 2020, deaths among long-term care facility residents accounted for 37–66% of all Covid-19-related deaths in EU/EEA countries (European Centre for Disease Prevention and Control, 2021). Flawinne et al. (2022) did an analysis of several European countries and concluded that for older people residing in nursing homes the probability of dying earlier increased compared with those living at home.

Even without a pandemic, residential care carries an increased **infection risk** for residents. Manisha et al (2010) found that groups of people residing within nursing home units may lead to common source respiratory (e.g., influenza, respiratory syncytial virus) and gastrointestinal (e.g., norovirus) outbreaks. Lindsay et al, (2015) found that in care homes, there are significant opportunities for infection outbreaks that may have severe consequences for residents' health.

Measures to **limit outbreaks** of infectious diseases in care homes, such as quarantining, lead to the social isolation of their residents. The German Nursing Protection Association reported receiving complaints from care home inhabitants due to visitor restrictions as a result of disease outbreaks, such as the Noro-virus (German Nursing Protection Association, 2021).

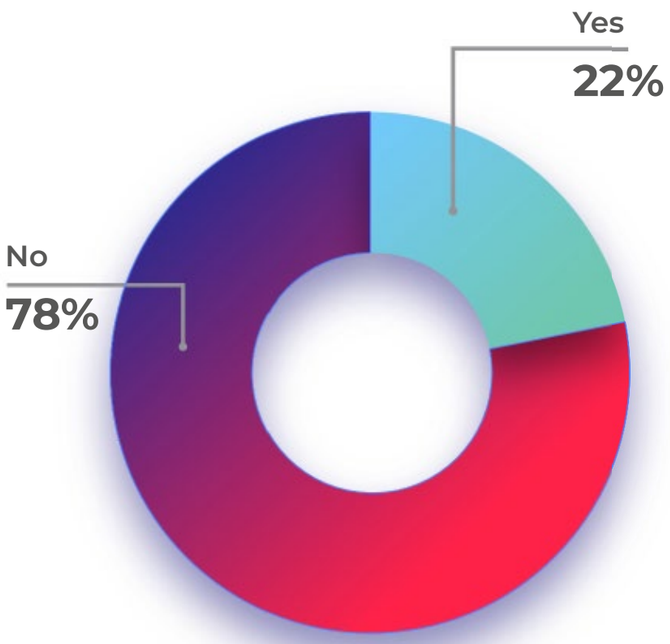
Anand et al (2021) found human rights such as **the right to liberty** and security as well as the right to respect private and family life were breached in care homes in Europe during the Covid-19 pandemic. In their report 'Crystallising the Case for Deinstitutionalisation' Knapp et al (2021) came to similar conclusions, and recommended that governments shift support towards community-based services.

2.3 The Economic Case

Economic considerations also impact the full transition towards community care. There is still the belief that only large facilities can produce the **economies of scale** required for **care** to be **affordable**. In a recent survey of European Social Network members, 22% of the respondents said that in their country institutional care was still seen more economically viable.

> *Institutional care is generally more costly than community care. But there is not sufficient investment in community care to make it effective enough to reduce the financing of institutional care.*
>
> Survey respondent from Romania

Do you feel that in your country institutional care is still seen more viable economically than community care?



In our 2011 report on 'Developing Community Care,' ESN had already gathered evidence indicating that community care is not necessarily more expensive than institutional care, and that where costs and people's quality of life are both considered, **community care** emerges as more **cost-effective** (ESN, 2011).

UNICEF has reported that institutional care can be three times more expensive than family foster care for disabled and non-disabled children alike. Measures to support the family are estimated to be ten times less expensive than care in institutions (UNICEF, 2021).

At our 2023 Annual Seminar 'Social Services Leading Community Care' seminar on community care, further evidence was presented on the economic viability of community care. Research from the London School of Economics stressed the cost effectiveness of community care.

> *Community-based models of care are not inherently more costly than institutions once the needs of individuals and the quality of care are taken into account.*
>
> **Adelina Comas Herrera, Professor, London School of Economics**

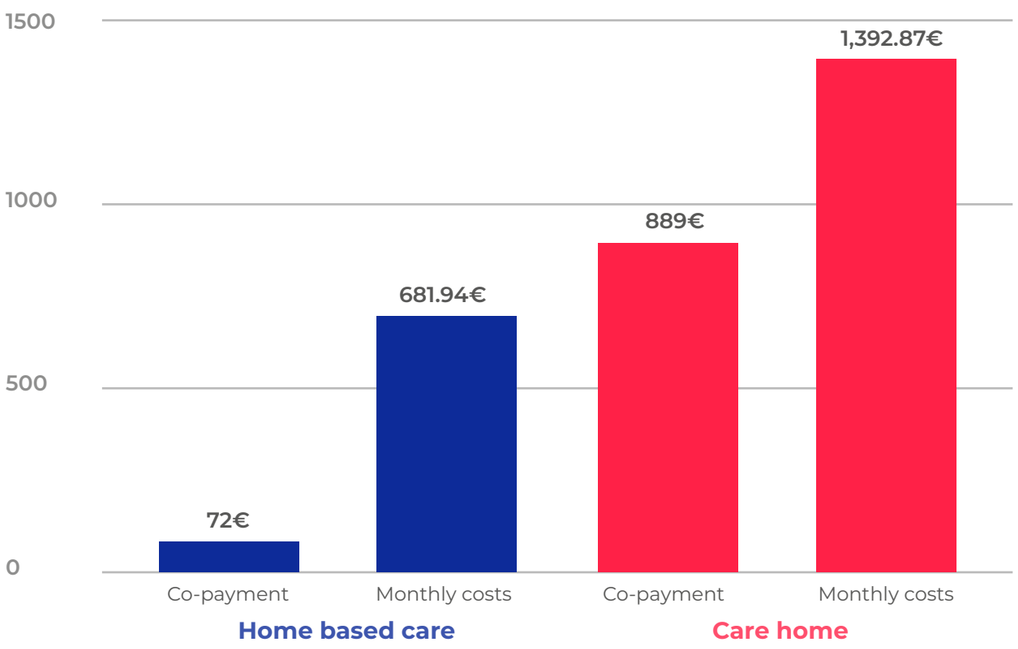
> *Long-term care provided in the community is more cost-effective and appropriate for low to moderate long-term care needs, with positive effects on indicators such as hospital (re) admissions.*
>
> **Ricarda Milstein, Policy Analyst, OECD**

The cost effectiveness of community and home-based long-term care can be illustrated by the Rural Care project, in Castilla y Leon, Spain. This experimental programme proved that it is possible to set up a home care support programme in rural areas as a cost-effective alternative to residential long-term care. The evaluation found that while upholding the physical and psychological wellbeing of older people, costs for home care were lower than residential care (FRESNO Consulting, 2023).

> *Home-based care service costs for clients with low and medium care dependency are lower than costs for clients with similar conditions in residential care.*
>
> **Špela Režun,**
> **Director of Public Social Welfare Centre,**
> **Slovenia**

The project determined that public monthly costs per person participating in the project were 681.94 EUR whereas monthly costs per person in a care home amounted to 1,392.87 EUR. The co-payment of 72 EUR per month for home-based care was significantly lower than co-payment for persons in care homes as they had to pay 889 EUR monthly. Participants in the trial perceived similar psychological and physical wellbeing outcomes to people living in care homes (FRESNO Consulting, 2023).

Cost comparison of home and residential care per person and month in Castilla y Leon, Spain



HOW

3. How can Community Care be Put into Practice?

The need for community care is widely recognised, but practical implementation may still be seen as a challenge. This is why we have looked at a range of community care programmes put in place by ESN members over the years to identify key elements of good practice and to inspire social services directors and political leaders who would like to introduce or improve community care in their country, region or municipality. These examples have been presented at ESN events such as the 2023 community care seminar, the European Social Services Conference or the European Social Services Awards.

In its first Community Care report (2011), ESN put forward three key requirements to advance towards community care:

- having a vision and the leadership to bring about that vision
- funding to make it happen
- the participation of all those affected.

Strategic needs assessments should help identify the types of services to be included in personal care plans and enough services should be available to guarantee choice. This in turn should impact positively on people's quality of life and social inclusion.

Over the years through the various questionnaires, events and activities with our members, we have come to realise that, alongside these three overarching requirements, there are at least four key additional components to bring about community-based social services:

1. An Engaged Leadership and Workforce

2. The Power of Prevention

3. Accessible Communities

4. Co-design with People using Services

3.1 An Engaged Leadership and Workforce

Leadership is the capacity to translate vision into reality. Directors of social services in local and regional authorities are well-placed to take the leadership in deinstitutionalisation and community care programmes. The engagement of leadership and **the social services workforce** in the implementation of programmes that are community, personalised and home-based is key to make the transition to the community model of care and support sustainable success. The change process across Europe has required the engagement of leaders across all levels.

For instance, in Ireland there were **actively engaged leaders** at all levels who were prepared to face down the inevitable challenges to culture and practice (Keogh, 2023). According to the Scottish Government, effective leadership implies planning ahead and anticipating future demands while driving change and managing performance in times of change (Scottish Government, 2010).

This process also depends on having **'champions'** in the organisations who drive the move to a new way of supporting those using the services (Keogh, 2023). Seeking out champions of change to lead and drive the development of community-based social services and programmes is crucial in deinstitutionalisation as they can help influence others.

> *"Identifying champions... who are the key people that can deliver what you want to say, to the people who will listen to them. So, we would have had some senior staff here who are fully on board, who are credible. As in, staff have known them forever."*

Care Worker involved in the Irish Deinstitutionalisation Programme (Keogh, 2023)

At discussions during recent ESN events, it became clear that the workforce needs to be considered as a key element of community care. Community care requires a **skilled workforce** as well as the development of new professional roles. This means that workforce development and training should be included in community care planning from the start.

It is crucial to provide training not only to front line staff but also to social services directors. Training should lead to a shift away from highly controlled, risk averse practice to support for risk-positive everyday practice (Keogh, 2023)

> *"There should be more investment in training of personnel to adapt to community-based practice."*

Survey respondent from Malta

New professional profiles such as **care coordinators** or **engagement officers** are also required to lead the change of care model to one that is rooted in the community. There are examples of new professional roles emerging in community-based social services across Europe.

For example, **participation managers** in Saxony Anhalt, Germany, are responsible for identifying local barriers to participation of people with disabilities who are supported by public services. They also recommend measures to remove these barriers, develop an action plan to ensure service accessibility, and monitor the implementation of these measures.

In France, **pathway advisors** together with the **community coordinator** (usually an experienced social worker) help with orienting people in need of support like families, people with disabilities and informal carers, towards the right community-based programme. The advisors act as a contact point for people in need of support to prevent the situation from deteriorating and help to keep individuals in their communities.

As part of Austria's Recovery and Resilience Plan, **community nursing** has been rolled out in 120 pilot projects to improve community based long-term care through the provision of support for family caregivers and counselling people to help detect needs at an early stage (ESN, 2021b). The community nurse is the main contact point for family caregivers. Those in the community nurse role carry out scheduled preventive home visits, offer information and advice, conduct surveys to assess current care and identify unmet needs, coordinate and facilitate additional support services for family caregivers as well as provide training and advocacy for their interests.

> *"For me personally, the biggest difference to traditional care is the time factor. At the moment, I can allow myself to have time to really listen to people, to have an open ear for their worries, fears and wishes. That is probably the most valuable thing."*

Community Nurse,
Innsbruck Social Services, Austria
(Pflegenetzmagazin, 2023)

3.2 The Power of Prevention

In the aftermath of the Covid-19 pandemic, there has been an **increase** of 15-30% in **needs** and **demands** for social services across Europe. This rising demand for care and protection services has been driven by several factors such as an ageing population and an increase in chronic ill-health, changing employment practices and heightened social risk factors. At the same time, rising debt levels, budgetary constraints and a lack of whole-of-government approaches have thwarted a preventative approach.

However, prevention is crucial for the development of effective community care programmes since it implies **preventing needs** or **delaying deterioration** of someone's health and social conditions as well as supporting individuals to retain and **promote** their **autonomy** and **wellbeing**. All these objectives are very much aligned to those of community-based social services.

According to the literature, prevention can be broadly understood as including the following:

- Services that prevent, or delay the need for care or support in higher-cost, more intensive settings.
- Strategies that promote people's quality of life and their engagement with the community.

Looking at the practices we gathered for our community care seminar in the autumn of 2023, there is still a lack of common understanding and consistency in the approach to prevention and wellbeing within social care and social services. Therefore, it is difficult to conclude which types of services are considered to have preventative effects, how we can measure the impact of preventive community based social services, or determine what constitutes good practice in preventive community based care.

However, we can say that the examples we outline below:

- either prevent or reduce the escalation of health or social issues
- reduce the use of more intensive and expensive settings
- or support people's wellbeing and autonomy to live as independent as possible.

Likewise, a key point made in relation to prevention is how social services can **better use technology** for a more anticipatory, preventative model of care in people's own homes and communities. Finally, prevention is not a standalone principle, but one which links closely with partnership within and across services.

The city of Härryda in Sweden has developed an **early intervention** social services programme with families with multiple challenges. The programme involves a risk assessment and mitigation strategy with parents through a dialogue to build trust, cooperation with schools, and family support services.

> *We believe that efforts to strengthen support systems for struggling biological families can lead to more positive outcomes in the long run than removing children from their homes.*

Malin Johansson,
Head of Social Services,
City of Härryda, Sweden

In Germany, **early help and social early warning systems** have been set up since 2006 to improve cooperation between health and child protection services to detect and prevent harm to children. In this programme, 10 model projects were established across all federal states and scientifically monitored. In 2022, 98% of county councils had set up early support programmes aimed at all (expectant) parents and their children in areas of health promotion and specialised programmes for families with problems to identify and address risks to children's wellbeing and development (National Centre for Early Child Support, 2023).

Young people leaving state care often have difficulties in their transition to adulthood. They frequently lack the necessary independent living skills, emotional stability, and vocational qualifications needed to navigate the labour market successfully. Many struggle with unemployment, financial difficulties, and even homelessness. Therefore, they need someone they can turn to for supervision and counselling. Some countries call it **after care services**, made available to care leavers from all kinds of care settings (Reimer, 2021), but supports may also include equipping them with the skills to live independently, manage personal and financial assets, and secure independent housing.

The social services department of Cluj Napoca in Romania put in place an **integrated support programme** for young people leaving their care homes, including rent payment for up to 24 months, counselling, professional training and mentoring.

> *The aim of community nursing is to improve older people's wellbeing with a special focus on providing them with the opportunity to remain in their homes while receiving the necessary care.*

(Gesundheit Österreich GmbH, 2022)

> *The effectiveness of our project can be demonstrated with the example of one of our clients: Diana. When she left the child protection system, she was unemployed, had no stable housing, and was suspect of criminal offence. Thanks to the provided psychological and vocational counselling, housing support and training, she managed to find a job as a hairdresser, rented an apartment and started a family.*

Crina Moisa, Policy Officer,
Cluj-Napoca, Romania

In Denmark, there have been regular **preventative home visits** for people who are older than 80 since 1996 to detect early signs of physical and mental decline. This means that early care and support is provided, which leads to reduced admissions to hospitals and care homes (Roostgard, 2023). The community nurse programme introduced in Austria in 2022, seeks similar effects intended to reduce admission to care homes.

At our seminar, the Masovian Province in Poland has invested in six **day centres** to support informal carers and prevent the need for residential care of people with dementia. The centres provide specialised care in the form of music and cognitive therapy, memory training, manual classes, horticulture and other forms of therapy. The pilot project evaluation found that the intervention reduced the need for additional places in residential care homes by 4% in 2022. A further reduction of 7.4% is expected by 2025. Encouraged by the positive results, the Masovian Province intends to double the amount of centres to 12 by the end of 2025.

3.2.1 Data and Technology

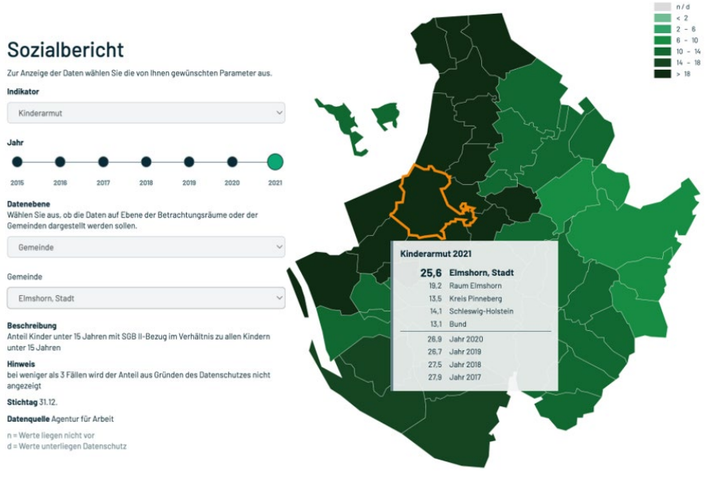
Data and technology are key enablers of community-based social services in several areas, particularly when it comes to **planning and decision-making,** as well as offering a model of care that's **preventative** in nature and helps people remain in their homes and communities.

For instance, the district of Pinneberg in Germany has developed the **FOKUS PI app**, which presents complex information on social needs to help decision makers decide on investments in services such as child care or long-term care, based on the analysis of the social-related needs of the local population.

Barcelona County Council has developed the '**All in One Sensor'** project that integrates monitoring, learning and projection functions to advance predictive and cognitive telecare. This consists of the installation of non-intrusive sensors to monitor the behaviour of people in their homes and alert them when there is a deviation in their habits or behavioural patterns.

Deviations relate to changes in regular patterns of energy consumption, activity, or physical movements as these may sign a worsening of health conditions. The sensors also include a virtual programme for the prevention of cognitive deterioration so that action can be taken when there is a cognitive deterioration alert.

FOKUS PI APP Pinneberg, Germany



3.3 Accessible Communities

People with care and support needs require not only social services but also other forms of support to be able to live independently. Community care is everybody's business and requires everyone to work together, including social services but also public health, transport, housing, employment, education, children and adult services, the voluntary sector, and providers. Public administrations need to ensure that their **neighbourhoods**, **communities,** and mainstream services are fully **accessible** so that people with additional care and support needs can fully participate in society. **Engaging the wider community** agencies and organisations to help people with care and support needs be included in their neighbourhoods is a key factor of success of community care.

Access to adequate housing in the community is a vital requirement for people with additional support needs to be included in society. This involves adapting housing for people with disabilities, older people or people with reduced mobility as well as putting in place the means so that people can receive care and support in their own homes.

Support Girona, a service provider for people with disabilities in Catalonia, Spain, put in place a programme to help people with disabilities live independently in their communities. The programme involves a methodology to assess housing and individual support needs to advance person-led residential and support arrangements within the ordinary housing market. This involves for instance flat-sharing and self-regulation agreements between people with care needs themselves. Since its creation, more than 220 individuals have managed to live independently through the 60 housing and support arrangements that Support Girona helped them secure.

In Portugal, Santa Casa da Misericordia de Lisboa set up the **RADAR Project** to identify early care needs and signs of social isolation or loneliness among older people in Lisbon. The programme functions through micro-networks **involving neighbourhoods and local markets** in a truly community-based approach.

The city of Helsingborg and Lund University have developed **Dementia Friendly Helsingborg**, enabling people with dementia to independently access and participate in outdoor environments, securing health benefits and continuing to engage with their communities. Through a participatory process involving people with dementia the city designed public parks in a way that takes into account the needs of people with dementia and ensures they are accessible (ESN, 2023).

3.4 Co-Design with People Using Social Services

In our 2011 report on community care, we highlighted that the participation of all those affected was a key requirement of community care. But for successful and sustained community care, it is not just about ensuring participation; it is also about **co-designing** and **co-producing** the services and programmes with those who use them.

> *"The term 'co-production' describes working in partnership by sharing power between people who draw on care and support, carers, families and citizens."*
>
> Social Care Institute for Excellence, United Kingdom (2022)

There is no single formula for co-production and, based on the practice we have gathered, we can say that coproduction can be implemented through the following forms:

- **co-design**, including planning of services
- **co-decision making** in the formulation or distribution of resources
- **co-delivery of services**, including combining in teams professionals with people who have experience of care
- **co-evaluation of the service**.

Barcelona City Council has developed Vila Veïna - a **new neighbourhood care model** based on local social planning. The council conducted a survey of 2,000 people from four neighbourhoods to assess their needs and found out that:

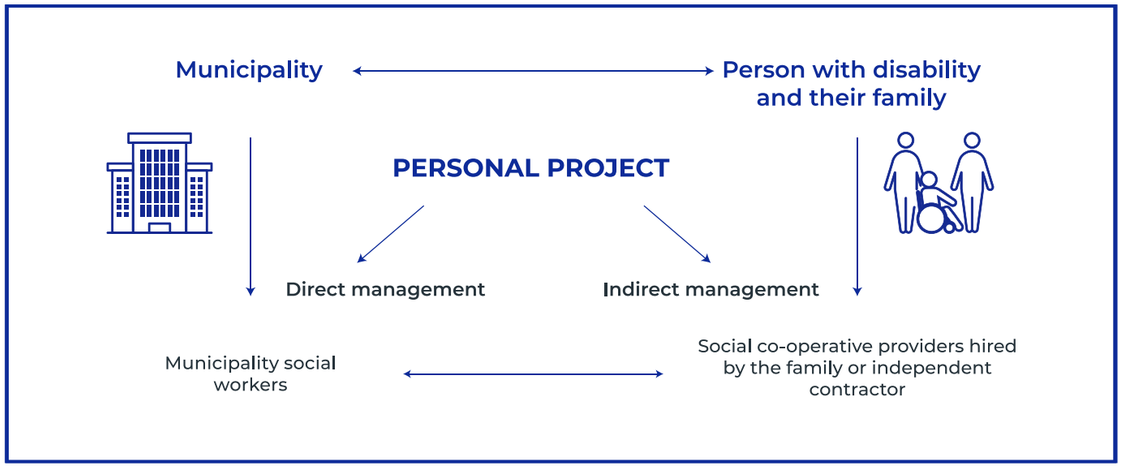
- 41% of the population are responsible for people with care needs
- 37% of these carers devote more than nine hours a day to care
- 14% feel anxiety as they cannot balance care work with other responsibilities
- 94% cannot participate in any support or mutual help activities in their care work.

The data was used to plan the Vila Veïna community care model, which consists of a **network** of teams of social services **professionals**, **people** who receive care, and **members of the community**. The aim is to generate transformative relationships between staff and people who draw on care that can help to co-produce the support that is provided by the care network.

ABC Italia promotes home services for people with disabilities and their families. The services are **customised** and **co-produced** by local services and people drawing on care to prevent placements in institutions. The programme involves the design of individualised support programmes for more than 40,000 people per year. In 22 years, over 500,000 customised and co-designed projects have been set up and implemented. The region allocated 168 million EUR for personalised projects.

The municipalities' social services departments make a needs assessment with children and their families to identify together the child's goals and the necessary care and support in order to achieve those goals: e.g. education, sport, social, personal or home support; day centres or other types of facilities. The child, together with their family care giver, the municipality and the family, develop the personal inclusion project. The family can then decide whether support is directly managed by the municipality and its social provider, or if they wish instead to have an allowance to contract separate providers.

Co-produced personal inclusion plan for children with disabilities in Sardinia, Italy



Development of Community-Based Social Services - Check List

Creating a checklist for decision-makers in community care social services is worthwhile and effective. It can help ensure that important factors are considered when making decisions about services that impact individuals and communities. Below we provide a practical checklist that decision-makers can use when planning their community-based social services.

The list covers the four key areas included in the 'How' section as well as some additional aspects to consider when it comes to services governance.

Leadership and Workforce

- [ ] Are staff adequately trained and qualified to cater for the needs of the people they support?
- [ ] Do staff receive suitable training in accordance with current evidence-based and best practice guidelines to deliver their services?
- [ ] Have staff the necessary resources to provide the support needed?
- [ ] Do workforce teams include people with experience of care and support?
- [ ] Do workforce training programmes include contributions from other professionals and people using services?

Power of Prevention

- [ ] Is there a system (including IT) in place to ensure data is being collected about the social care and support needs, barriers to services and resources and skills within the community?
- [ ] Is there a system (including IT) in place to ensure the service takes into account the social care and support needs of the community?
- [ ] Is there a system (including IT) in place to monitor usage of the service, its quality and impact?
- [ ] Are local needs being taken into consideration to ensure the service is adequately resourced to ensure it is successful?
- [ ] Is technology being used to ensure people are supported to remain in their homes and communities?
- [ ] Are protocols developed so that people can access and use the technology they need to remain in their homes and communities?
- [ ] Does the service work in an integrated manner with other services in the provision of support?

Accessible Communities

- [ ] Are services effectively indicated and promoted within the community?
- [ ] Have services been made easy to access? For example, through:
  - mobile units or professionals
  - extended opening hours
  - child and age-friendly spaces
  - ensuring physical accessibility for people with reduced mobility
  - ensuring services that are safe for persons of different gender and sexual orientation
  - guaranteeing they are anonymous and confidential
  - assuring they do not charge for use
  - the provision of user-friendly information on available services in plain, accessible language and the possibility of accessing them through translations into different languages or the support of an interpreter in order to assist with making informed decisions
  - being tailored to needs and protective characteristics such as sexuality, ethnicity, faith, gender, or disability?

Co-design with Persons who Use Services

- [ ] Are services delivered according to international standards on human rights?
- [ ] Is there a formal process in place to obtain the feedback of people using the services?
- [ ] Are people from the target community involved in service design, delivery and evaluation?

Governance

- [ ] Is there a national supportive legal framework and a plan promoting the development of care in the community?
- [ ] Can you identify which public administration is responsible for the plan and how do they cooperate with other public administrations?

In Conclusion

While this checklist is not exhaustive, it provides an overview of key items you should consider when planning, delivering and evaluating community-based social services. Likewise, specific items on the checklist may vary depending on the nature and scope of the social services being provided and the unique needs of the community. Regularly reviewing and updating the checklist is also essential to adapt to changing circumstances and needs in communities across Europe.

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