Residential service model

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The residential social service model was prepared for the needs of the All-Ukrainian Coalition of Organisations Supporting People with Intellectual Disabilities and the Ministry of Social Policy of Ukraine. The basis for the description is one of the types of field social services enshrined in the Social Services Act of the Czech Republic under the name "home for people with disabilities" of community type.

The model is intended to be a basis for preparation:

- budget in local conditions
- the start-up of new services in local conditions, where long-term, external methodological support is envisaged

The staffing and organisational arrangements described below provide for **two separate households for a total of 12 clients with different levels of support needs**, details of which are in the Target Group chapter. As the support needs of the clients change, the number of staff or assistant hours may need to be adjusted, but the organisational set-up may remain the same. With the increase in the number of households, there may be demands on the management of work teams for individual households.

The material was produced within the framework of the Inclusion Europe project, which aims, among other things, to support the development of community-based social services that respect the provisions of the Convention on the Rights of Persons with Disabilities.

Community-type service "home for people with disabilities"

Basic characteristics of the service

The mission of the service is to create opportunities for the residents of the households to manage their daily activities and responsibilities associated with living with the help of the service, to participate in activities in the city, to maintain and build good relationships and to live a dignified and, from their point of view, the most satisfactory life.

A home for people with disabilities is a residential service provided to people with disabilities who need the help and support of another person to cope with the activities of daily living. In this care model, care is inextricably linked to housing - the person who wants to use the service must move into the service building and live there for an extended period of time.

The need to move to access the service can negatively affect relationships with close people (family, friends, or neighbours) due to unavailability, geographical distance, or the set regime, which is not decided by the residents but by the management of the service. The aforementioned negatives can be mitigated by good staffing (enough qualified staff) and by building more small homes with a capacity equivalent to a normal apartment or family house, i.e. a maximum of 3-4 residents in one apartment, or 7-8 people in a two-generation family house.

The service has a basic framework of day care, which is reinforced by assistance provided according to the individual needs of each resident.

The aim of the service is to enable people with disabilities, including people with physical disabilities (wheelchair users) or with behaviour that requires care, to live a normal life in a normal home environment and with involvement in community activities.

Target group

The target group is people with health disadvantages, mainly in the area of intellect, combined with other difficulties such as mental illness, autism, behaviour that requires care, physical and/or sensory disabilities. These are people who will more likely need a greater amount of support in normal day-to-day life. For older people, the amount of support needed increases due to their declining fitness (mobility, skills and self-care).

To illustrate examples of specific people using the service

Irena (female, 42 years old)

Irena trained as a cook's helper, got a job, found a partner and lived with him for a number of years. After the death of her partner, her physical and mental condition began to deteriorate. Due to the trauma of her partner dying, she developed schizophrenia and a severe physical disability (she uses a wheelchair outside the home). Since the onset of the health crisis, Irena has lived in both residential health and social services (psychiatric hospital, residential care). Irena managed to move to a smaller community service two years ago, where she is close to her family.

With the help of a supported employment agency, she started looking for a job. While she did not enjoy her position as a cleaner, she liked working in a pastry shop right away. She began to learn how to use the telephone, which is an important way for her to connect with her family. At home, she needs help to organise things in her room. She participates in household care (food preparation, cleaning, shopping, etc.) to the best of her ability. Irena's family takes over the financial management. Among other things, Irena needs help to manage the anger that grips her when things go wrong. She needs motivation in maintaining her physical strength and taking care of her health.

Chamber service has given Irene the opportunity to be with her family much more, to have things that matter to her, and to have people she trusts. Being close to her mother and brother is key for Irene. As well as visiting them in person, she regularly talks to them on the phone and goes shopping for clothes and accessories with her mother - it is important to her to look good. The morning ritual of having coffee, then her favourite work in the kitchen, and listening to music are now common activities for Irena. She is happy for her roommate with whom she shares a room - she does not want to be alone. She does not like to talk about her past before her partner's death; it is still a difficult subject for her, but she has found those among the staff she can confide in. Her interest in the outside world is gradually increasing.

Scope of personalised assistance: as needed, especially when moving outside the home.

Jolana (female, 51 years old)

Jolana was born with a visual impairment, soon developed epilepsy, and spent a lot of time in hospital during her childhood. After her mother went blind, she moved with her mom to an institution for the visually impaired, and after leaving there she changed several institutions around the country, of which she has no good memories. Eventually the opportunity arose to return to the city where her mother remained in the institution.

A major challenge for Jana is her health condition, which does not always allow her to participate in household activities, work or engage in her favourite activities. Helping with health care, especially when it comes to managing epileptic seizures, is very important to Jolana. She also needs help with

managing her emotions and keeping her communication within the limits of what is acceptable to those around her, as frequently drawing all attention to herself prevents her from engaging with others. She also needs motivation in getting involved in taking care of the household and her belongings. A notice board with coloured boxes for completed activities helps her to do this.

Jolana has a very close relationship with her mother, to whom she confides everything she is going through. Because of her mother's fragility (an old blind lady who is also hard of hearing and very worried about her daughter), Jolana needs help in being able to give her mother support and comfort, rather than asking her for help. Of the other residents in the home, she has the best relationship with her roommate.

In the period after the move, Jolana was repeatedly hospitalized in a psychiatric hospital due to restlessness and challenging behaviour. Jolana requested the hospitalization herself and likes the hospital environment. However, over the last four years this situation has not occurred again. The care-demanding behaviour has subsided significantly. The new home has provided Jolana with the opportunity for mutual visitation with her mother, which was not possible before. The chamber environment is an opportunity for her to engage, when her health permits, in household activities and to continue her favourite rituals such as drinking coffee with clotted cream and cinnamon or reading books. Accompanied by assistants, she goes on outings and to churches, an atmosphere she loves, and where she also goes for prayer. Jana is the driving energy in the house, she can get the communication flowing. She can boss others around, but also support and comfort.

Scope of personalised assistance: as needed, especially when moving outside the home.

Martina (female, 73 years old)

Martina moved into the home almost thirty years ago from her family. She developed her disability as a result of a serious head injury in childhood. Her parents, and especially her caring mother, have tried to provide the best possible support for her development, including her talent for the visual arts.

Martina expresses herself in single words or short sentences. For effective communication, she needs patience; earlier attempts to support her expression with a communication board were not successful because she enjoys explaining to people in different ways based on what she wants to say to them using pictures on the tablet. As well as help with money management, looking after her personal belongings, especially smart clothes that she cares a lot about, and housekeeping, she needs to be encouraged to use a walking stick to help her keep steady when walking, especially on her favourite outings.

Martina feels at home, really at home. She likes to stay in her room and the common living room. She enjoys using the various services around the home, such as hairdressing, chiropody, rehabilitation, and where she likes to go. A crucial thing for Martina is her involvement in the art studio where she regularly goes to paint, through which she exhibits and sells her paintings. It is a place where she loves and where she is respected.

Scope of personalised assistance: as needed, especially when moving outside the home.

Basic characteristics of the service

The service inextricably links housing and care - clients live in households managed by the service. The service model described here envisages 12 service users living in two households: a two-generation family home (8 people) and a regular flat in an apartment building (4 people). The

appearance of the buildings does not differ in any way from the surrounding normal urban development. Both sites are within easy reach of public transport.

Assistants provide assistance to household residents on a full-time, shift basis. The night shift is provided by one assistant, while one or two assistants are present during the day, depending on the program and the needs of the individual resident. If an individual resident needs assistance with an activity outside of the home, an additional aide(s) comes on duty.

During the shift, assistants help people with all daily activities if needed, especially personal hygiene, laundry, meal preparation, and going out. They help with shopping, doctor's appointments and medical procedures, dealing with official matters, ordering various services, and accompanying them to cultural events, trips, etc. An important function of the service is also to help them keep in touch with their loved ones.

Great attention is paid to the individualization of the service. Each client has a key worker, a member of the team of assistants who devotes special time and attention to their personal needs and preferences. The key worker identifies the client's needs and ideas about his/her life and future, is involved in the preparation of his/her individual plan and provides suggestions to better adapt the service to his/her needs. In addition, the key worker ensures that each member of the team knows the needs and preferences of the client, that these are met and that they are not overlooked.

During the shift, personal assistants provide assistance and support to all household residents present and must be able to prioritise the focus of attention according to the urgency of the client's needs (who to help first), while not prioritising the needs of only some clients.

The main tool for individual service setting is individual planning based on the concept of Person-Centred Planning. Individual plans for each client are based on their identified needs, preferences, interests and hobbies. This allows the service to be tailored to each household resident beyond the standard assistance to the entire population, both in and out of the home. The needs of the individuals are then the basis for planning the services and services of the assistants. The service ensures that clients are able to go out with individual assistance at least once a week to attend to their own affairs outside of all clients' group events, which is usually provided by a second day shift assistant. The preparation of individual plans is led by the social worker. Planning meetings are always attended by the client and the key worker and activity coordinator from the work team.

The service makes sure that the residents in the home are comfortable with each other and live well together. For this reason, among other things, trial stays are carried out to check whether the new client fits in with the existing ones.

The service also strives to ensure that assistants are comfortable with clients, and therefore the consistency of their personality is monitored during the assistants' probationary period. A key worker can be changed if they are found not to be a good match with a client.

Clients are supported in using common public services such as health care, cultural, sporting and social events, and leisure activities. In addition, the home cooperates with other specialised services to help people find work, manage their compensatory aids, etc. All health services during the provision of social services are provided by an external home care provider on the basis of a doctor's indication. In case the client can manage health care in the range of medical procedures on her own with support, the support service will provide.

Working with risks

Clients are allowed to take so-called reasonable risks. Assistants are based on the belief that people learn through personal experience, which includes successes and failures. The organization helps clients learn from their mistakes.

In the case of risks that could seriously endanger a person's health and safety, the service prepares a risk plan for a specific person. Disproportionate risks are also addressed by the arrangement of the home, where the kitchen and bathroom are only accessible in the presence of the worker, and some personal belongings of clients (e.g. food, medication) are locked in common areas as well as in clients' rooms.

The daily risks are also covered in the support plan of each client. The service also works with the concerns of loved ones to map these and find appropriate solutions.

The service is provided to a number of clients with care-intensive behaviours, which are therefore given special attention. The staff primarily try to prevent crisis situations by mapping triggers such as specific sounds, smells, home environment, food choices, lack of stimuli, limits in communication, etc. In the operation and planning of services, they then try to minimize the occurrence of triggers within the service's capabilities and recognize the signs of an impending crisis. In the event that care demanding behaviours cannot be prevented, staff are aware of ways that lead to calming the resident.

Technical equipment supporting people's independence

The service uses commonly available technical and communication tools to provide support including:

- Mobile phone, tablet or computer to facilitate communication
- Online applications e.g. for shopping, travel, internet banking
- Maps with photos
- Fire detectors
- Dispensers for medicines
- Timetables and charts with pictures for orientation to the time and activities of the day, workflows, available on the phone, in hard copy, magnetic planning boards

What life is like for people who use the Independent Living Support service

Weekdays start around 7am. After breakfast, which residents prepare with the help of an assistant, people either go to work or to a sheltered workshop or, with the help of assistants, attend to household chores, shopping or doctor's appointments. After a communal lunch, which is ordered from an external supplier on weekdays, they usually go out, some clients are allowed to rest. Later, they participate in the preparation of the common dinner, which is again assisted by the assistants.

Clients are supported in personal contacts with their relatives, even in shared housing, where a visiting room is set aside for this purpose so that clients do not disturb each other if they share a room.

The staff sensitively strives for a socially acceptable appearance and appearance of the clients in order to maximize their acceptance by the society.

On the weekend someone goes to visit family, sometimes they go on a trip together and sometimes everyone goes separately. There is an effort to make sure that all the household members do not do everything together. Clients who need a wheelchair to get around use wheelchair accessible transport.

Staffing for 12 people

The core team of the service consists of:

- **Team leader of housing assistants/social workers 2 time**
  The Housing Assistants Team Leader manages the work of the assistants who help residents, supervises the work of the assistants and participates in the recruitment process.
  Schedules and shifts. In addition, he/she negotiates on behalf of the clients with the authorities, guardians and other services, and ensures communication with the family.
  Deals with prospective clients. Represents assistants when necessary and participates in direct work with clients. The assistant team leaders are interchangeable, for this reason they make a purposeful effort to know the clients in both housing.
  The Director is accountable for her work.

- **Personal assistants** in the number of about 20 in the range of **17 full-time equivalents**
  The larger number of assistants than the number of full-time positions facilitates the provision of services needed for individual accompaniment of clients outside the home.
  Assistants provide support according to scheduled shifts. They are guided by the household's activity schedule and individual service users' plans. They are involved in preparing individual plans and aids for service users.
  The assistant may also have a key worker role. In this case, the assistant helps the client with personal items (e.g. buying necessary clothes), helps the client to shop and take care of their personal belongings, organise their activities including parties, family visits, and manage money. Special time is set aside for individual work.
  When working directly with people, assistants follow current methodological and guideline procedures and cooperate with the social worker and the service manager.
  Assistants are responsible for their work to the team leader, who also provides methodological guidance.

- **Activity coordinator in the scope of 0,4 time**
  She is available to the work teams of both households to assist them in finding, planning and implementing client activities, especially outside the home. She assists clients in dealing with issues in the offices and elsewhere outside the home and attends planning meetings for individual clients.
  She is accountable to the Director of the organisation.

- **Director of the organisation 1 time**
  The Director represents the service externally in all negotiations concerning organisational matters, including those relating to the financial and material provision of services. She shall also deal with the operational matters of the service, the announcement and implementation of selection procedures for the positions of the service's staff. It resolves complaints, disputes and conflicts, conducts meetings and ensures communication between direct care teams and operational staff.
  He/she shall be accountable to the Board of Directors of the organisation.

- **Volunteers**
  Volunteer workers who meet legal requirements, such as integrity, and who have been trained, accompany clients to activities outside the home. Their work is supervised by a team leader of the assistants.

- **Maintenance worker - agreement outside the main employment relationship as required**
  A technical worker who takes care of everything around the maintenance of the family home and garden and minor repairs in the rented apartment as needed.

Beyond the direct operation of the service, the organisation also employs a 0.75 time administrative and economic worker who takes care of all financial management and accounting.

Consultation and independent supervision system

Consultations take place at two basic levels

- Both housing teams have their own meetings, which are chaired by the team leader with the participation of the activity coordinator and, in the case of more complex issues, the director. The main focus of the meetings is the provision of services for housing residents. Key workers bring suggestions to these meetings regarding the provision of their clients' needs.
  Meetings are held weekly, with the standard being that assistants can join online, and once every 5 weeks the whole team meets in person.
- A management meeting led by the Director of the organisation is held with the team leaders, the coordinator and the administrative officer. The main topic is the operational delivery of the service and important client issues affecting service operations.
  Meetings are held every two weeks.

The service has a regular, group external supervision, the purpose of which is to help members of the work team to cope with crisis and emotionally stressful situations that may arise when providing help and support to service users. The result is burnout prevention, greater team stability and service quality. This supervision takes place approximately once every two months.

Competence requirements and professional development of the team

In addition to meeting the formal requirements (legal education) and knowledge and skills, the organization pays increased attention to the personal adjustment of direct care workers. During the probationary period, it pays increased attention to how the relationship between them is and the worker reflects this. At the same time, the interrelationship is taken into account in the selection of the key worker. The choice of key worker may also be influenced by the client.

Team leaders are expected to meet the legal requirements for social work practice as well as management skills and experience, the ability to independently use all the basic tools of the Person-Centred Planning concept, and to methodically lead and teach other colleagues in the team.

The director of the organisation must also have a social work qualification as well as management skills and experience.

The activity coordinator is a qualified social worker who sees the importance of involving people with disabilities in mainstream activities in the local community.

Assistants are required by law to take an accredited social worker course. In addition, they are expected to have an interest in working with intellectual disabilities, resilience to stressful situations, good communication and organisational skills, teamwork, responsibility and independence.

Due to the complexity of working with PAS+, team members are trained in caring behaviors and coping skills for emotionally challenging situations. Direct care workers also use video interaction

training to help workers set up sensitive and effective interactions with clients, which helps prevent conflict situations related to, among other things, care-demanding behaviours.

Working hours

The working hours of the assistants are divided into twelve-hour shifts. The shift schedule shall be set no later than the 15th of the following month.

Other staff are available during normal working hours or outside of these by individual agreement.