



**eDESDE-LTC**

*DESCRIPTION AND EVALUATION OF SERVICES AND  
DIRECTORIES IN EUROPE FOR LONG TERM CARE*

## **CASE BOOK**

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## **eDESDE-LTC: CASEBOOK**

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## CONTENTS

|   |     |
|---|-----|
| FOREWORD .....  | VI  |
| LIST OF MAIN ABBREVIATIONS .....  | VII |
| LIST OF TABLES AND FIGURES .....  | VII |
| INTRODUCTION .....  | 1   |
| V1. WORKSHOP FOR OCCUPATIONAL THERAPY OF PEOPLE WITH DISABILITIES .....                           | 2   |
| V2. SOCIAL HOME FOR PEOPLE WITH IMPAIRED VISION.....  | 3   |
| V3. AGENCY FOR SOCIAL ASSISTANCE. DEPARTMENT FOR INTEGRATION OF PEOPLE<br>WITH DISABILITIES ..... | 4   |
| V4. MUNICIPAL SHELTERED HOME FOR PEOPLE WITH ID .....   | 5   |
| V5. MUNICIPAL DAY CARE CENTRE FOR PEOPLE WITH MENTAL DISABILITIES .....                           | 6   |
| V6. DISTRICT MENTAL HEALTH CENTRE .....   | 7   |
| V7. COMMUNITY MENTAL HEALTH TEAM .....  | 8   |
| V8. DAY CENTRE.....   | 9   |
| V9. HOSPITAL.....   | 10  |
| V10. SUPPORTED LIVING .....   | 11  |
| V11. SOCIAL CARE INSTITUTION FOR ADULTS WHO NEED LONG TERM CARE .....                             | 12  |
| V12. NGO FOR AND WITH PEOPLE WITH ID AND THEIR FAMILIES .....                                     | 13  |
| V13. NGO FOR SUPPORTED LIVING AND/OR EMPLOYMENT FOR ADOLESCENTS WITH<br>MENTAL ILLNESSES .....    | 14  |
| V14. NGO: FOOD DELIVERY FOR FRAIL PERSONS IN A CITY.....  | 15  |
| V15. EMPLOYMENT FOR PEOPLE WITH SMI AND/OR ID .....   | 16  |
| V16. SUPPORTED LIVING AND/OR EMPLOYMENT FOR ID.....   | 17  |
| V17. SUPPORTED HOUSING IN COMMUNITY.....  | 18  |
| V18. NATIONAL ASSOCIATION OF PEOPLE WITH DYSTROPHY .....  | 20  |
| V19. DAY CARE CENTRE FOR ELDERLY .....  | 21  |
| V20. PAYABLE SERVICES – SOCIAL SERVICE SERVICES .....   | 23  |
| V21.- WORK AND CARE CENTRE.....   | 24  |

## FOREWORD

The 'Description and Evaluation of Services and Directories in Europe for Long Term Care' (DESDE-LTC) is an instrument for the standardised description and classification of services for Long-Term Care (LTC) in Europe. DESDE-LTC has been designed to allow national and international comparisons.

Basic training on the use of DESDE-LTC is required before the instrument can be used. So, an online course (eDESDE-LTC Training Package) has been developed to facilitate the learning on using the instrument for people in other European countries. The training course is available at <http://www.edesdeproject.eu/training.php><sup>1</sup>.

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***Coordinator eDESDE-LTC Project***

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<sup>1</sup> If you want to provide us a feedback on the usability of the eDESDE-LTC system, please click on the link below to complete the online questionnaire (it takes less than 10 minutes):

<http://www.unet.univie.ac.at/~a0305075/umfragen/index.php?sid=21575&newtest=Y&lang=en>

## **LIST OF MAIN ABBREVIATIONS**

|        |  |
|--------|--|
| BSIC   | Basic Stable Inputs of Care                            |
| DESDE  | Description and Evaluation of Services and Directories |
| EAHC   | Executive Agency of Health and Consumers               |
| EQM    | Evaluation Quality Management                          |
| EPCAT  | European Psychiatric Care Assessment Team              |
| IRIO   | Izobraževalno Raziskovalni Inštitut                    |
| LSE    | London School of Economics                             |
| LTC    | Long-Term Care   |
| MTC    | Main Types of Care                                     |
| OECD   | Organisation for Economic Co-operation and Development |
| QAP    | Quality Assessment Plan                                |
| SHA    | Public Health Association                              |
| UNIVIE | University of Vienna                                   |
| WHO    | World Health Association                               |

## **LIST OF TABLES AND FIGURES**

### **TABLES**

|   |    |
|---|----|
| Table 1. eDESDE-LTC final Coding of Case-Vignettes..... | 26 |
|---|----|



## INTRODUCTION

This document includes a series of 21 **case-vignettes** to illustrate the use of the coding system eDESDE-LTC as well as its related instrument. These are actual cases gathered in several European countries with different income level, North-South and East-West distribution, and health and social systems. The cases should be rated following the steps described at the document “Instrument – Mapping Tree” and using the eDESDE-LTC coding.

If you want to provide us a feedback on the usability of the eDESDE-LTC system, please click on the link below to complete the online questionnaire (it takes less than 10 minutes):

<http://www.unet.univie.ac.at/~a0305075/umfragen/index.php?sid=21575&newtest=Y&lang=en>.

You can get full information on the eDESDE-LTC project at:  
[www.edesdeproject.eu/training.php/vignettes.pdf](http://www.edesdeproject.eu/training.php/vignettes.pdf).



## VIGNETTE 1

### V1. WORKSHOP FOR OCCUPATIONAL THERAPY OF PEOPLE WITH DISABILITIES

Permanent staff of Vignette 1, providing services to clients, numbers two people: the manager, who is an economist with no training in a helping profession and an occupational therapist.

Vignette 1 is a workshop that runs a foundation with an identical name. Most often it is sponsored by municipal programs targeted at the unemployed. The workshop provides services involving some forms of work activity – occupational therapy to people with disabilities living in the catchment area. Clients manufacture small objects-souvenirs from cardboard and wood. Clients have either physical or intellectual disability or a combination of these conditions. There is no formal obligation for clients to be registered as people with a disability status in local social agencies, in order to make use of the services of the area.

Depending on the availability of funds, the workshop engages 7 and 60 clients, 5 days a week. Employees of the workshop usually get paid for the objects manufactured by them, but payment is very irregular, depending on the sales of the products and very rarely amounts to the minimal salary for the country. Employees some times get consultations from a psychologist, engaged on a honorary basis, normally once per month.

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## VIGNETTE 2

### V2. SOCIAL HOME FOR PEOPLE WITH IMPAIRED VISION

Vignette 2 is a social home that provides boarding, food and support with daily living to people with impaired vision. The service admits people who have only slight visual difficulty, those with serious impairment and completely blind clients. The home does not have a strictly defined catchment area, still most of its clients come from the district of the capital of the country and the adjacent small towns and villages.

People living here are either single, or widowed, or come from families with limited resources for care. Although there is no requirement for minimal age, the majority of the clients are over 60 years old. Once admitted, clients would stay indefinitely long, most of them- for a lifetime. Sometimes, families leave their family members for a few months- in the unit for respite care, when the family is going through some major change- change of place of residence, illness, etc. When a resident develops dementia, he/she usually has to leave; to be transferred to a facility, more equipped for taking care of such conditions.

Besides the manager, who is a social worker, the staff of the home includes one GP, 2 nurses and 8 caretakers who work, by threes in two shifts during daytime and night. The home does not provide any special treatments for people with visual impairments; the residents spend most of the day listening to the radio, or engaged in some type of art therapy provided by the personnel. The full capacity of the home is 27 beds; people live in rooms having 2 to 6 beds. At the moment of compiling this description, 20 beds were occupied.

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## VIGNETTE 3

### **V3. AGENCY FOR SOCIAL ASSISTANCE. DEPARTMENT FOR INTEGRATION OF PEOPLE WITH DISABILITIES**

Besides the department for integration of people with disabilities, the agency for social assistance in our town, hosts two other: department for child protection and the department for social protection. However, more than 50 % of the clients of the agency are people in need of long term care. Officially, they are designated by the agency as “people with long term decrease in work capacity” and “people with reduced capacities for social adaptation”.

The agency provides free services to people with physical and mental disabilities. The department for integration of people with disabilities employs 5 people: 2 medical doctors with specialization in social care, 1 pedagogue, 1 theologian, 1 social worker. In the following year it is expected the personnel to grow up to 25 people.

Besides specific products, the agency provides information and assessment.

This stuff provides products such as medical apparatus and technical aids for the various needs of disabled people. Services are integrated in this process, such as providing information as to all services for people in need of LTC, available on the territory of the catchment area. Furthermore, the personnel is engaged into providing clients with the so called individual integration plan- an individual care plan, comprising social, health, educational, etc, rehabilitation measures.

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## **VIGNETTE 4**

### **V4. MUNICIPAL SHELTERED HOME FOR PEOPLE WITH ID**

According to the original plan of municipal authorities, Vignette 4 is a sheltered home for indefinite stay that has been stipulated for female-clients with mild and moderate mental disability, hitherto living in a social care home for the mentally disabled- a dilapidated building, in the outskirts of the town.

The home- a newly constructed 2 storey-house in the centre of the city, disposes of 4 two-beds rooms and the corresponding living rooms, study rooms and other premises needed for work and recreation.

The vision of service envisaged employment of three permanent staff members to assist inhabitants in achieving the goals of social skills learning and social inclusion. These were two social workers and a psychologist. Additionally the project foresaw employment of two therapist educators specialized in educating people with special needs, on day by day, honorary basis, when needed.

The deinstitutionalization program started with three women moving from the social care home to the sheltered house. Objectives of social rehabilitation, however proved not to be easily achievable- clients felt lonely and depressed once moved away from the social home, where they have spent all their lives.

Therefore, municipal authorities decided to concede the remaining five beds to young single mothers, living in strained economic circumstances.

After several months the three disabled women opted for returning to their former habitation. The deinstitutionalization program was abandoned and all 8 beds in the sheltered house have been occupied by single mothers. Staff remains the same the psychologist and the two social workers help clients achieve their socialization goals.

**eDESDE-LTC CODE \_\_\_\_\_**

## **VIGNETTE 5**

### **V5. MUNICIPAL DAY CARE CENTRE FOR PEOPLE WITH MENTAL DISABILITIES**

Vignette 5 is a service disposed of a two storey, newly repaired building and the adjacent playgrounds, used in the village of the catchment area for sporting activities.

According to initial plans, the day care centre aimed to provide structured (more than 25% of opening hours) and unstructured day-time activities for people with severe mental illness, 8 hours a day, Monday, to Saturday. However, not enough clients with SMI enlisted as clients, therefore the management decided to offer services for people with mild mental retardation as well. Currently 10 places are allotted to clients with SMI and 10 places to clients with intellectual disabilities. 19 places are occupied at present. Usually clients attend separate programs, depending on their diagnosis clients are offered to join programs such as social skills learning, art therapy, exercise program, etc. Having an official disability status is a prerequisite to make free use of centre's services. Clients are also offered free catering.

The implementation of programs is entrusted to a manager with social work specialization, two nurses and two social workers. A psychiatrist is employed by the centre on a fee/per consultation basis, therefore clients can be provided with psychiatric consultation and medication. Initially the centre started as a foundation-run project sponsored by the ministry of labour, but two years after the elapse of the project it is sponsored by the municipal budget.

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## VIGNETTE 6

### V6. DISTRICT MENTAL HEALTH CENTRE

Vignette 6 is a team which provides support, care and assessment for people with mental illness who live in the community. Sometimes they are required from hospital but this is not a usual practice. All patients under 18 years old are first evaluated in this centre although they are sent to the Area's Child Mental Health Team/Centre for treatment and follow-up.

The service has a team with 4 psychiatrists, 2 psychologists, 2 psychiatric nurses, 1 social worker and 2 nursing assistants.

If one of their clients has a sudden deterioration of mental state or functioning due to their psychiatric disorder, a professional can visit them at home, always in office hours. After assessment they can program a monitoring care or refer them to hospital when it is needed. The frequency of attention is once every 15 days.

The team has a total caseload of 1359. The core caseload is 1306 when we exclude patients who are seen mainly due to dementia, substance misuse or intellectual disability. 90 of the people on their caseload are aged over 65.

On a census week, the team made a total of 269 face-to-face contacts with their patients. 20 of these were with a user who was over 65. The majority of these contacts (250) took place either at the District Centre or at the patient's home (19 contacts).

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## VIGNETTE 7

### V7. COMMUNITY MENTAL HEALTH TEAM

Vignette 7 has a team of seven support staff including their manager – five nurses (Community Psychiatric Nurses) and two social workers. They provide support, care, and assessment for people with enduring mental illness in the area of Fordham, living in the community (although they will visit people who are in hospital if required, this is not part of their day-to-day remit).

If one of their clients has a sudden deterioration of mental state or functioning due to their psychiatric disorder the CPN or social worker can visit them that day to provide care and assessment, before referring them on to more specialist crisis or hospital care if required. Non-acute care once per week makes up the main role and working pattern of the team. This involves clients attending meetings at the service premises, or staff visiting clients in community locations such as their own accommodation.

The team has a total caseload of 172. Each of the CPNs currently has between twenty-five and twenty-seven on their caseload. The Social Workers have a caseload of thirty nine in total and there were two new referrals accepted to the team on the day they provided this data. Four of the people on their caseload are aged over 65.

On the census week that they completed, the team made a total of 50 face-to-face contacts with their clients. Five of these were with a client who was over 65. The majority of these contacts (25) took place either at the service premises (a health centre) or at the client's home (25 contacts). There were three contacts recorded at hospital.

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## VIGNETTE 8

### V8. DAY CENTRE

All the people that attend the Vignette 8 day centre live in the catchment area. The centre provides activities for people to attend five days a week on a variety of topics, such as gardening and cooking. The main target group of the centre are adults aged between 18 – 64 with enduring mental illness, however a couple of people aged over 65 are regularly attending.

Some of the classes they provide have recently started to focus on providing employment skills for the service users, and seven of the service users have started to volunteer in the office and reception at the centre for a few hours a week to develop these skills further. This new development has been called the 'Horizons Programme'. They are not paid to do this work or have a contract, but are being trained and assisted in employment-like roles to develop their employment skills for the future.

On the census week there were thirty attendees at the centre on Monday, twenty four on Tuesday, twenty seven on Wednesday, thirty four on Thursday and ten on Friday (when just one class operates). There were two attendees during the week who were over 65. Both attended the gardening classes only, which are held twice a week.

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## VIGNETTE 9

### V9. HOSPITAL

Vignette 9 is a service that provides hospital in-patient care in the catchment area. There are five wards in the service – two acute in-patient wards for the adult population; one rehabilitation ward for longer term patients; and two older person wards (for patients over the age of 65). Each of the acute wards have twenty beds, and the same staff: qualified health professionals and a 24h physician. Admission in the service can be possible within 24 hours.

On Thursday the 8<sup>th</sup> February 2007 all the beds in one of these acute adult wards (called the Gold ward) were occupied. All the patients were under 65 and over the age of 18. Eleven of the patients were male and nine female. The majority, fourteen, had been in hospital less than a month, four had been in hospital since December 2006, one since November 2006, and one since late June 2006.

Of these twenty patients, two had been diagnosed with non-psychotic illnesses of personality disorder, five had depression, seven had been diagnosed with schizophrenia and six with other forms of psychosis, one being drug-induced. Seven of the patients were currently legally detained in the hospital.

Of the other wards at the service, the rehab ward provides ten beds for a temporary stay (less than 6 months), and the older person wards, fourteen beds each y shared staff with adults acute wards. One of these older person (OP) wards are used only for patients with dementia, and the other for patients with a functional mental illness. Both are acute wards.

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## VIGNETTE 10

### V10. SUPPORTED LIVING

Vignette 10 is an agency that provides accommodation and support for people with enduring mental illness, living in the catchment area.

One manager oversees the two accommodation units they provide in that area, number six and number ten in the same street, which are actually part of the same building. Number six has space for six residents in a shared house, and there are support staff (social worker, nurses) onsite twenty-four hours a day. Number ten has been split into three self contained flats with official registration and independent budget, each having room for one resident,. Support staff visit number ten every day including weekends, but only for a couple of hours..People usually move from number six to number ten before they move into their own mainstream accommodation in the future.

Of the nine people that the service staff supports, one is aged sixty six and has lived there for over three years but they normally would only accept residents aged under sixty five and over the age eighteen, and are trying to find somewhere for this resident to move to in the future. Three other residents have lived there for over two years. Four have lived there between twelve and fourteen months, and one moved in recently, just a month ago.

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## VIGNETTE 11

### V11. SOCIAL CARE INSTITUTION FOR ADULTS WHO NEED LONG TERM CARE

Vignette 11 is a 60 years old institution intended to take care for people with different types of disabilities and disorders. Its formal status is public social care institution for adults who need long term care. Residents in the institution are adults with chronic mental health problems, adults with moderate to severe learning disability, adults with several disorders – developmental disorders and behavioural problems, sensory disabled and physically disabled and adults with severe sensory disability who need special care for indefinite periods of time. The catchment area is the whole country. The number of residents in the service is now 430 in old but beautifully redecorated castle and buildings around it.

Management of Vignette 11 follows the rules of the act of social care. Its management is independent.

The service is financed from three sources:

53% social care sources– 6.603.293,86 evr per year

43% health care sources – 5.305.247,04 eur per year

4% other sources

There are employed different professionals in Vignette 11 to provide 24h support:

3 psychiatrists, 1 psychologists, 24 registered nurses, 5 social worker, 84 nurses, 82 nursing assistants, 3 kinezioterapist and 1 Dephectologist.

Residents have occupational therapy, sports activities (swimming pool in the basement of the castle, sauna), the possibility to engage in different therapies and spend summer and winter holidays in the organisation of the institution as well.

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## VIGNETTE 12

### V12. NGO FOR AND WITH PEOPLE WITH ID AND THEIR FAMILIES

Vignette 12 is a nongovernmental, non confessionally committed association that works for and with people with intellectual disabilities and their families. The association acts as an umbrella organization for nine regional organizations that provides persons with intellectual disabilities online and print information on their specific care services in the nine provinces of the country. This organization also organizes trainings for professional staff on different topics related to care.

There are 12 people employed in this association: 1 executive director, 1 office management, 1 support of office management, 1 administration concerning rights, 1 trainee of administration concerning rights, 1 administration academy, 1 pedagogue/psychological specialist, 1 person for the library, 1 trainee, 1 marketing / PR-staff, 1 trainee and 1 voluntary person.

The funding is provided by the Social Ministry of Vienna and by donations.

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## **VIGNETTE 13**

### **V13. NGO FOR SUPPORTED LIVING AND/OR EMPLOYMENT FOR ADOLESCENTS WITH MENTAL ILLNESSES**

Vignette 13 is a non governmental organisation that provides supported living and/or employment for adolescents with mental illnesses and/or people with severe or profound disabilities. It has eight living units in the country, and one exclusively for people with severe ID. They also allocate occupational therapy in three different districts.

The unit for people with severe ID provides 24h non acute support for 9 persons for an indefinite stay. The users are between 15 and 25 years old and the support is adapted to their needs.

The team for people with severe ID includes two voluntaries, one nurse and six carers with special training for psychiatric patients and/ or people with severe disability.

The funding is provided by the Social Ministry and by donations.

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## **VIGNETTE 14**

### **V14. NGO: FOOD DELIVERY FOR FRAIL PERSONS IN A CITY**

Vignette 14 is a non governmental service that provides food delivery for people in the catchment area. The target group is especially elder frail people. The user can decide on the intensity (daily delivery, delivery on certain days and delivery of packages for a week excluding Sundays in a day time basis). It is possible to choose between several menus, including starter, main dish and dessert. Furthermore the service offers dietary food for people who suffer from food dependent illnesses, like diabetes mellitus. The users pay for this service themselves.

The team includes social workers, pedagogue and voluntary, nonprofessional staff.

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## **VIGNETTE 15**

### **V15. EMPLOYMENT FOR PEOPLE WITH SMI AND/OR ID**

Vignette 15 is an employment-project of a non governmental organization. It provides the possibility of paid employment (50% of local normal salary) for people with a non acute mental disorder or an intellectual disability. There they can work, according to their agreement, daily or at least several times a week. The project includes a café as well as a second-hand-shop for books, records, CDs and DVDs. Hence there are a lot of different jobs to do and if necessary or required, the workers can be supported by at least two present caregivers. This support includes also psychosocial aspects and is adapted to the special needs of all employees. Furthermore the premises are equipped accordingly.

People can get care for at most 5 times/week, from 9:00 till 19:00 (only workdays). There are 18 users with a range of age of 21 to 56 years.

The work team is composed by caregivers with different education/profession: 1 psychologist, 2 social workers, 1 psychology student, 1 Executive Director, 2 voluntaries.

The funding is provided by social found, donations and the revenue of the shop

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## **VIGNETTE 16**

### **V16. SUPPORTED LIVING AND/OR EMPLOYMENT FOR ID**

Vignette 16 is a non governmental organisation that provides supported living care for 11 persons with mild intellectual disability for long periods of time. The users are between 25 and 45 years old. The team includes two voluntaries and five carers with special training for people with disabilities. Carers are available for users from 3pm until 8am. All users are at work from 8am until 4pm. If someone gets ill, carers can stay for the whole day in the flat.

The funding is provided by the Social Ministry and by donations.

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## VIGNETTE 17

### V17. SUPPORTED HOUSING IN COMMUNITY

Vignette 17 is NGO with two services for mental health located in different buildings: long term supported housing in community for people with chronic and disabling mental illnesses; day centre and counselling: The formal status of the service is association and there is an act on functioning of associations of civil society associations. Management of the centre follow the rules of the act of this act.

The program is financed from different sources: from grants and from donations are financed day centres and counselling. Supported housing is financed by persons who live in the facility in case that the person is capable to pay the costs. In case that person is not able to pay the cost of living in the facility, the costs are paid by local community or by social service. The living in supported housing costs 22, 5 E per resident per day. They have residential care for this price. They can visit day care centre as well for free.

Here we will describe only the supported programme for the region. Residents live in rented flats with specific administration unit. 22 residents live in 8 flats: 5 flats have 3 rooms, 1 flat has 2 rooms and there are also 2 flats with one room. There are 4 social workers in the centre who are responsible for these residents. Social worker visits them according to the plan and supports them in their activities. In case of emergent need resident could contact social worker immediately 24 hours a day and social worker have to respond at once. Residents have different mental health problems. They suffer from schizophrenia, bipolar disorder, organic psychosis, comorbidity – substance use disorders and somatic diseases. One third is older than 65 years. There are 4 social workers taking care for residents. The waiting list is long.

Residents could use the programme of day centres and counselling as well. One third of them are involved in day centre activities.

Day centre and counselling are located together in a different house and are run by a specific administration, there is a large living room for different activities, a room with computers and room for group meetings. There is also a kitchen. The day centre has planned activities and there is at least two guided activities per day. There is a language course, meeting on healthy living, self support group, course for using computers, learning to cook and many others. Every second week there is guided trip to mountains and twice a year there are organised holidays. The trips and



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holidays have to be paid by participants. All other activities are free of charge. There are two social workers and several volunteers (up to five) who run the day centre. Every day there are thirty to forty participants. In the list of occasional users are 300 people with mental disorders.

Counselling service is organised in the same building but a different entrance. There are two social workers who run this activity. There is a phone counselling and personal counselling. The number of counselling per month is up to 30 for personal contact and up to 45 for phone contact. People could be in counselling every day when needed. There are up to ten people who need frequent contact – every week at least. The number of people per year is up to 265. The counselling is free of charge.

**eDESDE-LTC CODE** \_\_\_\_\_

## VIGNETTE 18

### V18. NATIONAL ASSOCIATION OF PEOPLE WITH DYSTROPHY

The programme Transport of People with Dystrophy is the central special social programme of association as it enables and is also a condition for implementing and inclusion of people with dystrophy in all the other special social programmes and in a broader social environment. Because of their advancing physical disability people with dystrophy need not only ever increasing extent of physical help from other people, but their indispensable aid is also a wheeling chair and with that they need an adapted means of transport.

With transport vehicles adapted for transportation of physically disabled people on wheel chairs association performs transports of people with dystrophy and other physically disabled people daily across the country and abroad.

All transports are planned and organised with the help of transports-coordinators in the country. Because of technical and work-force limitations they are giving priority to transport to work place, educational institutions, doctor visits and other health institutions, other public institutions and littoral regeneration rehabilitation facility.

There are professional (social workers, psychologists) and non-professional (drivers, volunteers, companions) staff.

The service is available for people with dystrophy. People who need transport to go to work or to go to the medial care are first to serve. The transport is organised in advance, but there is a possibility to make urgent arrangement.

Every day there are up to 50 -100 people who need transport due to their disability.

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## VIGNETTE 19

### V19. DAY CARE CENTRE FOR ELDERLY

Day care centre is a new form of daily institutionalized care. In Day centre they combine daily care and daily activities, which are intended for elderly people that live at home and wish to spend daily a few hours in company and involve in cognitive and psychical rehabilitation activities. At the same time daily care at least partly relieves relatives that take care for the elderly people.

Day centre is open from Monday to Friday, during 7 am and 17 pm. It offers: supervision, health and social care, nutrition (breakfast, lunch, drinks), diet, if preferred relaxation activities: tombola, reading hours, exercises, movies, social games, trips and walks, knitter hours...., workshops for memory training, various theme workshops (Carnival, Easter, New year...), celebration personal holidays.

Daily care is intended for elderly people who because of special needs require care and supervision; for elderly people who need certain forms of help and not whole-day care, with intention that they would remain as long as possible in their home environment; users of daily care have assured transport to Daily care and home.

The basic price for daily care depends on the needs of the individual, the price includes: care, social care, and daily nutrition and relaxation activities. All additional services are charged in accordance with validated and confirmed prices of services by the Council and include: expert guided exercises, yoga, music, dance and singing, workshops for creativity, memory training exercises, literary and debate club, cooking workshop, foreign languages courses etc.

These activities are intended to all who wish to actively spend the day, to all who wish to learn something new, to all who wish to do things that they already did in the past, but didn't have the time, chances of will to do them in the present, to elderly who wish to socialize with their peers, meet new people and customs etc.

The day centre was established by Nursing home Šiška. There are up to 50 elderly included in every day care and up to 100 are included in some activities. The care is financed by users. The prices are reasonable. There are 4 nurses, 2 social workers and 2 occupational therapist present



*Casebook*

every day. Other specified activities are delivered by part time workers and volunteers. In municipalities there is a trend to develop day care for elderly. There are waiting lists for users in some day centres, but people could go to another centre as well.

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## VIGNETTE 20

### V20. PAYABLE SERVICES – SOCIAL SERVICE SERVICES

The services of social care outside of the public service network are performed by legal and physical subjects that acquire the appropriate work-licence. It is a service, that is payable and is not a part of the public service. It is carried outside the centres for social work, institutions for home care, etc. You're legitimate for this service if you order it and assume the responsibilities for payment and covering of costs with regards to the service.

The service of Social Service is similar to social care, but it is more extensive and encompasses more home help, such as delivering of prepared meals, grocery shopping and delivery of groceries, preparing of woods for heating, purchasing of winter stores, laundry and ironing, garden maintenance, house cleaning and repairing, decorating, accompanying visits to shops, shows, friends or family, organization of other social meetings, pedicure, hair dressing and other similar services for body care, whole-day monitoring over personal telephone alarm, monitoring of medication use, protection and monitoring of state over night.

The Social service is organised as small enterprises with up to 15 employees. Almost every community has one enterprise and there are only few of rural areas without this service. In Ljubljana and other bigger cities there is more than one. The permission for work as Social service is given by local community government (municipality). The prices are regulated by municipality. The quality of care is supervised by Ministry of social care, family and employment. The staff is qualified (nurses, social workers, carers who finished three year secondary school for nursing) and not qualified (drivers, companions).

The service is available 24 hours a day 7 days/week but not all users need 24 hours support otherwise this kind of help would be too expensive. The meals on wheels are one of the most frequently used services and it is available every day. Next most frequently used service is helping family member to wash and bath the person who is not able to do it alone. This service is used twice a week and it is not expensive.

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## VIGNETTE 21

### V21.- WORK AND CARE CENTRE

Vignette 21 is a work and care centre that was established in the beginning of 1984. In the first year already twenty-one mentally and physically affected adults found their place and self-confirmation in it. After ten years of existence the number of clients doubled, there were already forty of them. After 12 years, in the institution worked 75 clients and employees, in the new millennia already 100: 85 clients and 15 employees. Consequently there was a lack of basic conditions for working and living and the situation became intolerable. In 1999 the Ministry of Labour, Family and Social Affairs ratified the investment programme for the construction of new, modern object.

In 2004 the service began its work in the new location. On two floors, encompassing 1800 square feet of space, there is enough room for 120 people, sufficient for quality life and work. Although spacious, this building quickly became friendly home.

They are performing the tasks of supervising and caring, organising employment under special conditions for mentally and physically disabled adults. Employment under special conditions encompasses all forms of work that are enabling the disabled people to preserve their acquired knowledge and development of new skills.

The motive for work is not profit (they are not paid), but rather work as an element of quality life, work that brings more equal options, that means higher degree of humanity and respect of rights. In the manufacture they cooperate with numerous companies and developed their own attractive programme. In this way they acquire the majority of resources for covering the material costs, awards, trips and vacations, cultural and sport activities. Smaller, but also important source of income represent donations from benefactors. Their own manufacture programme consists of paper goods and hand embroidering products. The price of products is comparable, the quality very good. Besides developing of hand skills, this kind of products also enable work-creativity.

Now there are 25 qualified (social worker, nurse, psychologist, occupational therapist, pedagogue, technical staff) and nonqualified (drivers, cleaning staff, companions) staff.

The number of included people could not be increased due to the need of the community. There is limited amount of funds from local, regional and national government.



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At the moment 95 clients are included in day work. Around 30 of them need every day the driver to pick them up and after work drive them home.

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**Table 1. eDESDE-LTC final Coding of Case-Vignettes**

| <b>Nº VIGNETTE</b> | <b>DESDE CODE</b> |
|--------------------|-------------------|
| 1                  | D3.2 O10.1        |
| 2                  | R11 R8.2          |
| 3                  | I1.1 A5           |
| 4                  | R11               |
| 5                  | D4.1              |
| 6                  | O9.1d O2.1        |
| 7                  | O8.1d O2.1        |
| 8                  | D3.2              |
| 9                  | R2 O3.1 R4        |
| 10                 | AR11 AR13         |
| 11                 | R11               |
| 12                 | I2.1.2            |
| 13                 | R11               |
| 14                 | O5.2.1 S1.3       |
| 15                 | D2.2              |
| 16                 | AR11              |
| 17                 | R11 D4.1 O8.1     |
| 18                 | A2                |
| 19                 | ED4.1             |
| 20                 | O5.2.3            |
| 21                 | D3.2              |

*For any comments regarding this coding please refer to*

*<http://www.edesdeproject.eu/contact.php>*



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