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Individual Budget Model for Community Based Social Services for Children with Disabilities in Latvia: Analysis of Results of Pilot Project

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Abstract

Children with disabilities require continuous health care and social services to address their individual changing needs resulting from impairment of physical health, communication possibilities and abilities to carry out daily activities. The research was carried out to pilot innovative approach of financing community based services (CBS) for children with disabilities in Latvia. Individual budget model (IBM) as a method of provision individual support services within finite financial budget involves four interconnected stages:

1. *Assessment of individual needs of every child.*
2. *Elaboration of support plan to address assessed needs.*
3. *Provision of support services in line with individual support plan.*
4. *Revisiting of individual goals, set during assessment stage and rearrangement of support plan.*

Keywords: Individual Budget Model, Children with Disabilities, Social Care Reform

Abbreviations

- **IBM:** Individual Budget Model
- **CBS:** Community Based Services

Introduction

The purpose of the United Nations Convention "On the Rights of Persons with Disabilities", which was ratified by Latvia on March 1, 2010, is to promote, protect and ensure that persons with disabilities can exercise all human rights and fundamental freedoms equally with others, and to promote their inherent dignity compliance [1].

The move towards self-determination and person-centred provision of care and support in the social services sector is one of the most significant recent policy and practice changes in Europe. Simon Duffy started work on this innovative way of organizing social services in 1999 in Great Britain, starting to implement individual budgeting and self-sustaining support in England as Head of In Control. Simon Duffy's work has led to significant changes in social policy in England and in the world [2]. Following this idea, several countries started experimenting with new approach for social care. The individual budget model in each country is developed taking into account the socio-economic, fiscal and cultural context of the particular country. Governments of different countries value personal budgets as a means to empower individual service users, while ensuring fairness and transparency in the allocation and use of resources and promoting the efficiency of use of limited public funds [3]. Latvia is implementing reform in provision of social care, and deinstitutionalization is one of the important directions of this reform. The shift from institutional care to community-based social services foresees provision of the support to an individual as close to their place of residence as possible and avoid long-term social care and social rehabilitation services in an institution. Very important group of social care clients are children with disabilities. They require continuous health care and social services to address their individual changing needs resulting from impairment of physical health, communication possibilities and abilities to carry out daily activities. This research was carried out to assess possibilities to implement new approach for provision of social

care, to develop new social care service model and to estimate necessary financing for the full-scale implementation of new model.

Materials and Methods

To address changing individual needs of every child, Individual Budget Model (IBM) was elaborated.

For analysis of the current situation information, provided by The Ministry of Welfare and social care service providers were used. In depth analysis of the situation was undertaken using in-depth interviews with experts and focus groups discussions with service providers, parents, social workers, health care specialists and education specialists. Results of the interviews and focus groups discussions allowed to identify problem areas in the current way of the provision of Community Based Services (CBS) for children, problems in the process of social rehabilitation of children, as well as to draw recommendations for new service model.

Developed new model of provision and financing community-based services for children with disabilities includes four interconnected stages:

1. Assessment of individual social, health and educational needs of every child.
2. Setting development goals and elaboration of support plan to achieve goals set.
3. Provision of support services in line with individual support plan.
4. Revisiting of individual goals, set during assessment stage and revision of support plan.

Individual needs were estimated in three interconnected service areas: social care, health care and education. To provide measurable and comparable estimation of the functional abilities of children International Classification of Functioning, Disability and Health (ICF) was used. To assess impact of proved services to the quality of life of children international tool KIDSCREEN was used [4, 5].

To assess effectiveness of the developed model, pilot project was implemented from 1st September 2018 till 31st October 2019 in 10 Latvian municipalities (Figure 1), providing possibility to receive individual support for 102 children with disabilities and their families during 12 months period [Table 1].

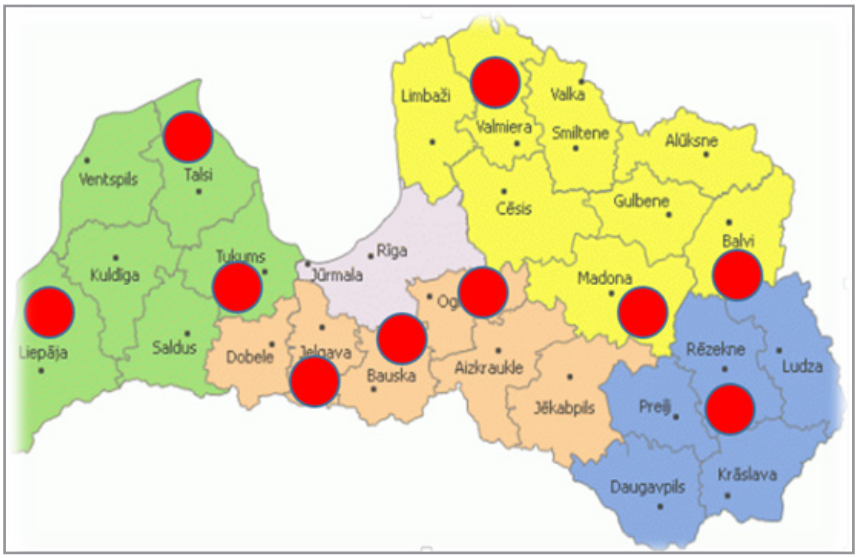

Figure 1: Map of the project location in Latvia (10 municipalities)

Table 1: Number of unique service users and total financing of the service used.

	Number of unique service users	Total financing for the service, EUR
Social care	99	340179
Health care	100	205842
Educational	66	74040
Other	51	84892

At the beginning of the pilot project, multidisciplinary team, consisting of social, educational and health care professionals assessed individual needs of every child considering current functional status and achievable improvement targets. Individual support plan was elaborated for every kid and family, including achievable goals, measurable indicators, and estimated financial support. Assessed quality of life also was measured.

Functional abilities of children and quality of life were measured also at the end of the pilot project - after 12 months.

Implemented of the Individual Budget Model is a social innovation project, intending to implement intervention to respond to changing social needs in an innovative way; to implement intervention on a small scale in order to measure the impact of activities and follow wider implementation of activities if the results are convincing.

To evaluate the effectiveness of the pilot project the logical sequence of evaluation of social innovation projects proposed by Spila was used [6]. This method allows determining the relationship between the resource investments made for the purpose of implementing the pilot project, the activities that were carried out, the performance indicators achieved as a result of the activities and the positive results achieved changes in the area of problems identified at the beginning of the pilot project.

Results

102 children participated in the pilot project, thereof 68 were boys (67%) and 34 were girls (33%). The largest number of children involved in the pilot project was in the age group from 12 to 15 years - 35 children (34%), 34 children (33%) were in the age group from 3 to 8 years, 21 children (21%) were in the age group from 9 to 11 years, nine children (9%) were in the age group of 16 to 18 years, three children (3%) were in the age group of 0 to 2 years (Figure 2).

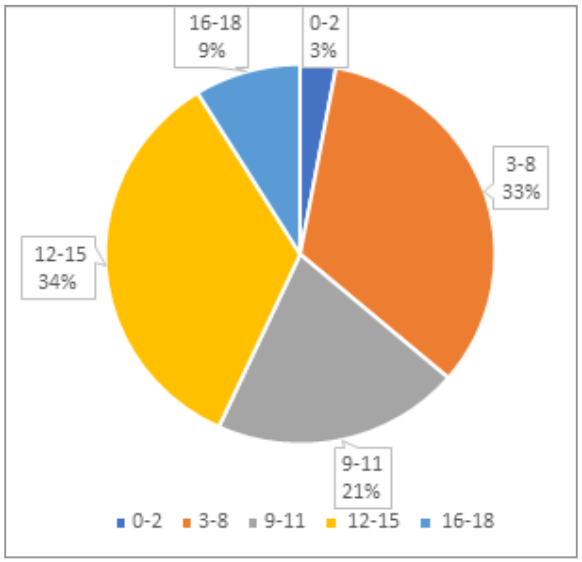

Figure 2: Age of pilot project participants

In the pilot project, children with five types of functional disorders were included - visual impairment, hearing impairment, movement impairment, mental impairment and multifunctional developmental disorder. Number of pilot project participants by the type of impairment is reflected at the Figure 3.

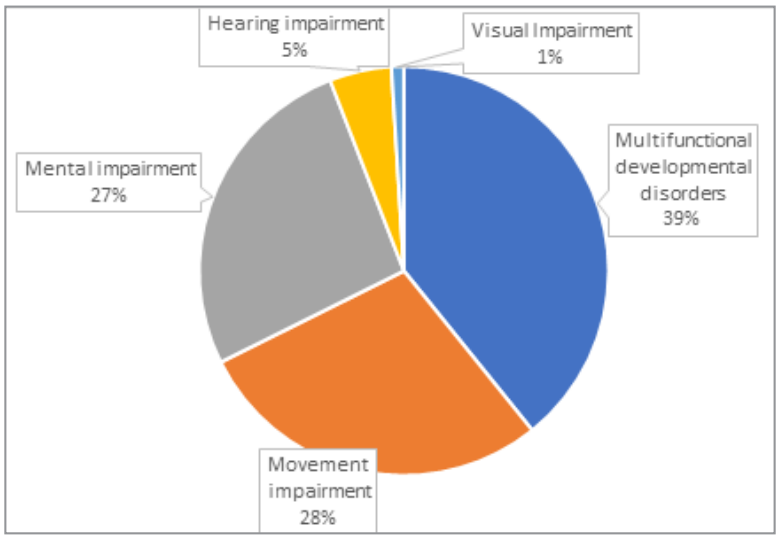

Figure 3: Types of disability of the pilot project participants

During pilot stage three areas of support were distinguished in the individual support plans:

- Strengthening family support capabilities (in this area, services were provided to parents aimed at strengthening the parent's capacity to provide better quality care for the child, and it included the following services - psychologist and psychotherapist consultations for parents, respite service at the institution and at home, transportation payment for parents, to attend services, etc.).
- CBS services for the child to compensate for the loss of function (in this area, services were provided to the child and included such services as, for example, care home service, universal assistant service, payment of transportation means to attend services, etc.)
- Maintaining and developing the child's functioning abilities (in this area, services are provided to the child and included such services as psychologist and psychotherapist consultations, various art therapy classes, physiotherapist classes, occupational therapist classes, canistherapy, reittherapy, ABA therapy, etc.).

Services, received by children and their families were divided into four groups for analysis:

1. Social care services
2. Educational services
3. Health care services.
4. Other services (services that do not into any of the above groups, such as ABA therapy, cannitherapy, Portridge Early Corrections etc.).

Evaluating funding used by service groups and support areas, one can see the majority of funding was used to ensure social care services to compensate lost or impaired function - EUR 253 268, within health care service group majority of funding was used to ensure services for maintaining and developing the child's functioning abilities" – EUR 203187 (Figure 4). Estimating of funding used to ensure necessary service by the type of impairment disclosed that average funding per children was EUR 6 911, the highest average financing was used to support children with mental impairments (EUR 7 904), and the lowest to support children with hearing impairments (EUR 4 535) (Table 2).

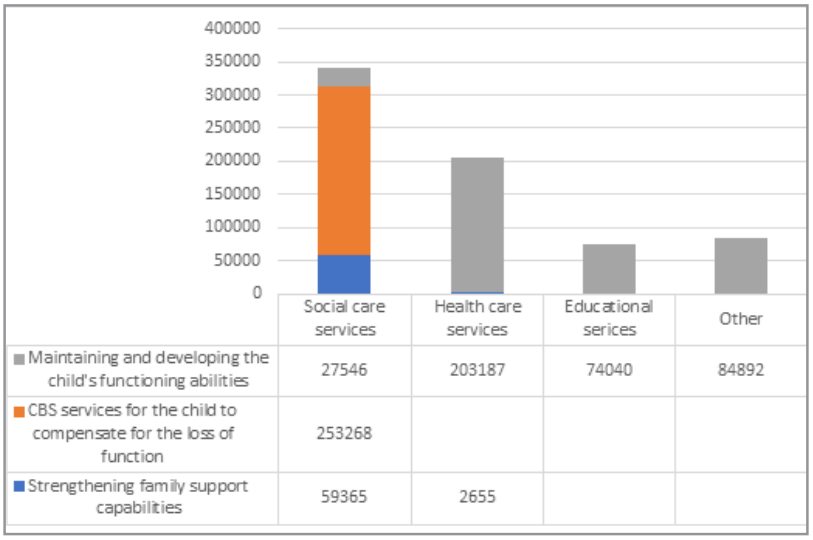

Figure 4: Financing of support services by type of support and category of service.

Table 2: Average Financing by type of Impairment

Tye of functional disorder	Average financing per person, EUR (95% CI)
Multifunctional developmental disorders	7608 (6426 - 8796)
Movement impairment	5381 (4343-5534)
Mental impairment	7904 (5933-9286)
Hearing impairment	5332 (3282-7096)
Visual Impairment	4535 (N/A)
Average	6911 (6171-7651)

As funding was estimated based on the services needed to support children's functional abilities, it was presumed, that estimated funding might be associated with estimated level of functional abilities- higher the estimated ICF level, higher is necessary funding. But analysis of the results did not demonstrate close correlation between ICF and funding (Figure 5). The increase from EUR 3964 for ICF level "0" up to EUR 11580 for ICF level "7" is followed by the decrease till EUR 2282 for ICF level "11".

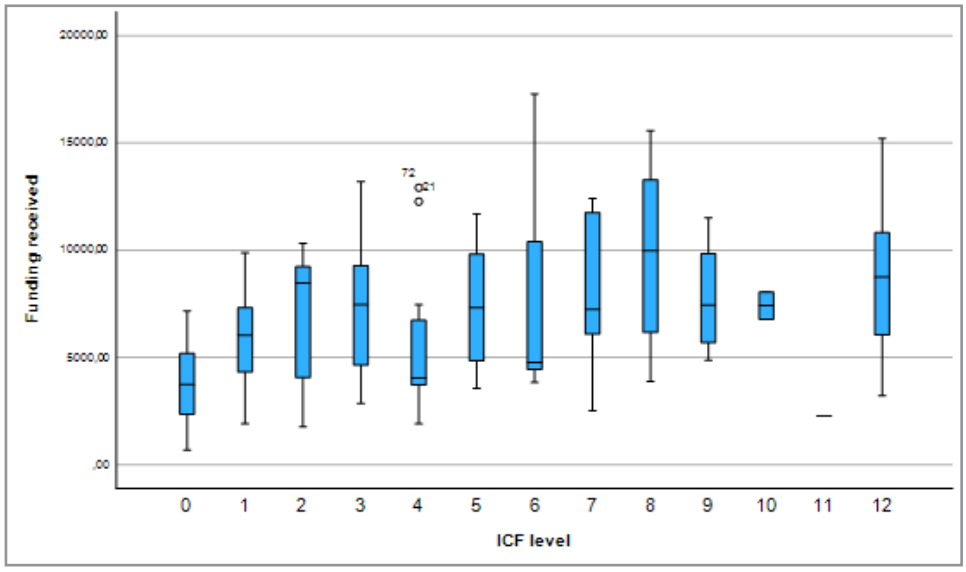

Figure 5: Funding used by estimated level of functioning (using ICF)

At the first stage of the pilot project, individual needs of children and parents were evaluated and goals were set for each child. From the 195 specific goals set in the field of strengthening family support capabilities, 152 goals (78%) were fully achieved, 30 goals (15%) were partially achieved, and 13 goals (7%) were not achieved. From the 341 goals set in the field of maintaining and developing the child's functioning abilities, 141 goals were fully achieved (41%), 188 goals were partially achieved (55%), and 12 goals (4%) were not achieved. For an objective comparison of the children's functioning state before and after the pilot project, the internationally validated tool SFK was used, which gives the opportunity to measure and group indicators in the domains of activity and participation level (Table 3).

Table 3: Changes in the Perceived Quality of Life.

Dimension	Prior to the project, mean (95% CI)	After the project, mean (95% CI)
Physical well-being	41,56 (39,18-43,95)	39,43 (36,25-42,61)
Psychological well-being	41,91 (38,83-44,98)	42,14 (38,96-45,31)
Mood and emotions	41,67 (37,05-46,29)	46,07 (42,93-49,20)
Self-perception	42,75 (37,38-48,12)	45,01 (40,73-49,28)
Autonomy	45,36 (42,24-48,47)	44,22 (41,02-47,42)
Parent relations and home life	42,02 (37,57-46,48)	44,45 (40,55-48,34)
Financial resources	35,71 (30,75-40,66)	38,39 (34,19-42,60)
Peers and social support	39,37 (35,02-43,73)	41,07 (37,57-44,57)
School environment	43,62 (40,40-46,84)	45,47 (41,56-49,38)
Social accepting (Bullying)	39,64 (35,61-43,67)	41,57 (38,18-44,96)

According to the evaluation by IFC, positive dynamics of changes were found in 47 children: activity limitations have decreased in a total of 9 domains. The best results are in the following domains: learning and use of knowledge, self-care, home life, interpersonal interactions and relationships, general tasks and demands, mobility.

Correlation between improvements in functioning status and quality of life assessment and used funding was not found. This indicates that the achieved results are not directly related to the amount of funding used, but to an individualized, targeted, concentrated, efficient and effective use of public funding - providing the most suitable available support for the needs of the child and parents in accordance with the set goals provided by IBM.

Implemented pilot project demonstrated importance of integrated care services to achieve positive changes. Parents of children stated, that pilot project “enabled child to start to communicate using different communication techniques”. The parents noted positive changes in the psycho-emotional state of the child. Parents were satisfied that the children's quality of life improved in terms of emotional well-being. “There appeared a motivation to

live, it sounds loud, but it is. Before the pilot project, he didn't want to do anything, he couldn't be persuaded to get involved. Now he has gained the confidence that he can do something, he has regained his self-confidence. All specialists achieved this". Despite overall positive results and positive attitude toward the pilot project, parents mentioned also obstacles: very intensive service attendance schedule, insufficient availability of service providers near the place of living and waiting time.

Discussion

The results of the pilot project demonstrated indication of IBM as effective tool for promoting positive changes in functional abilities and perceived quality of life for children with disabilities by providing individual support services. Positive results were achieved in individual progress toward set goals, improvement in functional status and increase in perception of quality of life. However, limited period of the study, small number of participants and diversity of individual characteristics of every kid limit possibility to generalize results achieved to the broader population. However, results of the study allow to recommend implementation of IBM approach in wider scale. Implementation results will serve as a base for further development of the approach.

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