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**Action Plan
for Implementation of Deinstitutionalisation 2015-2020**

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1. Introduction

During the last years significant changes have taken place in the field of protecting the rights of disabled persons. Adoption and ratification of the UN Convention on the Rights of Persons with Disabilities, also in Latvia, has been a significant turning point. The abovementioned Convention marks a change in fundamental principles as regards perception of disability from medical approach to social approach. Thus, health condition is not deemed the main reason for disability anymore; instead the consequences that have arisen as a result of interaction of functional disorders of the individual with the obstacles caused by the community are deemed as the main reason.

An opportunity for children to grow up in a family and for adults to live wherever and with whomever they want and to participate in social life and take decisions regarding their life are things that are taken for granted by the majority of people. However, quite often such opportunities are limited for disabled persons, and provision of such opportunities is the very thing provided for in Article 19 of the UN Convention on the Rights of Persons with Disabilities laying down the rights of living independently. Deinstitutionalisation process by creating community-based services along with improvement in access to education, health care, and employment ensures conformity with the fundamental principles laid down in Article 19 of the Convention.

Deinstitutionalisation is directed towards promotion of an independent life and reduction of obstacles created by the community to self-determination, participation, and inclusion opportunities of disabled persons. Therefore, disabled persons must be provided an opportunity to manage and choose their lifestyle and place of residence, access to mainstream services and individual support, if such is necessary, and children – with an opportunity to grow up in a family.

2. Definition and Fundamental Principles of Deinstitutionalisation

Deinstitutionalisation (hereinafter – DI) is establishment of a system of services providing the necessary support to a person who has limited ability of taking care of himself or herself so that he or she could live at home or in a family environment.

DI must prevent a situation of a person being forced to move to live in a long-term social care and social rehabilitation institution (hereinafter – institution) because he or she does not have the necessary support at the place of residence, or community-based services.

DI must be implemented because regardless of the fundamental principles laid down in laws and regulations of Latvia for provision of social services¹, the binding international documents², and investments from the EU funds in the 2007-2013 planning period, provision of social care services in institutions for such target groups as children in out-of-family care and adult persons with mental disorders dominates over family-like care services or community-based services.

Community-based services are services, which provide support to a person for overcoming limitations caused by functional disorders, giving an opportunity to live at home, and in case of children – to grow up in a family environment or family-like environment³,

¹ Social services shall be provided at the place of residence of a client or as close thereto as possible and only if the scope of such services is not sufficient, shall social care and social rehabilitation at a long-term care and social rehabilitation institution be provided; orphans and children left without parental care shall be provided with care in a family environment — foster family, with a guardian, and only if this is not possible shall care be provided at a long-term social care and social rehabilitation institution (Law On Social Services and Social Assistance, Section 4, Paragraphs two and four), <http://likumi.lv/doc.php?id=68488>

² UN Convention on the Rights of the Child, <http://likumi.lv//ta/id/270592> and UN Convention on the Rights of Persons with Disabilities, <http://likumi.lv/doc.php?id=205328>

³ Community-based services for children in out-of-family care also include care provided by a guardian or in a foster family, staying in a family-like care services or at a “youth house”.

incorporating preventive measures in order to prevent the necessity of services of institutions. Community-based services are opposed to institutional care characterised by the following features:

- clients are isolated from a wider community and are forced to live together;
- clients do not have sufficient control over their life and decisions affecting them;
- the rules of the organisation prevail over individual needs of clients.⁴

DI process includes:

1) development of good quality, community-based services adapted to individual needs, which prevent the necessity of residing in an institution, or redirection of resources from institutions to new services in order to ensure sustainability;

2) planned closing of institutions where children, disabled persons (including persons with mental disorders) and elderly people reside in isolation from the community, receive care and support not corresponding to the standards, and where application of human rights is often limited;

3) provision of access to general services, such as education and training, employment, dwelling, health care, and transport to all children and adult persons with support needs.⁵

DI target groups in Latvia in the time period until 2020 are:

- children in out-of-family care;
- children with functional disorders;
- adult persons with mental disorders.

In DI process children in out-of-family care, children with functional disorders and their families, persons with mental disorders⁶ must receive support of different levels at the local government:

- social work with families in order to prevent the placement of children and persons with mental disorders in out-of-family care and in institutions, as well as to support return to family or independent life;

- efficient social assistance to families with children or family members with functional disorders;

- provision of community-based services and family-like care services;
- increasing of the number of foster families and guardians in order to prevent that children from 0 to 3 years of age are placed in institutions;

- increasing of the number and preparation of adopters from Latvia, particularly in order to promote adoption of children who are more than 3 years of age;

- involvement of NGOs in provision of social services and conformity with the interests of the target group;

- survey of the wishes and needs of children and persons with mental disorders and arrangement in priority order in relation to selection and provision of support services (person-centred approach);

- measures promoting employment for persons in working age;

- access to health care, education, transport and other services.

This Plan does not include preventive activities for persons not to be placed in institutions because they will be implemented within the scope of the Specific Objective 9.2.1 “To increase work efficiency of social service offices and professionalism of employees for work with persons in risk situations” of the Operational Programme “Growth and Employment”. Projects of the Ministry of Welfare and the State Inspectorate for Protection of Children's Rights will be implemented for achieving the objective, in which it is planned to increase the quality of professional social work practice, professionalism of specialists, and co-

⁴ <http://deinstitutionalisationguide.eu/wp-content/uploads/Common-European-Guidelines-on-the-Transition-from-Institutional-to-Community-based-Care-English.pdf>, p. 25.

⁵ <http://deinstitutionalisationguide.eu/wp-content/uploads/2014/09/Toolkit-07-17-2014-update.pdf>, p. 11.

⁶ Includes also children with functional disorders in out-of-family care who are staying in a foster family or with a guardian.

operation for work with persons in risk situations, also for recognition and reduction of domestic violence. See information regarding these and other activities financed from the EU funds, which have a direct or indirect synergy with implementation of DI, in Annex 2.

Management of DI process at regional level is ensured by planning regions, organising co-operation of local governments in planning and provision of social services so that quality social services would be available to inhabitants regardless of the local government.

General Fundamental Principles for Implementation of the DI Introduction Mechanism

- Self-determination, participation, and inclusion of persons of the target group is promoted in implementation of all activities.
- Individual assessment of needs is performed for each person of the target group, including assessment of social functioning capabilities of the person and the capabilities of the family to take care of the child or to support the adult (person-centred approach).
- Provision of new services to each person is based on an individual support plan developed by a team of specialists in co-operation with the person himself or herself and family members close to the person and/or carers. The person is involved in decision-making regarding the form of care and other issues applicable to him or her.
- Preservation of contacts and emotional link with family members is of priority in ensuring the care service, particularly in relation to children, also if reunification of family is not possible.
- Clients of the institutions to be closed are provided community-based services or family-like care services, rather than transfer from one institution to another.
- Support in a family, family environment, or independent life, provision of a place of residence and social services, which are not isolated from the society, is of priority.
- Premises of the closed institutions are not used for provision of other isolating⁷ social services.
- The staff of institutions is involved in DI process, trained, and re-trained for provision of community-based services.
- Placement of new clients in an institution is prevented, developing preventive work and the necessary services in the local government.

Fundamental Principles for DI Implementation for Children⁸

- All activities are performed in the interests of a child in accordance with the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, and they are of priority over the interests of others, including parents, potential adopters, foster parents, guardians, or employees of the institution.
- The family is the best environment for the development of a child – all specialists involved must have a unified understanding of the negative impact of care in an institution on a child and how important it is for a child to grow up in a family or in an environment made

⁷ An institution is deemed an isolating service because typically, people who live in an institution have been picked to live together by a group of professionals placing them in a particular building because of their identified type or severity of disability, rather than any personal preference, and the institution tends to be far from where a person's family and friends are living, resulting in the loss of natural bond and support. Some individuals are placed in institutions as babies or children, which means they never had a chance to develop a bond with their family or relatives. Other factors promoting isolation: people in an institution are often not allowed to decide for themselves what to do on a daily basis – they are chosen and organised by the staff. Rather than being supported to use regular services in the local government, they have all the services where they live (for example, a doctor, a hairdresser, etc.). Disabled people also experience barriers in the context of transport, because they are often not supported to use public transport; instead, they are driven in vehicles attached to the institution.
(<http://www.enil.eu/wp-content/uploads/2014/12/Myths-Buster-final-spread-A3-WEB.pdf>, p. 11.)

⁸ Children in out-of-family care and children with functional disorders are included.

similar thereto.

- Social inclusion of children is the most important – it must be promoted, by giving the opportunity for children to participate in all areas of life, including in the local kindergarten, school, when receiving health care, transport and other public services.

Fundamental Principles for DI Implementation for Persons with Mental Disorders

- All activities are performed in the interests of a person with mental disorders in accordance with the Convention on the Rights of Persons with Disabilities, and they are of priority over the interests of relatives, neighbours, guardians, or employees of the institution.

- Independent life with the opportunity to receive support corresponding to individual needs at the place of residence is the best choice – all specialists involved must have a unified understanding of the negative impact of care in an institution on a person, and that the type and level of severity of functional disorder cannot in itself be the reason for excluding the possibility to receive a community-based service.

- The opportunity to choose the desirable lifestyle, place of residence and with whom to live together is a natural value also in relation to persons with mental disorders.

- Services of group houses are chosen only in case if it is not possible to ensure less isolating types of support, provision of support services is separated from provision of the place of residence as much as possible.

- Specialists use different methods in order to find out the wishes and needs of a person with mental disorders, including if communication skills of the person are limited, and promote participation of the person in the life of the local community.

- Implementation of employment measures.

3. Objective of the Action Plan

The objective of the Action Plan is to ensure the following in implementation of DI:

- 1) efficient management of DI processes, achievement and assessment of the planned results;

- 2) uniform approach in all planning regions;

- 3) use of the Common European Guidelines and the Toolkit on the Use of European Union Funds for the Transition from Institutional to Community Based Care.⁹

The planning regions and local governments shall take into account that laid down in this Plan in implementing projects of the Measure 9.2.2.1 “Deinstitutionalisation” of the Specific Objective 9.2.2 “To increase access to good quality social services as alternative for institutional care at the place of residence and family-like care services for disabled persons and children” and projects of the Measure 9.3.1.1 of the Specific Support Measure 9.3.1 “To develop infrastructure of services for child care in family environment and for independent life and integration in society of disabled persons” of the Action Programme “Growth and Employment”, and in ensuring sustainability of the implemented measures.

4. Assessment of the Situation

4.1. Children in Out-of-family Care

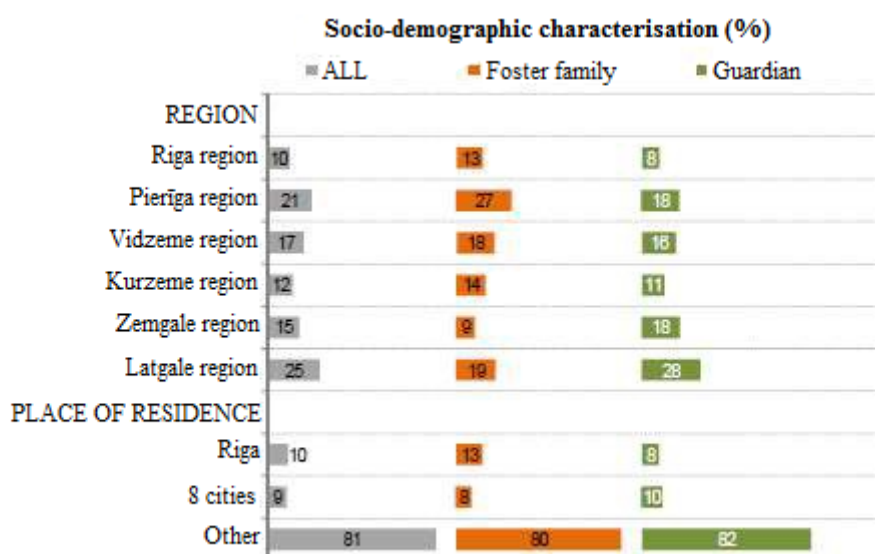
According to the statistics of the State Inspectorate for Protection of Children's Rights regarding work of Orphan's courts 1,551 children who were in institutions and of whom 244 children were 0-3 years of age (128 boys and 116 girls), 616 children were 4-12 years of age (365 boys and 251 girls) and 691 children were 13-17 years of age (369 boys and 322 girls)

⁹ Published: <http://deinstitutionalisationguide.eu>

were in out-of-family care as on 1 January 2015. Concurrently as on 1 January 2015 there were 3,993 guardians in Latvia, with whom in total 4,831 children in out-of-family care had been placed, and 579 foster families, in which 1,224 children in out-of-family care had been placed in total.¹⁰

According to the study conducted by the SOS Children's Village Association in 2012 in Latvia on costs and quality of alternative care of children in Latvia¹¹ it can be concluded that foster families more frequently represent Pierīga region (27%), in less cases Latgale region (19%), in turn, guardians more often represent Latgale region (28%), in less cases Pierīga region (18%) and Zemgale region (18%). In absolute majority of cases both foster families and guardians reside outside cities – in 80% and 82% of cases accordingly. Only 21% of foster families and 18% of guardians reside in cities (see Picture 1).

Picture 1.



Base: all respondents [All, n=414; Foster family, n=142; Guardian, n=272]

According to the statistics of the Ministry of Welfare (hereinafter – the MoW) regarding provision of services of long-term care institutions, there were 3 SSCCs (seven branches) and 34 local government and other institutions, in which children in out-of-family care were staying, as on 1 January 2015 in Latvia.

Division of institutions, in which children in out-of-family care are staying, according to planning regions as on 1 January 2015 (see Picture 2):

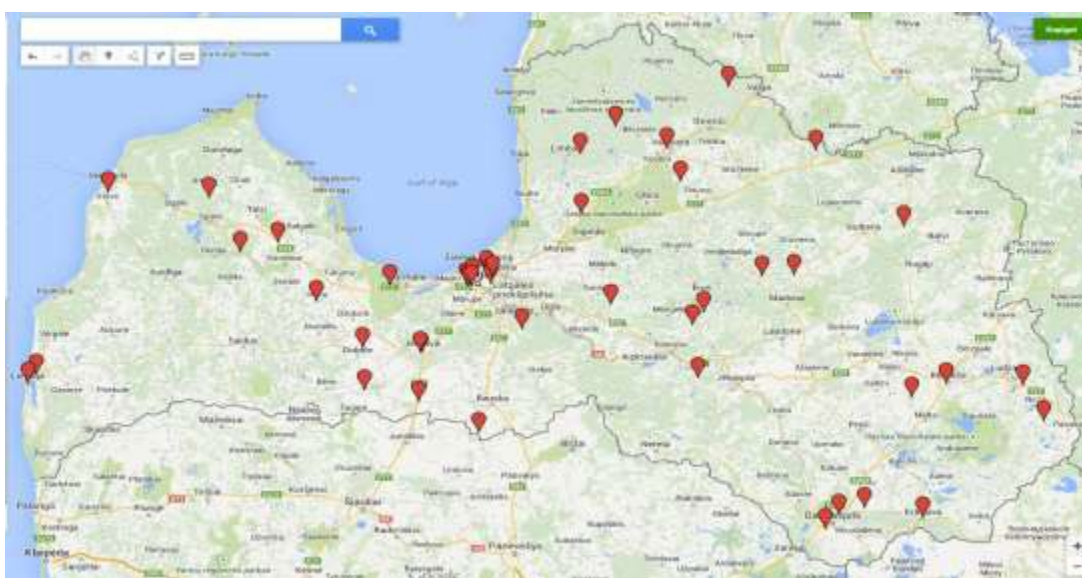
- in Riga planning region – 11 institutions or 26% (4 branches of the SSCC “Rīga” (“Teika”, “Pļavnieki”, “Rīga”, and “Baldone”)) and 7 institutions of local governments and other organisations in Riga (seven branches), in Jūrmala, Aloja municipality (Ozolmuiža, Brīvēmnieki rural territory or *pagasts*), Krimulda municipality (Krimulda rural territory or *pagasts*), Limbaži municipality (Umurga rural territory or *pagasts*), Ogre municipality (Laubere rural territory or *pagasts*), and Tukums municipality (Irlava rural territory or *pagasts*);
- in Zemgale planning region – 8 institutions or 20% (institutions of local governments and other organisations in Jelgava, Bauska municipality (Īslīce rural territory or *pagasts*), Dobeles municipality (Dobeles rural territory or *pagasts*), Jelgava municipality (Eleja rural territory or *pagasts*), Koknese municipality (Irši rural territory or *pagasts*), Sala municipality (Sēlpils rural territory or *pagasts*), and Tērvete municipality (Tērvete rural territory or *pagasts*);

¹⁰ Statistical report of the State Inspectorate for Protection of Children's Rights on the work of Orphan's courts in 2014, <http://www.bti.gov.lv/lat/barintiesas/statistika/?doc=3938&page=>

¹¹ SOS Children's Village Association “Study on Costs and Quality of Alternative Care of Children in Latvia”, Riga, 2012, p.8, <http://www.sosbernuciemati.lv/lv/ko-mes-daram/informativie-materiali/?file=1215>

- in Kurzeme planning region – 6 institutions or 14% (2 branches “Veģi” and “Liepāja” of SSCC “Kurzeme”, also institutions of local governments and other organisations in Liepāja, Ventspils, Talsi municipality (Strazde rural territory or *pagasts*) and in Ventspils municipality (Puze rural territory or *pagasts*);
- in Latgale planning region – 8 institutions or 20% (branch “Kalkūni” of SSCC “Latgale”, institutions of local governments and other organisations in Daugavpils, Rēzekne, Krāslava municipality (in Krāslava), Daugavpils municipality (Naujene rural territory or *pagasts*), Ludza municipality (Isnauda rural territory or *pagasts*), Rēzekne municipality (Silmala rural territory or *pagasts*), and Zilupe municipality (Lauderi rural territory or *pagasts*);
- in Vidzeme planning region – 8 institutions or 20% (institutions of local governments and other organisations in Valmiera, Ape municipality (Gaujiena rural territory or *pagasts*), Ērgļi municipality (Sausnēja rural territory or *pagasts*), Gulbene municipality (Litene rural territory or *pagasts*), Madona municipality (Liezēre rural territory or *pagasts*), Priekuļi municipality (Liepa rural territory or *pagasts*), and Valka municipality (Ērgeme rural territory or *pagasts*).

Picture 2.



By the beginning of 2015 10 “youth houses” were established in the country from the State budget funds – 2 in Liepāja city, 1 in Koknese municipality (Irši rural territory or *pagasts*), 1 in Krāslava municipality (in Krāslava), 1 in Smiltene municipality (in Smiltene), 1 in Dobele municipality (Dobele rural territory or *pagasts*), 1 in Jelgava municipality (Eleja rural territory or *pagasts*), 1 in Daugavpils city, 1 in Ventspils city, and 1 in Talsi municipality (Strazde rural territory or *pagasts*). However, their number is insufficient in order to ensure all young persons residing in institutions with the opportunity to acquire the skills necessary for independent life.

4.2. Children with Functional Disorders

According to the information provided by the State Medical Commission for the Assessment of Health Condition and Working Ability (hereinafter – the SMC) the status of a disabled child as on January 2015 had been granted to 7,924 children with functional disorders (mental and behavioural – 2,098, hearing – 424, visual– 526, movement – 457, and other – 4,419), including in 2014 disability was determined for the first time to 1,039 children (7,856 children had the status of a disabled child in 2014). There were 2,041 children with severe functional disorders, for whom a benefit for taking care of a disabled child was granted (1,992 in 2014). In performing assessment according to the cause of disability, in which the intensity

indicator of disability per 10,000 children up to 18 years of age reaches at least 1%, the proportion of causes from the total structure of disability is as follows: mental and behavioural disorders, including mental retardation – 22%, congenital malformations and deformations – 18%, diseases of the musculoskeletal system and connective tissue – 14%, diseases of the nervous system – 11%, endocrine, nutritional and metabolic diseases, including diabetes – 8%, malignant tumours – 5%, and diseases of the ear and mastoid process – 3%.

In January 2015 there were 7,750 children with functional disorders in Latvia who live in families, and this shows that parents or legal representatives of the child mostly choose to raise the child in a family instead of entrusting care for their child to institutions. In order to support such choice of parents, it is necessary to increase the range of support and rehabilitation services available as much as possible.

Local governments (Riga city, Jūrmala city, Valmiera city, Ventspils city, Balvi municipality, and Sigulda municipality) procure social services only at 9 day centres of local governments, associations, and foundations for children with functional disorders, in total providing the service to 359 children with functional disorders. The abovementioned data attests to the lack of offer at local governments, which may potentially promote the choice of parents in favour of a service of institutions in the future.

Territorial layout of children with functional disorders and children with severe functional disorders, for whom a special care benefit has been granted:

From 7,924 children, in division according to planning regions, the largest number of children with functional disorders is in Riga planning region – 3,724 (47%), followed by Latgale planning region with 1,268 (16%), Kurzeme planning region – 1,030 (13%), Zemgale planning region – 951, and Vidzeme planning region – 951 (12%). If viewed according to cities: Riga – 2 139 (27%), Liepāja – 317 (4%), Daugavpils – 237 (3%), Jelgava – 212 (3%), Rēzekne – 144 (2%), Jūrmala – 124 (1%), Ventspils – 119 (1%), Valmiera – 109 (1%), and Jēkabpils – 96 (1%).

If viewed according to municipalities the largest number is in Talsi municipality – 158 (2%), Tukums municipality – 145 (2%), Balvi municipality – 143 (2%), Ogre municipality – 133 (2%), Saldus municipality – 129 (1.6%), Kuldīga municipality – 123 (2%), and Rēzekne municipality – 119 (1.5%).

From 2 041 children, in division according to planning regions, the largest number of children with severe functional disorders is in Riga planning region – 1 000 (49%), followed by Zemgale planning region with 286 (14%), Latgale planning region – 265 (13%), Kurzeme planning region – 265 (13%), and Vidzeme planning region – 225 (11%).

If viewed according to cities: Riga – 633 (31%), Liepāja – 82 (4%), Daugavpils – 80 (4%), Jelgava – 67 (3%), Rēzekne – 44 (2%), Jūrmala – 43 (2%), Ventspils – 34 (2%), Valmiera – 30 (1%), and Jēkabpils – 26 (1%).

If viewed according to municipalities the largest number is in Bauska municipality – 31 (1.5%), Ogre municipality – 29 (1%), Ķekava municipality – 29 (1%), Talsi municipality – 28 (1%), Sigulda municipality – 29 (1%), Dobeles municipality – 25 (1%), Gulbene municipality – 24 (1%), and Tukums municipality – 26 (1%).

According to statistical data, the largest load of providing an offer of services of good quality for children with functional disorders still lies with the large local governments, however, in creating the territorial scope of services, the large local governments must take into account the possibilities of children from neighbouring smaller local governments to use the services offered to the largest extent, taking into account the distance.

4.3. Adult Persons with Mental Disorders

Persons with mental disorders¹² need both social care and social rehabilitation services; concurrently provision of access to health care services and employment is of the essence. The objective of provision of social care services is to ensure that the quality of life does not deteriorate for a person who is unable to ensure it on his or her own due to functional disorders.

Currently the responsibility for providing social care services to persons with mental disorders is divided between the State and local governments: the duty to provide institutional services lies with the State¹³, and community-based services – with the local government. This situation does not promote the development of community-based services.

According to the data of the SMC there were 168,152 disabled persons in the country as on 1 January 2015, from whom 22,078 persons (13%) were diagnosed with disability due to mental and behavioural disorders. In 2013¹⁴ disability was diagnosed for the first time for 17,600 persons, from whom 1,030 were children; for 1,278 adult persons disability was diagnosed due to mental and behavioural disorders¹⁵. The dynamics of disability diagnosed for the first time due to mental and behavioural disorders has been continuously increasing since 2007.¹⁶

At the end of 2013 there were 82,993 persons with mental and behavioural disorders registered in the register of the Centre for Disease Prevention and Control in Latvia¹⁷, which is 4.1% from inhabitants of Latvia. In analysing the division in percentage of patients registered in the register according to groups of diagnosis, it is apparent that the majority of patients (75.2%) have been registered with such illnesses as schizophrenia, organic mental disorders, and mental retardation.

In analysing data regarding territorial layout of persons with mental and behavioural disorders (diagnoses F00-F99)¹⁸ according to the ICD-10 Classification¹⁹, it may be concluded that 40,413 persons are located in 9 cities in total, which is 48.7% from the total number in Latvia. However, in individual municipalities the target group is concentrated more than in some cities, for example, in Daugavpils, Rēzekne, Gulbene, Talsi, Saldus, Ogre, Kuldīga, Dobele municipality.

Institutional care places for 5,227 clients with mental disorders and children were financed from the State budget as on 1 January 2015. 4,172 of the abovementioned places were in branches of SSCCs (including for 529 children), 1,055 – in contractual organisations.

The layout of clients with mental disorders in institutions according to regional division

¹² In accordance with Section 1, Clause 30 of the Law On Social Services and Social Assistance – mental impairment is mental illness and mental development disorder, which restricts the ability of a person to work, take care of himself or herself and makes it difficult for the person to integrate into society.

¹³ In accordance with Section 9.¹ of the Law On Social Services and Social Assistance services of long-term social care and social rehabilitation institutions are financed from the State budget for: 1) for persons with mental impairments who have been placed in such institutions up to 1 January 2003; 2) for adult blind persons and persons with severe mental impairments; 3) for children with severe mental impairments from four to eighteen years of age; 4) for orphans and children left without parental care up to two years of age and children with mental and physical development disorders up to four years of age.

¹⁴ The report of the SMC on 2014 was not available yet on 3 June 2015.

¹⁵ <http://www.vdeavk.gov.lv/downloads/file/Parskats%202013.pdf>

¹⁶ Report of the Health Economics Centre; www.vmnvd.gov.lv/uploads/files/4e0f43e9425be.doc

¹⁷ Yearbook of Health Care Statistics of Latvia 2013; <http://www.spkc.gov.lv/veselibas-aprupes-statistika/>

¹⁸ ICD-10 Classification, code list and explanations: Mental and behavioural disorders (F00-F99), Organic, including symptomatic, mental disorders (F00-F09), Mental and behavioural disorders due to psychoactive substance use (F10-F19), Schizophrenia, schizotypal and delusional disorders (F20-F29), Mood [affective] disorders (F30-F39), Neurotic, stress-related and somatoform disorders (F40-F48), Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59), Disorders of adult personality and behaviour (F60-F69), Mental retardation (F70-F79), Disorders of psychological development (F80-F89), Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98), Unspecified mental disorder (F99)

¹⁹ Data of the CDPC, on 2013

is as follows: 29% in Riga planning region, 16% in Latgale planning region, 20% in Vidzeme planning region, 16% in Kurzeme planning region, and 20% in Zemgale planning region.

In analysing clients of SSCCs according to the local government of origin, it was concluded that 1,520 persons or 35% from the total number of clients of SSCCs are from 9 cities.

In 2013 a trial project “Proposals for Grouping of Clients and Determination of the Necessary Amount of Service” (hereinafter – trial project) was implemented in branches of SSCCs, as a result of which methodology for grouping of clients according to the level of their care was drawn up and determination of care levels of clients was performed. Evaluation of 4,376 clients of SSCCs was performed by the end of 2013 (of all clients who were in the institution during the evaluation period) and conformity of their functional capability to any of four care levels was determined. See division of evaluated adult persons with mental and behavioural disorders, persons with visual impairments, and children in Table 1.

Table 1

Division of Clients of SSCCs Evaluated within the Scope of the Trial Project According to Care Levels

Care level	Number of evaluated persons according to levels:	from it number of adult persons with mental and behavioural disorders	from it number of adult persons with visual impairments	from it number of children
Level 1	416	370	46	0
Level 2	1,310	1,220	90	0
Level 3	1,415	1,279	53	83
Level 4	1,235	825	22	388

Source: Data of the CDPC, 2013

In analysing the results of the trial project, it may be concluded that in total 39% of clients are in Levels 1 and 2, which means that with little support they could live independently outside a long-term care institution. The largest number of clients with Level 1 and 2 care are in SSCC Vidzeme branches “Ropaži”, “Allaži”, and “Rūja”, in SSCC “Zemgale” branches “Jelgava”, “Iecava”, “Īle”, and “Ziedkalne”, in SSCC “Latgale” branch “Litene”, in SSCC “Kurzeme” branch “Ilģi”. Hitherto evaluation of clients in contractual organisations has not been performed.

Restructuring of SSCC branches was performed in the first half-year of 2015. See the territorial layout of SSCC branches and clients with changes as on 1 May 2015 in Annex 1.

In 2013 in total social services (see Table 2) were received by only each twelfth person of all persons with mental disorders, in turn community-based services were received by only each seventieth person of all persons with mental disorders in the country.

Institutional Care and Community-based Social Services for Persons with Mental Disorders in 2009-2014

	31 December 2009	31 December 2010	31 December 2011	31 December 2012	31 December 2013	31 December 2014
Total number of persons with mental disorders ²⁰	69,716	72,131	76,756	79,485	82,993	_ ²¹
Persons who receive State paid services in long-term care institutions ²²	4,877	5,661	5,673	5,847	5,493	5,425
including adult persons	4,273	5,059	5,088	5,303	4,993	5,001
including children	604	602	585	544	500	424
Persons with mental disorders receiving home care ²³	250	201	151	184	225	172
including adult persons	228	182	140	178	220	168
including children	22	19	11	6	5	4
Persons with mental disorders receiving the service of a day care centre ²⁴	310	802	823	938	782	811
Persons with mental disorders receiving the service of a group apartment ²⁵	59	170	170	179	206	242

Source: Summaries of statistical reports

The number of persons who have requested and have not received yet (waiting) attests to the high demand for institutional care in the country, caused by insufficiency of community-based services. Changes in the number of State-financed clients in long-term care institutions, in comparison to 2013, are insignificant, but the number of persons waiting for receipt of such service has increased from 358 to 468 persons²⁶. Data regarding persons waiting in 2015 in comparison to December 2008 when 603 persons were waiting and the average time of wait was approximately 30 months, is slightly lower, and the total time of wait (approximately 18 months) is significantly lower than in December 2008, however, it has significantly increased in comparison to December of 2009 and 2010 when situation in this area was the best.

According to results of a MoW survey it was ascertained that as on 5 May 2015 16% of all persons waiting who had requested the service for the first time and regarding whom obtaining of information was possible, receive services of local government or private long-term care institutions, 20% of persons are in psychoneurological medical treatment institutions, and only 8% receive community-based services. 41% of persons waiting were 18-50 years of

²⁰ Data from the Yearbooks of Health Care Statistics of Latvia 2010-2013; <http://www.spkc.gov.lv/veselibas-aprupes-statistika/>

²¹ Statistical data regarding 2014 were not posted yet as on 3 June 2015.

²² Data of the MoW, adult persons with mental disorders, adult persons with visual impairments, and children in total

²³ Summaries of statistical reports 2009-2014; <http://www.lm.gov.lv/text/1382>

²⁴ Summaries of statistical reports 2009-2014; <http://www.lm.gov.lv/text/1382>

²⁵ Summaries of statistical reports 2009-2014; <http://www.lm.gov.lv/text/1382>

²⁶ Data of the Social Inclusion State Agency as on 5 May 2015, excluding persons who were placed in a queue for transitioning from one SSCC to another

age, 28% – 51-61 years of age, 28% – 62+ years of age, 3% deceased. Division of those waiting was as follows: 41% in Riga planning region (60% of them from Riga city), 15% – Zemgale planning region, 19% – Latgale planning region, 12% – Vidzeme planning region, and 13% – Kurzeme planning region. 228 persons or 49% of the total number of persons waiting were from 9 cities, including 26% from Riga, 7% from Daugavpils, 5% from Jelgava.

According to the information submitted by local governments in 2014 there were day care centres in 19 local governments, which provided services to persons with mental disorders²⁷. The number of persons who receive community-based services in 2009-2014 increased mainly on account of day care centres and group houses (apartments), however, the number of clients in care houses was low (see Table 2). From 1 January 2013 a new service was initiated in the country for disabled persons – service of an assistant in local governments. 27% of recipients of the service were persons with mental disorders.

Concurrently there are significant regional differences in provision of social services – the range of services in rural territories is minimal; even home care is not provided in 18% of local governments²⁸. It may be explained by both limited financial resources of local governments and lack of human resources (economically active entrepreneurs, qualified specialists). Such situation promotes the demand in the service institution, particularly because this service is financed from the State budget.

5. Results to be Achieved

The following supervision objectives will be achieved within the scope of DI projects (see Table 3):

Table 3

No.	Indicators ²⁹	Until 31 December 2018	Until 31 December 2023
Outcome indicators			
1.1.	Number of adult persons with mental disorders, whose individual needs have been evaluated with the support of the ESF	2,100 ³⁰	
1.2.	Number of children in child care institutions whose individual needs have been evaluated	1,760 ³¹	

²⁷ Apart from day care centres for persons with mental disorders also other day care centres are included here (day care centres for disabled children, day care centres for persons at retirement age, day centres for persons suffering from dementia, and other social rehabilitation institutions who have persons with mental disorders among their clients)

²⁸ Reports on social services and social assistance in 2014; <http://www.lm.gov.lv/text/3060>

²⁹ Indicators specified in the Operational Programme “Growth and Employment” are marked in grey

³⁰ The number of clients for whom evaluation of individual needs will be performed and support plans will be drawn up, in preparing the project application, is planned with a 10% reserve (in total for 2,310 persons, including in Riga planning region – 993, Vidzeme planning region – 208, Kurzeme planning region – 347, Zemgale planning region – 300, Latgale planning region – 462).

³¹ It is planned to perform the assessment of individual needs and drawing up of support plans for all children in institutions (as on 1 January 2014 – 1,760 children, including in Riga planning region – 722 (including 324 in SSCCs), Vidzeme planning region – 194, Kurzeme planning region – 193 (including 56 in SSCCs) or 11%), Zemgale planning region – 334, Latgale planning region – 317 (including 73 in SSCCs); achieving of the indicator depends on the number of children in institutions at the time of assessment.

No.	Indicators ²⁹	Until 31 December 2018	Until 31 December 2023
1.3.	Number of children with functional disorders living in families whose individual needs have been evaluated with the support of the ESF	2,926 ³²	
1.4.	Number of long-term social care and social rehabilitation institutions/branches supported for closing	3	
1.5.	Reorganisation plans for SSCC branches, which will be closed, drawn up	5	
1.6.	Reorganisation plans for child care centres of local governments drawn up	34	
1.7.	Deinstitutionalisation plans of regions drawn up and approved	5	
1.8.	Number of persons with mental disorders who receive ESF supported social care services at the place of residence	630 [With amendments made by Order No. 30 of 22 March 2016 of the Ministry of Welfare]	2,100 ³³
1.9.	Number of children with functional disorders who receive ESF supported social services, including number of children who receive:	600	3,400 ³⁴
1.9.1.	<i>social rehabilitation services</i>		2,926 ³⁵
1.9.2.	<i>respite services</i>		400 ³⁶
1.9.3.	<i>social care services (up to 5 years of age)</i>		74 ³⁷
1.10.	Number of places established and/or arranged for provision of community-based services to persons with mental disorders ³⁸		2,100

³² The number of clients for whom evaluation of individual needs will be performed and support plans will be drawn up, in preparing the project application, is planned with a 1.5% reserve (in total for 2,970 persons, including in Riga planning region – 1,337, Vidzeme planning region – 356, Kurzeme planning region – 416, Zemgale planning region – 356, Latgale planning region – 505).

³³ Taking into account the fulfilment reserve, in preparing the ESF project applications, provision of services is planned to 1,934 persons, including in Riga planning region – 832, Vidzeme planning region – 174, Kurzeme planning region – 290, Zemgale planning region – 251, Latgale planning region – 387.

³⁴ Taking into account the fulfilment reserve, in preparing the ESF project applications, provision of services is planned to 3,132 persons, including in Riga planning region – 1,409, Vidzeme planning region – 376, Kurzeme planning region – 439, Zemgale planning region – 376, Latgale planning region – 532.

³⁵ It is assumed that services will be received by approximately 37% of the children with functional disorders (7,924).

³⁶ It is assumed that service will be received by approximately 20% of the potential target group (2,041) – children with severe functional disorders, regarding which an opinion of the SMC on necessity of special care has been issued.

³⁷ It is assumed that service will be received by approximately 20% of the potential target group (370) – children with severe functional disorders, regarding which an opinion of the SMC on necessity of special care in the age group up to 4 years of age (inclusive) has been issued.

³⁸ ERDF project indicator.

No.	Indicators ²⁹	Until 31 December 2018	Until 31 December 2023
1.11.	Number of places established and/or arranged for child care in family environment ³⁹		654
Result Indicators			
2.1.	Number of persons with mental disorders who start an independent life outside a long-term social care and social rehabilitation institution		700 ⁴⁰
2.2.	Increased proportion of persons with mental disorders who live outside an institution and who have access to community-based services ⁴¹		45% ⁴²
2.3.	Reduction in number of children in institutional care		720 ⁴³
2.4.	Number of closed long-term social care and social rehabilitation institutions/branches		3
2.5.	Reduction in the number of clients in State-financed long-term social care and social rehabilitation institutions		4,227 ⁴⁴

³⁹ ERDF project indicator.

⁴⁰ Taking into account the fulfilment reserve, in preparing the ESF project applications, provision of services is planned to 645 persons, including in Riga planning region – 214, Vidzeme planning region – 66, Kurzeme planning region – 101, Zemgale planning region – 100, Latgale planning region – 164.

⁴¹ ERDF project indicator.

⁴² The indicator was determined, taking into account that 80% of persons with mental disorders, who received social services, received services in institutions and 20% received community-based services (day care centre, group apartments, home care) in 2012.

⁴³ The indicator was determined taking into account that in 2012 there were 1,799 children in local government institutions, and reduction in the number of children is planned by 60%; taking into account the fulfilment reserve, in preparing the ESF project applications, it is planned to reduce the number of children to 802.

⁴⁴ It is planned to reduce the number of client places by 1,000; the indicator was determined, taking into account that on 1 January 2012 there were 4,916 client places for adult persons with mental disorders in institutions financed from the State budget [*in wording of Order No. 30 of the Ministry of Welfare of 22 March 2016*]

6. Action Directions for Introduction of the Plan (Tables of Measures)

6.1. Management of Deinstitutionalisation Process

Result:

- the planned results of the actions to be supported have been achieved
- the co-ordinated activities of all parties involved have been ensured

	Measure	Result	Time period	Responsible authority	Funding
1.	Management of DI process at local government level				-
1.1.	Establishment of local government DI management groups (consisting of representatives of the social service office, local government council, SSCC, child care institutions, and providers of other services, NGOs, recipients of social services)	Targeted DI planning, implementation, and supervision at local government level	4th quarter of 2015 – 4th quarter of 2022	Local governments	Within the scope of basic activity
1.2.	DI management at local government level				
2.	Management of DI process at regional level				EUR 51,000
2.1.	Selection of project teams in each planning region	Implementation of projects commenced as soon as possible	3rd quarter of 2015 - 1st quarter of 2016	Planning regions	Within the scope of basic activity
2.2.	Commencement of project team activities in each planning region (until entering into an agreement regarding project implementation) (co-operation contracts or letters of intent are entered into with project partners, a project application is prepared, technical specifications are drawn up and procurements are performed so that individual evaluation of clients could be commenced immediately after entering into the agreement regarding project implementation)		3rd-4th quarter of 2015		Within the scope of project costs
2.3.	Establishment of regional DI management groups (consisting of the head of administration of the planning region, delegated	Targeted DI planning, implementation, and supervision at regional level	4th quarter of 2015 - 1st quarter of 2016	Planning regions	Within the scope of basic activity, project management costs

	Measure	Result	Time period	Responsible authority	Funding
	representatives of the development council of the planning region, head of the DI project of the planning region, representatives of local governments and NGOs)				
2.4.	Seminar for planning regions and project implementation staff regarding DI, determination of the services necessary for target groups, and development of regional DI plans		1st quarter of 2016	MoW	Within the scope of basic activity
2.5.	One position of a specialist coordinating social services has been created in each planning region		1st quarter of 2017	MoEPRD, planning regions	EUR 334,375 State budget
2.6.	DI management at regional level		4th quarter of 2015 – 4th quarter of 2022	Planning regions	Within the scope of basic activity, project management costs
3.	Management of DI process at national level				
3.1.	Establishment of a DI management group of the MoW (consisting of representatives of the SSD, SISWPD, CFPD, EUSFD, LMPD, FAD, State Secretary)	Targeted implementation and supervision of DI at national level	1st quarter of 2016	MoW	Within the scope of basic activity
3.2.	DI management at national level		4th quarter of 2015 – 4th quarter of 2022	MoW	
3.3.	Supervisory (interinstitutional) meetings of project implementation of planning regions (not less than once a year)		3rd quarter of 2015 – 3rd quarter of 2022	MoW, planning regions	
3.4.	Making of amendments to the By-laws of the Social Services Development Council (updating the DI supervisory function)		1st quarter of 2016	MoW	
3.5.	Meetings of the Social Services Development Council for DI supervision (twice a year), inviting representatives from the Ministry of Finance (the		1st quarter of 2016 – 4th quarter of 2022	MoW	

	Measure	Result	Time period	Responsible authority	Funding
	leading institution), the Ministry of Economics, the Ministry of Education and Science, the Ministry of Transport, the Ministry of Health, the Ministry of Environmental Protection and Regional Development, the Association of Latvian Cities, and of other NGOs				

[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

The DI management group of local governments carries out the following functions:

- prepares and provides information to the planning region regarding infrastructure objects, services existing and planned in the local government, and demand for them;
- ensures conformity with the fundamental principles of DI in planning and provision of community-based services;
- organises creation of new community-based services;
- organises provision of services according to the regional DI plan;
- supervises implementation of the process of preparation of clients and provision of services at local government level;
- promotes the understanding of the local community regarding target groups of the project, informing regarding its needs and possibilities and involving the target groups in activities of the local government community;
- co-operates with the regional DI management group.

The composition of the local government DI management group depends on the size of the local government and the number of potential clients.

The regional DI management group carries out the following functions:

- supervises planning of the services necessary in the region;
- supervises drawing up of the regional DI plan, including analysis of the current situation and planning of the necessary services by target groups;
- organises co-operation of local governments and reaches an agreement regarding services to be developed as priority, changes to be made in the infrastructure, etc.;
- performs monitoring at regional level;
- establishes and implements co-operation with other DI management groups of regional level;
- co-operates with an NGO in planning of community-based services in the region;
- supervises introduction of the regional DI plan;
- supervises planning and organisation of staff training at regional level;
- provides the information necessary to the DI management group of national level;
- supervises implementation of measures for informing the community.

Planning regions as beneficiaries are responsible for aggregating the needs of local government DI clients of their region, planning and provision of community-based services, preparation and management of projects, establishment of co-operation with service providers, and achieving of DI results.

The DI management group of the MoW carries out the following functions: [*functions in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016*]

- monitors the DI introduction process, including conformity with the schedule;
- organises co-operation with regional DI management groups;
- organises the drafting process of laws and regulation in the social field and prepares proposals for amendments to laws and regulations in other fields for successful implementation of the DI process;
- compiles data for monitoring at national level (according to Annex 3) and assesses the results of DI;
- provides methodological support to organisations involved in the introduction of DI;
- once a year, as necessary or upon request of the Social Services Council, informs the Council regarding the course of introduction of DI;
- once a year prepares a report on the course of introduction of DI and posts it on the website of the MoW.

The DI management group of the MoW co-operates with the Social Services Development Council.

Supervision of DI implementation is performed by the Social Services Development Council, the function of which is to monitor the implementation of the Guidelines for the Development of Social Services 2014-2020 and the DI Action Plan, also to promote the development of community-based social services corresponding to the individual needs of clients and to provide proposals for improvement of the field of social services.

Meetings of the Social Services Development Council, in which implementation of DI will be supervised, will be attended by representatives from the Ministry of Finance (the managing authority), the Ministry of Economics, the Ministry of Education and Science, the Ministry of Transport, the Ministry of Health, the Ministry of Environmental Protection and Regional Development, the Association of Latvian Cities, and of other non-governmental organisations representing deinstitutionalised persons and their family members. Representatives of planning regions participate in such meetings of the Council without the right to vote.

The Social Services Development Council performs the following functions in supervision of DI:

- provides recommendations to planning regions in preparation process of DI plans;
- approves the DI plans drawn up by planning regions;
- evaluates the course of introduction of DI plans and development of community-based services, analyses problems, and provides proposals to planning regions and responsible authority for making of the necessary improvements;
- provides proposals regarding necessary changes in the division of funding according to planning regions;
- consults the beneficiary in implementation process of the measure, analyses the progress of introduction, and provides recommendations to the beneficiary for improvement of introduction of the measure. [*In the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016*]

In supervision of DI the Social Services Development Council co-operates with the Committee for Co-ordination of Social Inclusion Policy, the National Council in Matters of Disabled Persons, the Co-operation Council of Social Work Specialists, the Commission for the Protection of the Rights of Children.

6.2. Changing the Attitude of the Community and Specialists

Result:

- a strategy for changing the attitude of the community and specialists (hereinafter – communication strategy), a plan of measures for increasing the number of the potential foster families, guardians, and adopters have been drawn up, measures and results to be achieved, the procedures for co-ordinating and supervising measures have been determined
- measures for changing the attitude of the community and specialists have been implemented
- monitoring of changing the attitude of the community and specialists has been performed

No.	Measure	Result	Time period	Responsible authority	Funding
1.	Organising of procurement for the drawing up and introduction of the communication strategy				-
1.1.	Organising of a single procurement for the drawing up of the communication strategy, including development of technical specifications and by-laws, announcing of the tender, selection of the applicant, and entering into the contract	Developers and introducers of the communication strategy for all regions have been procured, the procedures	4th quarter of 2015	MoW	Funding for technical assistance from the EU funds
1.2.	Organising of a single procurement for introduction of the communication strategy for the time period until the end of 2018, including development of technical specifications, announcing of the tender, selection of the applicant, and entering into the contract	for co-ordinating and supervising measures have been determined	1st quarter of 2016	MoW, planning regions	Funding for technical assistance from the EU funds, within the scope of the project costs
1.3.	Organising of a procurement for introduction of the communication strategy for the time period from the end of 2019 until 2022, including development of technical specifications, announcing of the tender, selection of the applicant, and entering into the contract		4th quarter of 2018	Planning regions, MoW	Within the scope of project costs
2.	Development of the communication strategy and plan of measures				EUR 30,000
2.1.	Performance of <i>ex-ante</i> assessment on the attitude of	The objective, tasks, measures	4th quarter of 2015	MoW (public	Funding for technical

No.	Measure	Result	Time period	Responsible authority	Funding
	the community and specialists on the basis of the methodology offered by experts	of the strategy and the results to be achieved for changing the		relations experts (procured)	assistance from the EU funds
2.2.	Determination of the objectives, tasks of the communication strategy, the results to be achieved and measures to be implemented for activities of changing the attitude of the community and specialists in each planning region, including in division according to target groups: <ul style="list-style-type: none"> • for specialists of health care, education and other fields • for employers • for employees of the local government management, administration, and social service offices • for inhabitants of local governments • for potential foster families, guardians, and adopters (for increasing their number) • for parents who are raising children with functional disorders (examples of good practice, etc.) • for persons with mental disorders • for relatives of families whose members are persons with mental disorders (examples of good practice, etc.) 	attitude of the community and specialists have been determined	4th quarter of 2015	MoW, planning regions (public relations experts procured)	
2.3.	Approval of the communication strategy and plan of measures at the Social Services Development Council	The communication strategy and plan of measures approved	4th quarter of 2015	MoW	Within the scope of basic activity
3.	Co-ordination of introduction of the communication strategy and plan of measures at regional and national level				-

No.	Measure	Result	Time period	Responsible authority	Funding
3.1.	Laying down of the procedures for co-ordination and supervision of regional measures	Efficient management and supervision of introduction of the plan of measures	1st-2nd quarter of 2016	Planning regions	Within the scope of project management costs
3.2.	Management of measures at regional level		2nd quarter of 2016 - 4th quarter of 2022		
3.3.	Management of measures at national level		2nd quarter of 2016 - 4th quarter of 2022	MoW	
4.	Implementation of the communication strategy and plan of measures				EUR 900,000
4.1.	Informative and educational measures for health care, education and other specialists, employers, employees of the management, administration of local governments, and social service offices: <ul style="list-style-type: none"> • educational seminars • informative seminars • conferences • round table discussions • printed/informative materials • individual consultations • other 	The society has been informed regarding implementation of DI and the results achieved	2nd quarter of 2016 - 4th quarter of 2022	MoW, planning regions (public relations experts procured), involved service providers, State and local government authorities, etc.	Project funding, Funding for technical assistance from the EU funds
4.2.	Informative and educational measures for inhabitants of local governments: <ul style="list-style-type: none"> • campaigns using mass media – TV, radio, press, environmental campaigning stalls, Internet environment, etc. • promos • press conferences • educational seminars • round table discussions • cultural, sports activities together with the DI target group 				

No.	Measure	Result	Time period	Responsible authority	Funding
	<ul style="list-style-type: none"> • exhibitions of the works and performances created by the DI target group • meetings with NGOs representing DI target groups • other 				
4.3.	<p>Informative and educating measures for increasing the number of foster families, guardians, and adopters:</p> <ul style="list-style-type: none"> • campaigns using mass media – TV, radio, press, environmental campaigning stalls, Internet environment, etc. • informative seminars • round table discussions • press conferences • educating seminars in co-operation with measures organised by NGOs (for example, events of the Orphan's Sunday)⁴⁵ • other 				
4.4.	Measures of individual consultations and motivation for potential guardians, adopters, foster families				
4.5.	<p>Informative and educational measures for parents raising children with functional disorders:</p> <ul style="list-style-type: none"> • educational seminars • informative seminars • printed/informative materials • camps • other 				
4.6.	<p>Informative and educational measures for persons with mental disorders:</p> <ul style="list-style-type: none"> • printed/informative materials, including in “simple language” • educational seminars • cultural and sports activities in the local 				

⁴⁵ The tradition established by the association “Latvian Christian Alliance for Orphans” intends that each year the first Sunday of November will be Orphan's Sunday

No.	Measure	Result	Time period	Responsible authority	Funding
	government <ul style="list-style-type: none"> • camps • other 				
4.7.	Informative and educational measures for relatives of families whose members are persons with mental disorders: <ul style="list-style-type: none"> • educational seminars • informative seminars • printed/informative materials • camps • other 				
4.8.	<i>Ex-post</i> assessment on changes in the attitude of the community and specialists on the basis of the methodology offered by experts has been performed	The number of families who are ready to take active part and to promote care outside an institution has increased by 10% The number of inhabitants who support life of persons with mental disorders in the community has increased by 15%	4th quarter of 2022	MoW (public relations experts procured)	Funding for technical assistance from the EU funds
4.9.	Creation of a section regarding implementation of DI on the website of the MoW and updating of information	The community has access to the current information regarding introduction of DI	2nd quarter of 2015 - 4th quarter of 2022	MoW	Within the scope of basic activity

[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

Indicative themes of measures according to target groups:

For orphans and children left without parental care:

1. Reduction of stereotypes regarding children in out-of-family care;
2. Reasons hindering a family/person to become a foster family, guardian, or adopter;
3. The support network necessary to families in order to become a foster family, guardian, or adopter (the financial support and services (education, health, social services) etc. available);
4. Examples of good practice of foster families, guardians, and adopters.

For orphans and children left without parental care:

1. Reduction of stereotypes regarding children with functional disorders;
2. Examples of good practice.

PFor persons with mental disorders:

1. Reduction of stereotypes regarding the danger posed by persons with mental disorders and their inability to live outside institutions;
2. Examples of good practice for community-based services and support to independent life.

6.3. Assessment of Needs for Services

Result:

- needs for provision of social services (range, place, frequency, extent of social services) and for access to general services (health care, education, transport, employment, dwelling, etc.) have been determined for each client of the project target group according to his or her health condition, wishes, and individual objectives
- a summary regarding the types, extent, and preferable layout of community-based services and general services necessary to the project target groups has been prepared

No.	Measure	Result	Time period	Responsible authority	Funding
1.	Methodological management of evaluation of the individual needs of persons of the project target group				-
1.1.	Acquisition of the right to use the support intensity scale – scientific method for assessment of the support needs of persons with mental disorders	Single, scientifically justified methodology available to social service	1st quarter of 2016	MoW	Within the scope of the basic activity, funding for the project of SSO 9.2.1.1
1.2.	Training regarding the use of the Support Intensity Scale for social workers of local governments who will perform evaluation of adult persons with mental disorders	offices of local governments for evaluation of individual needs of persons with mental	2nd quarter of 2016	MoW, planning regions	Funding for the project of SSO 9.2.1.1
1.3.	Determination of the co-operation process of social workers and specialists to be procured – psychiatrists and ergotherapists – for drawing up of a support plan for adult persons with mental disorders	disorders and the skill to determine and plan the support necessary to the person for independent life in the community, applying person-centred approach.	1st quarter of 2016	MoW, planning regions	Within the scope of the basic activity, within the scope of project management costs
1.4.	Development of evaluation criteria and methodology for evaluation of individual needs	Requirements available for evaluation of	4th quarter of 2015	MoW	Within the scope of basic activity

No.	Measure	Result	Time period	Responsible authority	Funding
	of children	individual needs of children according to a single methodology, single approach in evaluation of individual needs of clients			
1.5.	Training for teams of specialists for evaluation of children, procured by planning regions, regarding DI and single use of methodology for evaluation of children	Single understanding for teams of specialists for evaluation of children regarding the use of the evaluation methodology and person-centred approach	2nd quarter of 2016	MoW, Social Services Agency, planning regions	Funding from the OAK foundation
1.6.	Development of the requirements for surveying and aggregating information regarding State and child institutions, their infrastructure, and the persons of the target group therein	Single approach to drawing up of DI plans of all regions	4th quarter of 2015	MoW	Within the scope of basic activity
2.	Selection of specialists for evaluation of individual needs and drawing up of support plans				-
2.1.	Identification of local governments and social workers who will enter into co-operation agreements within the scope of the project of SSO 9.2.1.1 and will be trained in support plans and perform evaluation of individual needs and drawing up of support plans for adult persons with mental disorders	Specialists for evaluation of individual needs of clients and drawing up of support plans available	1st quarter of 2016	Planning regions	Within the scope of project management costs
2.2.	Determination of the extent of the necessary specialists – psychiatrists and ergotherapists – to be procured in planning regions for drawing up of support plans for persons with mental disorders				

No.	Measure	Result	Time period	Responsible authority	Funding
2.3.	Determination of the extent of the necessary specialists ⁴⁶ to be procured in planning regions for evaluation of needs of children in institutions and children with functional disorders in local governments and drawing up of support plans				
2.4.	Organising of procurements, including preparation and co-ordination of technical specification with the MoW, announcing of procurement, selection of applicants, and entering into the contract		1st-2nd quarter of 2016		Within the scope of project management costs
3.	Identification of clients in division by target groups				-
3.1.	Adult persons with mental disorders in a local government (information from social service offices of local governments) Principles for selecting clients: 1. The clients known by social service offices who need social services, however, are not provided therewith 2. Clients who are waiting to receive services from SSCCs 3. Clients who will turn to or regarding whom information will reach the social service office after distribution of information regarding the project activities	1540 ⁴⁷ clients of local governments have been identified for whom evaluations of individual needs will be performed and support plans will be drawn up	1st-2nd quarter of 2016	Social service offices of local governments, planning regions	Within the scope of basic activity
3.2.	Adult persons with mental disorders in State-financed social care institutions (information from the staff of institutions) Principles for selecting clients:	770 ⁴⁹ clients of SSCCs have been identified for whom evaluations of individual needs will be performed and		SSCCs, MoW, planning regions	

⁴⁶ At least the following specialists must be attracted in the teams of specialists: social worker, social teacher, neurologist, speech therapist, physiotherapist, clinical psychologist, ergotherapist

⁴⁷ Clients are selected with a 10% reserve

⁴⁹ Clients are selected with a 10% reserve

No.	Measure	Result	Time period	Responsible authority	Funding
	1) voluntary participation and motivation ⁴⁸ 2) clients staying at branches, which will be closed	support plans will be drawn up			
3.3.	All children in out-of-family care who are in institutions (information from the staff of institutions)	1760 ⁵⁰ children have been identified for whom evaluations of individual needs will be performed and support plans will be drawn up		Child care institutions, SSCCs, planning regions	
3.4.	Children with functional disorders in local governments (information from local governments, social service offices of local governments, providers of social services (local governments and NGOs), educational institutions, etc.) Principles for selecting clients: 1. Voluntary participation (wish expressed by parents to receive support services) 2. Clients who will turn to or regarding whom information will reach the social service office after distribution of information regarding the project activities	2970 ⁵¹ children have been identified for whom evaluations of individual needs will be performed and support plans will be drawn up		Social service offices of local governments, planning regions	
4.	Co-ordination of the process of evaluation of individual needs and drawing up of support plans				-
4.1.	Basic principles for co-operation of social workers and procured teams of specialists with the staff of institutions and social service offices in the	Basic principles for co-operation of teams of specialists have been	1st-2nd quarter of 2016	Planning regions, social workers of local	Within the scope of project management costs

⁴⁸ Involving clients and their relatives in informing and motivation, for example, the potential and existing service providers, which present examples of good practice and organise visits of clients and relatives to the places where services are provided

⁵⁰ The number of children may change according to the number of children at the time when the assessment is performed

⁵¹ Clients are selected with a 1.5% reserve

No.	Measure	Result	Time period	Responsible authority	Funding
	process of evaluation of individual needs and drawing up of support plans	determined, the work of procured teams of specialists		governments, procured teams of specialists	
4.2.	Preparation of a schedule according to institutions/branches/local governments for evaluation of individual needs of clients and drawing up of support plans	has been co-ordinated within specific periods of time		Planning regions, social workers of local governments, procured teams of specialists	
5.	Evaluation of individual needs of clients and drawing up of support plans for persons of the DI target group, taking into account personal wishes and objectives of the client				EUR 897,600
5.1.	Evaluation of individual needs and drawing up of support plans for adult persons with mental disorders (in institutions and local government)	Individual needs have been evaluated and individual support plans	2nd-4th quarter of 2016	Planning regions, social workers of local governments, procured teams of specialists	Project funding
5.2.	Evaluation of individual needs and drawing up of support plans for children in institutions	have been drawn up			
5.3.	Evaluation of individual needs and drawing up of support plans for children with functional disorders living in families				
6.	Summary of the number and type of community-based services/measures necessary in specific territories in division by target groups				-
6.1.	For adult persons with mental disorders: <ul style="list-style-type: none"> • home care (mobile units, safety button, etc.) • day care centres • specialised workshops • group apartments • short-term social care services • specialist consultations and individual support • support groups and group sessions 	Summary regarding the types of social services necessary to clients and their preferable layout, taking into account individual support plans	3rd-4th quarter of 2016	Planning regions, social workers of local governments, procured teams of specialists, taking into account the perspective “basket” of services	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
	<ul style="list-style-type: none"> • other (indicate the type) 			according to the level of population	
6.2.	<p>For children in institutions:</p> <ul style="list-style-type: none"> • “youth houses” • family-like care services • crisis centres • day centres • consultations of a psychologist • foster families, guardians • other (indicate the type) 				
6.3.	<p>For children with functional disorders in local governments:</p> <ul style="list-style-type: none"> • day centres • respite services • social care services for children up to 4 years of age (inclusive) • services of an assistant for children from 5 to 18 years of age at home • social rehabilitation services • medical rehabilitation services • other (indicate the type) 				
7.	Summary of how many and what general services are necessary in specific territories in division by target groups				-
7.1.	<p>For adult persons with mental disorders:</p> <ul style="list-style-type: none"> • health care • education • transport • employment • dwelling, including adjustments of the dwelling • other (indicate the type) 	<p>Summary regarding the types of general services necessary to clients and their preferable layout, taking into account individual support plans</p>	3rd-4th quarter of 2016	<p>Planning regions, social workers of local governments, procured teams of specialists, taking into account the perspective “basket” of services according to the level of population</p>	Project funding
7.2.	<p>For children in institutions:</p> <ul style="list-style-type: none"> • education • health care • transport • employment • dwelling, including 				

No.	Measure	Result	Time period	Responsible authority	Funding
	adjustments of the dwelling • other (indicate the type)				
7.3.	For children with functional disorders in local governments: • health care • education • transport • employment • dwelling, including adjustments of the dwelling • other (indicate the type)				

[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

6.4. Situation Analysis of Planning Regions/Local Governments and Planning of the Necessary Services

Result:

- the necessary range of community-based services and the aggregate of general services according to planning regions and local governments has been identified

No.	Measure	Result	Time period	Responsible authority	Funding
1.	Determination of a framework of conditions for planning community-based services				EUR 7,500
1.1.	Consultative working groups for specialists of development departments of local governments and employees of social service offices regarding planning of community-based services (as necessary)	Uniform understanding regarding planning of community-based services	1st-2nd quarter of 2016	Planning regions, MoW, NGOs, local governments	Project funding
1.2.	Approval of one unit cost methodology for funding of community-based services for persons with mental disorders	Mechanism for funding services has been determined	1st quarter of 2016	MoW	Within the scope of basic activity
2.	Analysis of the situation in the field of social services and infrastructure (summary of information regarding each local government)				-
2.1.	Summary of information regarding institutions in each local government for children, adult persons with mental disorders:	Information has been aggregated	2nd-3rd quarter of 2016	Planning regions in cooperation with local governments, child care	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
2.1.1.	Institutions for adult persons with mental disorders (number of institutions, number of clients, number of employees [administrative and nursing staff], assessment of infrastructure, possibilities of closing/redirection, number of potential client in the queue)	The number of institutions, number of employees and clients in institutions has been identified		institutions, and SSCCs	Project funding
2.1.2.	Institutions for children (number of institutions, number of children, number of employees [administrative and nursing staff], assessment of infrastructure, possibilities of reorganisation)	The number of institutions for children, number of employees and children has been identified			Project funding
2.2.	Summary of information regarding clients (according to each target group) in each local government	Information has been aggregated	2nd-3rd quarter of 2016	Planning regions	Project funding
2.2.1.	Adult persons with mental disorders (number of clients living in State institutions, local government, and local government institutions; division of clients living in State institutions according to levels of care; number of clients prepared for independent life, including according to levels of care; the needs of clients who are in institutions and live in the community have been identified; the number of potential clients waiting for a service in an institution)	The number of persons leaving SSCCs has been identified, the needs of clients according to local governments have been aggregated (according to individual support plans drawn up)	2nd-3rd quarter of 2016	Planning regions in co-operation with local governments and social service offices and SSCCs of local governments, on the basis of the evaluation results of the needs of clients	
2.2.2.	Children in institutions (number of children, division according to age, needs of children identified, possibilities of placement in a family environment, determination of the necessary services)	The needs of children in institutions have been aggregated in division by local governments according to age groups (according to support plans drawn up individually)	2nd-3rd quarter of 2016	Planning regions in co-operation with child care institutions	

No.	Measure	Result	Time period	Responsible authority	Funding
2.2.3.	Children with functional disorders (number of children, level of severity of disability (statement regarding existence of special care), division according to age, identified needs of children for social services)	Needs of children with functional disorders have been aggregated in division by local governments according to age groups and diagnoses (according to individual support plans drawn up previously)	2nd-3rd quarter of 2016	Planning regions in co-operation with social service offices of local governments	
2.3.	Summary of information regarding community-based services existing in each local government	Information has been aggregated	2nd-3rd quarter of 2016	Planning regions	Project funding
2.3.1.	For persons with mental disorders (day care centre, home care, group apartment, individual consultations, specialised workshops, service of an assistant, support groups and group sessions, social mentor, etc.)	Detailed information regarding services available (number, type of service, number of places)	2nd-3rd quarter of 2016	Planning regions in co-operation with social service offices of local governments and NGOs	
2.3.2.	Identification of potential possibilities for child care in a family environment or family-like environment	Detailed information regarding care available to children in a family environment or family-like environment (number, type of care, number of places)	2nd-3rd quarter of 2016	Planning regions in co-operation with social service offices of local governments, Orphan's courts	
2.3.3.	For children with functional disorders in local governments	Detailed information regarding available services and service providers: rehabilitation services, respite	2nd-3rd quarter of 2016	Planning regions in co-operation with social service offices of local governments	

No.	Measure	Result	Time period	Responsible authority	Funding
		services, care services and services of an assistant, etc. (number, type of service, number of places)			
2.4.	Assessment of services existing in the local government and of the infrastructure for the provision thereof:	Detailed information regarding services existing in the local government and the infrastructure for the provision thereof	2nd-3rd quarter of 2016	Planning regions	Project funding
2.4.1.	Current access to health care services: <ul style="list-style-type: none"> • for adult persons with mental disorders • for children in institutions • for children with functional disorders 	Types, layout, specialists involved, environmental access to objects, access to information		Planning regions in co-operation with the MoH and local governments	
2.4.2.	Current access to education services: <ul style="list-style-type: none"> • for adult persons with mental disorders • for children in institutions • for children with functional disorders 	Types (institutions of higher and vocational education, institutions of specialised education, general educational institutions, study support centres, etc.), specialists involved, layout, environmental access		Planning regions in co-operation with the MoES and local governments	
2.4.3.	Current possibilities of employment for adult persons with mental disorders	Types (current vacancies, social undertakings, specialised workshops, etc.), layout, professional profile/sector, environmental		Planning regions in co-operation with the MoW, SEA, social service offices of local governments	

No.	Measure	Result	Time period	Responsible authority	Funding
		access, etc.			
2.4.4.	Access to/adaptation of the dwelling: <ul style="list-style-type: none"> • for persons with mental disorders • for children in institutions who have attained working age • for children with functional disorders (adaptation of the dwelling) 	Types (lease, property, private or in common use, social houses, etc.), layout, support, environmental access, accommodation, etc.		Planning regions in co-operation with local governments	
2.4.5.	Current access to transport services	Types, layout, specialists involved, environmental access, etc.		Planning regions in co-operation with the MoT and local governments	
2.4.6.	Access to cultural and recreation objects	Types, layout, specialists involved, environmental access, etc.		Planning regions in co-operation with the MoC, NGOs, and local governments	
2.4.7.	Others	Provision existing according to local governments		Planning regions in co-operation with local governments, service providers	
2.5.	Evaluation of access to specialists in the local government (in providing social services or other services) (social workers, social rehabilitators, social carers, carers, special teachers, physicians [including psychiatrists, psychiatric nurses], career consultants, etc.)	Current provision with specialists (employees) according to local governments in providing general services, social services in institutions, and community-based services	2nd-3rd quarter of 2016	Planning regions	Project funding
3.	Analysis of information by region				-
3.1.	Aggregation of the obtained information by planning regions:	Summary of information in each region regarding	3rd-4th quarter of 2016	Planning regions	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
	<ul style="list-style-type: none"> • number of institutions (for children and adults with mental disorders) • number of institutions planned for closing • number of employees of institutions planned for retraining • number of clients who will start an independent life • number of children in institutions for whom care must be ensured in a family environment • number of the necessary family-like care services for children in institutions • access to community-based services in the region (for children in out-of-family care, children with functional disorders who live in families, and adult persons with mental disorders) • access to services existing at the place of residence, including infrastructure, in the region • current provision with specialists (for provision of social and other services) 	institutions therein, clients, community-based services, other services of infrastructure, employees			
4.	Planning of the necessary activities and services for implementation of DI in local governments of each region				-
4.1.	Identification of the SSCC branches to be closed, applying the following criteria: <ul style="list-style-type: none"> • number of clients who plan to leave the SSCC as a result of the project • proportion of the clients with Level 1 and 2 of care • property rights • investments made • technical condition and quality of service, including m² per client, height of the building, staff, etc. 	1 SSCC branch, which will be closed and for which a reorganisation plan will be drawn up, has been determined in each planning region	1st quarter of 2016	Planning regions in cooperation with the MoW, SSCCs, and local governments	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
	<ul style="list-style-type: none"> • maintenance costs 				
4.2.	Planning of reorganisation of institutions for persons with mental disorders and children: <ul style="list-style-type: none"> • closing/reorganisation of institutions • retraining and employment of employees • support to clients 	Detailed plan for reorganisation of each institution has been drawn up	2nd-4th quarter of 2016	Planning regions in co-operation with the MoW, SSCCs, and local governments	Project funding
4.3.	Determination of the number and training of specialists (qualification) necessary for preparation of persons with mental disorders	The necessary number of specialists, the type and duration of training necessary for specialists has been identified	3rd-4th quarter of 2016	Planning regions in co-operation with NGOs	Project funding
4.4.	Determination/evaluation of the possibilities of the necessary care in a family environment for children in institutions	The number of foster families, guardians, and family-like care services necessary for children in out-of-family care, also the number of potential adopters has been identified	2nd-4th quarter of 2016	Planning regions in co-operation with NGOs	Project funding
4.5.	Planning of development of community-based services	Identification of the range of services for target groups of DI	3rd-4th quarter of 2016	Planning regions in co-operation with local governments, social service offices of local governments, and NGOs	Project funding
4.5.1.	For persons with mental disorders (identification of the types and number of community-based services according to individual support plans and evaluation of their current situation): <ul style="list-style-type: none"> • Type of service • Number of places • Layout of service • Provision of transport services for access to the social service 	Identification of the range of community-based services for adult persons in the planning region			

No.	Measure	Result	Time period	Responsible authority	Funding
4.5.2.	<p>Development of the infrastructure necessary for children in institutions (identification of the types and number of community-based services according to individual support plans and the evaluation of the current situation):</p> <ul style="list-style-type: none"> • Type of service • Number of places • Layout of service • Provision of transport services for access to the social service 	<p>Identification of the range of infrastructure objects for children in institutions in the planning region</p>			
4.5.3.	<p>For children with functional disorders (identification of the types and number of community-based services according to individual support plans and assessment of the current situation):</p> <ul style="list-style-type: none"> • Type of service • Number of places • Layout of service • Provision of transport services for access to the social service 	<p>Identification of the range of community-based services for children with functional disorders in the planning region</p>			
4.6.	<p>Planning of the development of general services:</p> <ul style="list-style-type: none"> • Range of health care services and number of specialists • Range of education services and number of specialists • Range of employment services and number of specialists • Development of access to dwelling • Range of cultural and recreational services and number of specialists • Development of provision of the transport service • Other 	<p>Identification of infrastructure in the planning region according to the needs of all target groups</p>	3rd-4th quarter of 2016	Planning region	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
4.7.	Identification of the human resources necessary to regions	Identification of the necessary human resources according to the community-based services and improvements of the infrastructure planned in the region		Planning regions	Project funding
4.8.	Provision of financial balance in regional DI plans	Financial assessment of the planned measures	4th quarter of 2016	Planning regions	Project funding
5.	Co-ordination and approval of regional DI plans				-
5.1.	Approval of regional DI plans in the development councils of planning regions	Approved plan	4th quarter of 2016 - 1st quarter of 2017	Development councils of planning regions	
5.2.	Approval of all regional DI plans in the Social Services Development Council			Social Services Development Council	

[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

6.5. Training of the Staff, Preparation of Clients for the Transition Process, and Provision of Services at the Place of Residence/in Local Governments

Result:

- regional deinstitutionalisation plans have been introduced
- staff has been trained
- clients have been prepared for the transition process from a State long-term care institution to receipt of community-based services
 - support at the place of residence has been ensured to clients
 - assessment of satisfaction of the clients or their legal representatives with the services received has been performed

No.	Measure	Result	Time period	Responsible authority	Funding
1.	Training of the staff of providers of social services (SSCCs, social service offices, social mentors, etc.)				EUR 135,100
1.1.	Drawing up of technical specifications regarding development and implementation of training	Service provider has been procured	2nd-3rd quarter of 2016	Planning regions	Within the scope of project management costs

No.	Measure	Result	Time period	Responsible authority	Funding
	<p>programmes and co-ordination thereof with the MoW.</p> <p>Topics of training programmes are determined by the planning region, including also training:</p> <ul style="list-style-type: none"> • acquisition of everyday skills for persons with mental disorders who will leave State long-term social care institutions in order to reside in a local government • acquisition of everyday skills for young persons in out-of-family care who reside in the “youth house” • work with children in out-of-family care who reside in a family-like care service • work with children with functional disorders, persons with mental disorders, and their families • preparation of social mentors for work with persons with mental disorders who receive SSCC services and who transit into life in the society • provision of community-based services • evaluation process of the quality of life 				
1.2.	Organising of the procurement procedure, evaluation of applicants, and entering into contracts				
1.3.	Organising and provision of training of the SSCC specialists for preparation of clients for transition process	Specialists trained	3rd quarter of 2016 – 4th quarter of 2018	Provider of outsourced service, SSCC, planning regions	Project funding
1.4.	Organising and provision of training of specialists of the SSCC branches to be closed		1st quarter of 2017 –	Provider of outsourced service,	Project funding

No.	Measure	Result	Time period	Responsible authority	Funding
	for provision of community-based services (retraining)		4th quarter of 2018	SSCC, planning regions	
1.5.	Organising and provision of training of specialists of social service offices of local governments		4th quarter of 2016 – 4th quarter of 2022	Provider of outsourced service, local governments	Within the scope of Measure 9.2.1.1
1.6.	Training of social mentors ⁵² for work with persons with mental disorders		3rd quarter of 2016 – 3rd quarter of 2020	Planning regions	Project funding
1.7.	Organising and provision of training of the staff of community-based social service providers		3rd quarter of 2016 – 4th quarter of 2022	Provider of outsourced service, social service providers, local governments, planning regions	Project funding
2.	Preparation of clients for transition process and support at the place of residence				EUR 2,940,000
2.1.	Selection of social mentors for provision of support to adult persons with mental disorders who leave a SSCC	Clients have been prepared for transition process and	3rd-4th quarter of 2016	Local governments	Within the scope of basic activity
2.2.	Procurement of specialists ⁵³ for preparation of persons with mental disorders in institutions for transition to life in the community (social worker, social rehabilitator, social carer, ergotherapist, speech therapist, psychologist, and art therapist)	they have been ensured support at the place of residence	3rd-4th quarter of 2016	Planning regions	Project funding
2.3.	Provision of preparation measures corresponding to the individual support plan of		3rd quarter of 2016	SSCC, social service office of the local	Project funding

⁵² Social mentor is a person employed by the local government who is trained for work with persons with mental disorders and who has good communication skills

⁵³ The procured specialists will ensure preparation of such clients who receive long-term care services in institutions other than SSCCs

No.	Measure	Result	Time period	Responsible authority	Funding
	<p>adult persons with mental disorders who leave a SSCC, helping to improve their self-care, independence, and independent life skills, including practising their application in actual community environment and building an understanding regarding life in community.</p> <p>Preparation for life in a community should be performed within one year from commencing the implementation of the individual support plan.</p> <p>It is performed by a social worker, social rehabilitator, social carer, ergotherapist, speech therapist, psychologist, and art therapist who have work experience in communication with disabled persons in co-operation with the family and social mentor of the person</p>		– 4th quarter of 2020	government, social mentor	
2.4.	Informing of the social service office of the local government regarding the planned transition of a particular client from a SSCC to life in a community		2nd quarter of 2016 – 4th quarter of 2020	SSCCs	Project funding
2.5.	Provision of support of a social mentor to adult persons with mental disorders who leave a SSCC in order to build an understanding regarding life in a community, to provide support, to help to acquire the necessary everyday skills in an actual community environment, to stimulate the client to develop his or her existing skills and to acquire new skills.		4th quarter of 2016 – 4th quarter of 2020	Social service office of the local government, SSCCs	Project funding
3.	Provision of social services in				EUR

No.	Measure	Result	Time period	Responsible authority	Funding
	local governments				35,136,671
3.1.	Entering into contracts with social service providers regarding provision of community-based services to children with functional disorders and persons with mental disorders	Contracts have been entered into with service providers regarding provision of service to children with functional disorders and persons with mental disorders	1st quarter of 2016 ⁵⁴ - 4th quarter of 2022	Local governments, social service providers	Within the scope of the basic activity of local governments
3.2.	Provision of community-based social services to persons with mental disorders:	Community-based services have been provided to persons with mental disorders according to that laid down in individual support plans	1st quarter of 2017 - 4th quarter of 2022	Social service providers, local governments, planning regions	Project funding
3.2.1.	<p>Clients are provided with home care, day care centre, specialised workshops, group apartment, short-term social care service, consultations of specialists, and individual support, support groups and group sessions according to that laid down in individual support plans.</p> <p>Provision of a service to each client is financed from the project for two years.</p> <p>Afterwards funding of provision of services to persons who left a SSCC is continued from the State budget, to persons for whom risk to be placed in an institution has been eliminated – from the local government budget</p>	persons with mental disorders according to that laid down in individual support plans			
3.2.2.	Re-evaluation of clients and updating of support plans in accordance with that laid down in the laws and		2nd quarter of 2017 -	Social service providers	Within the scope of the basic activity of local

⁵⁴ From the 1st quarter of 2016 contracts are entered into with the providers of respite service and social care service, with others – from the 4th quarter of 2016

No.	Measure	Result	Time period	Responsible authority	Funding
	regulations regarding requirements for social service providers (once in 6/12 months or as necessary)		4th quarter of 2022		governments, social service providers
3.2.3.	Performance of an assessment of satisfaction of clients with the community-based services received		2nd quarter of 2018 – 4th quarter of 2022	Social service providers	Within the scope of the project funding, basic activity of social service providers
3.3.	Provision of community-based social services to children with functional disorders:	Community-based services have been provided to children with functional disorders (according to that laid down in individual support plans in relation to the provision of social rehabilitation services)	1st quarter of 2016 – 4th quarter of 2022	Social service providers, local governments, planning regions	Project funding
3.3.1.	Provision of care service to children up to 5 years of age (not including). The service may be received if a statement of the SMC has been issued regarding necessity of special care and parents work, study, receive social services or participate in active employment measures organised by the SEA (up to 50 h per week) during receipt of the service		1st quarter of 2016 – 4th quarter of 2022		
3.3.2.	Provision of the respite service. The service may be received, if a statement of the SMC has been issued regarding necessity of special care (up to 30 days during one calendar year)		1st quarter of 2016 – 4th quarter of 2022		
3.3.3.	Provision of social rehabilitation services according to that laid down in individual support plans		1st quarter of 2017 – 4th quarter of 2022		
3.3.4.	Re-evaluation of clients and updating of support plans in accordance with that laid down in the laws and		2nd quarter of 2017 -	Social service providers	Within the scope of the basic activity of local

No.	Measure	Result	Time period	Responsible authority	Funding
	regulations regarding requirements for social service providers (once in 6/12 months or as necessary)		4th quarter of 2022		governments, social service providers
3.3.5.	Performance of an assessment of satisfaction of clients and legal representatives with social rehabilitation services and support measures		2nd quarter of 2017 – 4th quarter of 2022	Social service providers	Within the scope of the project funding, basic activity of social service providers
3.4.	Provision of family-like care services to children in out-of-family care:	Provision of family-like care services environment has been ensured to children in out-	2nd quarter of 2017 – 4th quarter of 2022	Local governments	Within the scope of the basic activity of the local government
3.4.1.	Provision of family-like care services to children in out-of-family care	of-family care	1st quarter of 2018 – 4th quarter of 2022	Local governments, social service providers	Within the scope of the basic activity of the local government
3.4.2.	Re-evaluation of clients and updating of support plans in accordance with that laid down in the laws and regulations regarding requirements for social service providers (once in 6/12 months or as necessary)		2nd quarter of 2017 - 4th quarter of 2022	Social service providers	Within the scope of the basic activity of local governments
3.4.3.	Performance of an assessment of satisfaction of clients and legal representatives with the services received		2nd quarter of 2018 – 4th quarter of 2022	Social service providers	Within the scope of the project funding, basic activity of social service providers

[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

6.6. Development of the Local Government Infrastructure of Services According to Regional Deinstitutionalisation Plans

Result:

- an infrastructure of social services corresponding to the individual needs of the target group of the project established
- investments in the infrastructure of social services are subject to the support from the ESF and ensure introduction of regional DI plans

	Measure	Result	Time period	Responsible authority	Funding
1.	Drafting of the regulatory framework for implementation of ERDF projects				-
1.1.	Development of the criteria for assessment of project applications and the initial assessment and co-ordination thereof with the Supervisory Committee	It is possible to commence selection of ERDF projects	2nd-3rd quarter of 2016	MoW	Within the scope of basic activity
1.2.	Drafting and approval of Cabinet regulations regarding introduction of SSO 9.3.1				
2.	Selection of ERDF project applications				-
2.1.	Sending of invitations to local governments for preparation of project applications	It is possible to commence implementation of ERDF projects	4th quarter of 2016	CFCA	Within the scope of basic activity
2.2.	Evaluation of project applications		1st quarter of 2017		
2.3.	Entering into contracts regarding project implementation		2nd quarter of 2017		
3.	Implementation of ERDF projects				EUR 44,441,977
3.1.	Development of technical projects (if applicable)	The necessary infrastructure of social services has been established for implementation of regional DI plans	3rd quarter of 2017	Local governments	ERDF, local government co-funding
3.2.	Carrying out of construction or reconstruction and restoration works of premises, equipping of premises (if applicable)		4th quarter of 2019		
4.	Control of the quality of services of the infrastructure supported by ERDF and of its conformity with the needs of clients				-
4.1.	Ensuring of conformity of the infrastructure supported by ERDF with regional DI plans	The infrastructure supported by	3rd quarter of 2016 –	Planning regions	Within the scope of project

	Measure	Result	Time period	Responsible authority	Funding
		ERDF conforms to regional DI plans and individual needs of clients	4th quarter of 2019		management costs
4.2.	Supervision of activities planned within ERDF projects and results in the Social Services Development Council		3rd quarter of 2016 – 4th quarter of 2019	Social Services Development Council	Within the scope of basic activity

Indicatively the following average costs per one client in division according to target groups is planned for establishment of the infrastructure:

- EUR 14,000 per one person with mental disorders who leaves a SSCC (in total 700 persons);
- EUR 12,000⁵⁵ per one person with mental disorders who will not be placed in a SSCC (in total 1400 persons);
- EUR 21,300 per one child, establishing a family-like care services (in total 38 groups of providers of the family-like care services with 304 places);
- EUR 10,000 per one child, establishing a “youth house” (in total 35 youth houses with 350 places);
- EUR 1,603 per one child with functional disorders who need special care, for social rehabilitation infrastructure (in total 2041 clients).

6.7. Monitoring and Evaluation

Result:

- indicators for implementation of the DI process and achievement of results, the procedure for supervision of DI and drawing up of reports have been identified

No.	Measure	Result	Time period	Responsible authority	Funding
1.	Establishment of an information system for supervision of the DI process				EUR 2,000,000
1.1.	Development of IT concept for establishment of the DI monitoring system	IT concept that will ensure the technical possibilities for performing monitoring of the DI process	4th quarter of 2015	MoW	Within the scope of basic activity
1.2.	Preparation of an IT project application and submission thereof to the MoEPRD	A project of EU Structural Funds has been accepted for establishment of an IT DI	2nd quarter of 2016	MoW	Within the scope of basic activity

⁵⁵ The funding is slightly smaller because part of the clients will continue to use the current place of residence, however, also a dwelling will be needed as an additional service for majority of persons leaving a SSCC

No.	Measure	Result	Time period	Responsible authority	Funding
		monitoring system			
1.3.	Commencement of an IT project of EU Structural Funds for establishment of a DI monitoring system Preparation of a procurement for selecting a team of project implementers/IT specialists	Team of experts selected as a result of procurement	2nd quarter of 2016	MoW	Within the scope of the project of SSO 221
1.4.	Implementation of a project of EU Structural Funds for establishment of an IT DI monitoring system	An IT DI monitoring system has been established	2nd quarter of 2016 - 2nd quarter of 2018	MoW in co-operation with planning regions and local governments	Within the scope of the project of SSO 221
1.5.	Development of a system (set) of indicators necessary for DI monitoring (on the basis of the indicators of Annex 3)	A system of indicators for DI monitoring has been prepared and mutually co-ordinated	2nd quarter of 2016	MoW in co-operation with planning regions and local governments	Within the scope of the project of SSO 221
1.6.	Establishment of an accounting system for community-based services in local governments in order to identify the social services provided to target groups of deinstitutionalisation	A single (manual or computerised) system of provision and accounting services, which can be used in each social service office of the local government, has been established	2nd quarter of 2016	MoW, social service offices of local governments	Within the scope of the project of SSO 221
1.7.	Supplementation of State statistical reports on social services and social assistance in a local government of a municipality/city with new sections, which characterise the provision of community-based services	Supplemented forms of reports and contracts	4th quarter of 2016	MoW, social service providers, social service offices, local governments	Within the scope of the basic activity of the MoW
1.8.	Supplementation of State statistical reports on provision of long-term social care and social rehabilitation services				

No.	Measure	Result	Time period	Responsible authority	Funding
	with new sections, which characterise the preparation of clients for transition to life in a community				
1.9.	Inclusion of the accounting system for community-based services established in local governments in SPOLIS/LABIS	The accounting system for community-based services integrated with SPOLIS	4th quarter of 2016	MoW, social service offices of local governments	Within the scope of the project of SSO 221
1.10.	Inclusion of the evaluation process of the quality of life of clients in SPOLIS/LABIS	Single DI monitoring system	1st quarter of 2017	MoW, social service offices of local governments	Within the scope of the project of SSO 221
1.11.	Inclusion of processes of State-financed services in SPOLIS/LABIS	DI monitoring system has been approved	4th quarter of 2017	MoW, social service offices of local governments	Within the scope of the project of SSO 221
1.12.	Placing of the DI monitoring system into operation	DI monitoring system is ready	2nd quarter of 2018	MoW, social service offices of local governments	Within the scope of the project of SSO 221
2.	Evaluation of changes in the quality of life of clients				-
2.1.	Development of a single system for evaluation of the quality of life of clients	A mechanism for evaluation of the quality of life of persons has been developed, including specific criteria	1st-2nd quarter of 2016	Working group under management of the MoW joining representatives of social service offices of local governments and NGOs, researchers, and social work specialists	Within the scope of the basic activity of the MoW
2.2.	Evaluation process of the quality of life: <ul style="list-style-type: none"> • for persons with mental disorders • for children with functional disorders • for children in out-of-family care 	Evaluation of the quality of life for the target group of DI has been performed	1st quarter of 2017 – 4th quarter of 2022	Social service offices of local governments, social service providers	Within the scope of project funding
2.3.	Preparation of the regulatory base for evaluation of changes	Amendments to Cabinet	3rd quarter of 2016	MoW	Within the scope of basic

No.	Measure	Result	Time period	Responsible authority	Funding
	in the quality of life of a person	Regulations No. 288, No. 291, No. 805, etc., including grouping provisions			activity
3.	Aggregation, analysis, and monitoring of DI results				-
3.1.	Preparation of a report on implementation of a DI plan, aggregating and including indicators of Annex 3 by local governments	Reports on implementation of a DI plan are submitted in planning regions	Every year by 1 February, starting from 2017* and until (the end of the project) or 2023	Social service offices of local governments	Within the scope of the basic activity of local governments
3.2.	Preparation of a report on implementation of a DI plan, aggregating and including indicators of Annex 3 by regions	Reports on implementation of a DI plan are submitted to the MoW	Every year by 1 March, starting from 2017* and until (the end of the project) or 2023	Planning regions	Within the scope of project management costs
3.3.	Preparation of a report on implementation of a DI plan, aggregating and including indicators of Annex 3 at national level	A report on implementation of a DI plan is submitted to the management of the MoW	Every year by 1 April, starting from 2017* and until (the end of the project) or 2023	MoW	Within the scope of basic activity
3.4.	Revision and updating of regional DI plans	DI introduction documents have been updated	Not less than once in two years starting from 2019	Planning regions	Within the scope of project management costs
3.5.	Revision and updating of the action plan, co-ordination of further activity with planning regions and local governments			MoW in co-operation with planning regions and local governments	Within the scope of the basic activity of the MoW

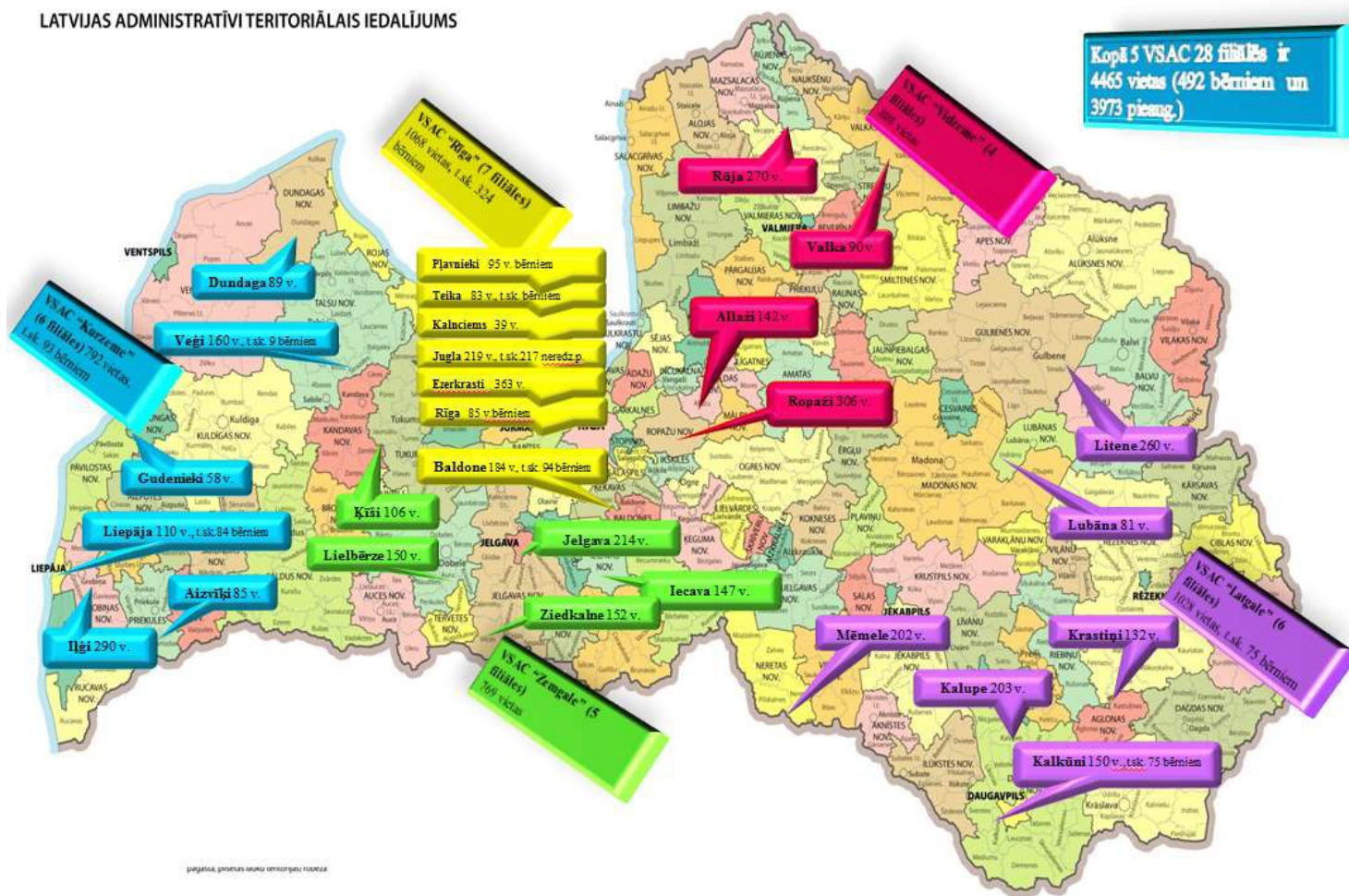
[Table in the wording of Order No. 30 of the Ministry of Welfare of 22 March 2016]

* Indicators of Annex 3 regarding 2015 and 2016 are aggregated and submitted according to the established single system for provision and accounting of services (manual or computerised), which should be used in every social service office of the local government (see No. 1.6)

7. Annexes

Annex 1

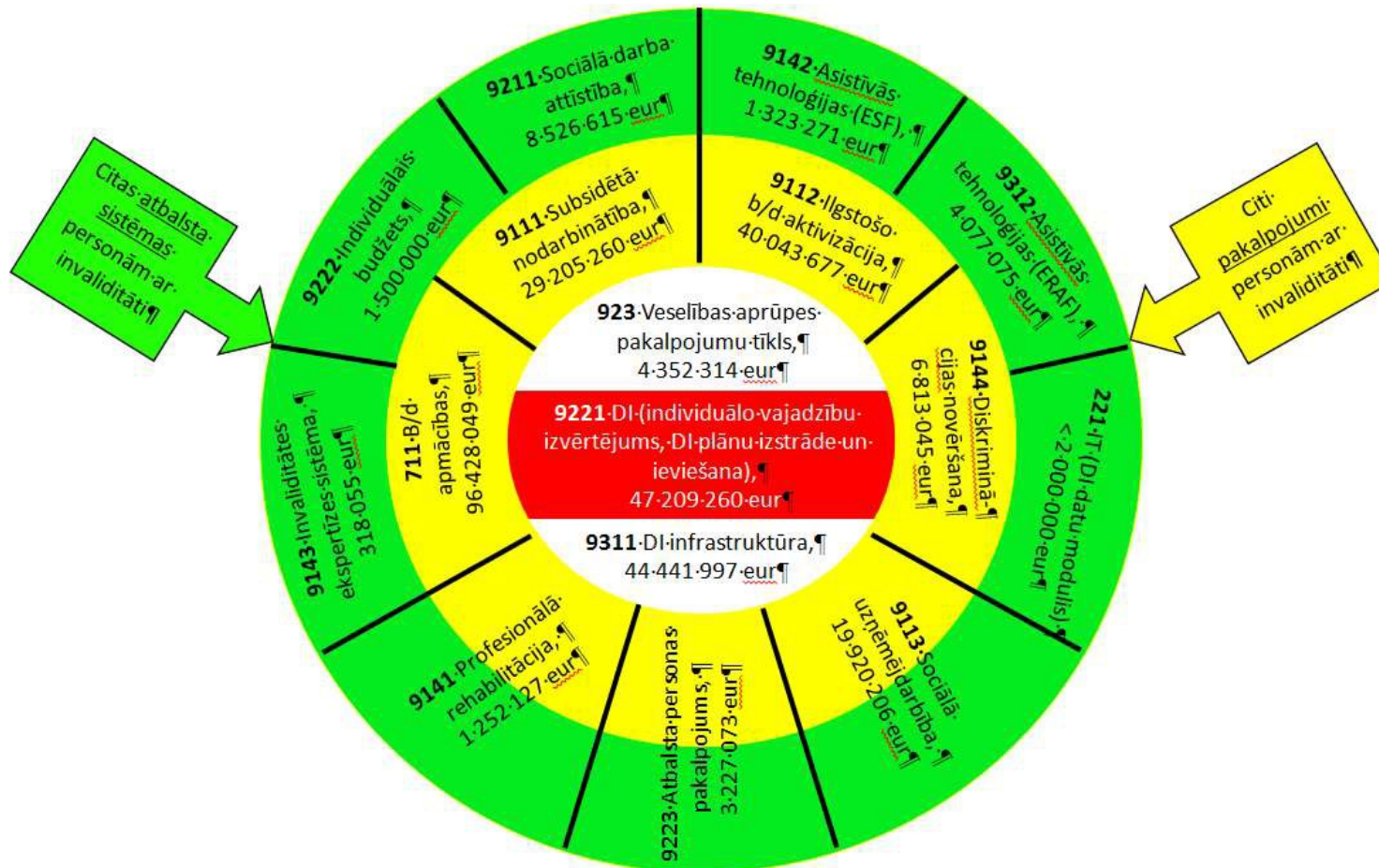
Number of Client Places in Branches of State Social Care Centres, with Changes as on 1 May 2015



ADMINISTRATIVE TERRITORIAL DIVISION OF LATVIA	LATVIJAS ADMINISTRATĪVI TERITORIĀLAIS IEDALĪJUMS
In total there are 4,465 places in 28 branches of 5 SSCCs (492 for children and 3,973 for adults)	Kopā 5 VSAC 28 filiālēs ir 4465 vietas (492 bērniem un 3973 pieaug.)
792 places in SSCC "Kurzeme" (6 branches), including 93 places for children	VSAC "Kurzeme" (6 filiāles) 792 vietas, t.sk. 93 bērniem
1068 places in SSCC "Rīga" (7 branches), including 324 places for children	VSAC "Rīga" (7 filiāles) 1068 vietas, t.sk. 324 bērniem
769 places in SSCC "Zemgale" (5 branches)	VSAC "Zemgale" (5 filiāles) 769 vietas
808 places in SSCC "Vidzeme" (4 branches)	VSAC "Vidzeme" (4 filiāles) 808 vietas
1,028 places in SSCC "Latgale" (6 branches), including 75 places for children	VSAC "Latgale" (6 filiāles) 1028 vietas, t.sk. 75 bērniem
places	v.
places for children	v. bērniem
places, including places for children	v. t.sk. bērniem
places, including places for blind persons	v., t.sk. neredz.p.

Annex 2

Direct and Indirect Synergy for the Development Support to Community-based Services in the Planning Period of 2014-2020



Other support systems for disabled persons	Citas atbalsta sistēmas personām ar invaliditāti
9222 Individual budget, EUR 1,500,000	9222 Individuālais budžets, 1 500 000 eur
9211 Development of social work, EUR 8,526,615	9211 Sociālā darba attīstība, 8 526 615 eur
9142 Assistive technologies (ESF), EUR 1,323,271	9142 Asistīvās tehnoloģijas (ESF), 1 323 271 eur
9312 Assistive technologies (ERDF), EUR 4,077,075	9312 Asistīvās tehnoloģijas (ERAF), 4 077 075 eur
Other services for disabled persons	Citi pakalpojumi personām ar invaliditāti
221 IT (DI data module) < EUR 2 000 000	221 IT (DI datu modulis) < 2 000 000 eur
9113 Social entrepreneurship, EUR 19,920,206	9113 Sociālā uzņēmējdarbība, 19 920 206 eur
9223 Services of a support persons, EUR 3,227,073	9223 Atbalsta personas pakalpojums, 3 227 073 eur
9141 Professional rehabilitation, EUR 1,252,127	9141 Profesionālā rehabilitācija, 1 252 127 eur
9143 System for expert examination of disability, EUR 318,055	9143 Invaliditātes ekspertīzes sistēma, 318 055 eur
711 Training for unemployed persons, EUR 96,428,049	711 B/d apmācības, 96 428 049 eur
9111 Subsidised employment, EUR 29,205,260	9111 Subsidētā nodarbinātība, 29 205 260 eur
9112 Activisation of long term unemployed persons, EUR 40,043,677	9112 Ilgstošo b/d aktivizācija, 40 043 677 eur
9144 Prevention of discrimination, EUR 6,813,045	9144 Diskriminācijas novēršana, 6 813 045 eur
923 Network of health care services, EUR 4,352,314	923 Veselības aprūpes pakalpojumu tīkls, 4 352 314 eur
9221 DI (evaluation of individual needs, drawing up and introduction of DI plans), EUR 47,209,260	9221 DI (individuālo vajadzību izvērtējums, DI plānu izstrāde un ieviešana), 47 209 260 eur
9311 DI infrastructure, EUR 44,441,997	9311 DI infrastruktūra, 44 441 997 eur

Annex 3

System of Indicators for Evaluation of DI Results

List of Indicators to be Aggregated Every Year⁵⁶ at Local Government, Regional and National Level⁵⁷

N	Indicators	Aggregation of information is performed
1. Target group: Children with functional disorders		
1.1.	Total number of children with functional disorders (including in division according to the types of functional disorders: mental, hearing, visual, movement, other disorders, and according to age) in a local government	SMC, SSIA
1.2.	Number of requests for social services for children with functional disorders	Social service office of the relevant local government
1.3.	Number of children with functional disorders to whom social services have been provided in local governments: 1) social rehabilitation services, 2) respite or short-term care services, 3) social care services	Social service office of the relevant local government
1.4.	The number of children with functional disorders to whom social services have been provided in local governments (including in division according to the types of functional disorders: mental, hearing, visual, movement, other disorders, and according to age)	Social service office of the relevant local government
1.5.	Basic information regarding children with functional disorders who have received social services in a local government: 1) given name, surname 2) level of education 3) disability, type of disability 4) belonging to ethnical minority or immigrants	Social service office of the relevant local government

⁵⁶ Starting from 2015

⁵⁷ Responsible persons or institutions according to the level – service providers, social service offices of local governments, Orphan's courts, planning regions, and MoW

	5) date when the social service was received and when its receipt was finished 6) type of the social service received	
1.6.	Number of service providers, which provide community-based services to children with functional disorders (including social rehabilitation services, short-term care services, social care services) in the region	Planning region
1.7.	Indicators characterising the service providers, which provide services to children with functional disorders: number of employees, number of clients who have received services, amount of resources utilised – of local governments/EU Structural Funds	Service provider, planning region
1.8.	Total number of children with functional disorders whose quality of life has improved upon providing social services in local governments (quality assessment)	Social service office of the relevant local government
1.9.	Capacity of the infrastructure of the established social service for children with functional disorders	Service provider, social service office of the relevant local government, planning region
2. Target group: children in out-of-family care		
2.1.	Total number of children (including in division according to genders and age groups: 0-1 years, 2-3 years, 4 years, 5-6 years, 7-12 years, 13-14 years, 15-17 years, and 18-25 years) who are: 1) in local government long-term care institutions for children 2) in State long-term care institutions for children 3) in long-term care institutions of other organisations for children 4) in foster families 5) under guardianship	Orphan's court and social service office of the relevant local government
2.2.	Total number of disabled children (including in division according to genders and age groups: 0-1 years, 2-3 years, 4 years, 5-6 years, 7-12 years, 13-14 years, 18-25 years) who are: 1) in local government long-term care institutions for children 2) in State long-term care institutions for children 3) in long-term care institutions of other organisations for children 4) in foster families 5) under guardianship	Social service office of the relevant local government, service provider
2.3.	Number of children who have been placed and are in child care institutions for more than 3 months (up to 3 years of age) or more than 6 months (from 4 to 18)	Orphan's court and social service office of the relevant local government

	years of age): 1) in local government long-term care institutions for children 2) in State long-term care institutions for children 3) in long-term care institutions of other organisations for children	
2.4.	Number of child care institutions, including regional layout	Planning region
2.5.	Number of requests for family-like care services for children who are in out-of-family care	Social service office of the relevant local government
2.6.	Basic information regarding children who are in out-of-family care and receive family-like care services in a local government: 1) given name, surname 2) level of education 3) disability, type of disability 4) belonging to ethnical minority or immigrants 5) date when the social service was received and when its receipt was finished 6) type of the family-like care services received	Social service office of the relevant local government
2.7.	Number of children who have left child care institutions (including by genders and in division according to different age groups: 0-1 years, 2-3 years, 4 years, 5-6 years, 7-12 years, 13-14 years, 15-17 years): 1) children who have returned to parents 2) children who have been adopted 3) children who have been placed under guardianship 4) children who have been transferred for care in foster families 5) children who have started an independent life	Orphan's court of the relevant local government
2.8.	Number of client places for children in SSCC branches, including reduction in the number of places	Service provider (SSCC), MoW
2.9.	Number of adopters (increase)	Orphan's court of the relevant local government
2.10.	Number of guardians (increase)	Orphan's court of the relevant local government
2.11.	Number of foster families (increase)	Orphan's court of the relevant local government
2.12.	Total number of children in out-of-family care whose quality of life has improved in local governments (quality assessment)	Social service office and Orphan's court of the relevant local government
2.14.	Number of the "youth houses" established and capacity of the infrastructure	Planning region
2.15.	Number of recipients of "youth house" services who turn to social service offices	Social service office of the relevant local government

3. Target group: adult persons with mental disorders		
3.1.	Total number of clients in State long-term care institutions (SSCC branches), including in division according to gender, age, care levels, and diagnoses	MoW, service provider (SSCC)
3.2.	Number of clients places for adult persons with mental disorders in SSCC branches, including reduction in the number of places	MoW, service provider (SSCC)
3.3.	Number of clients who have left State long-term care institutions (increase) in total and in each SSCC branch	MoW, service provider (SSCC)
3.4.	Number of clients who have left SSCC branches according to the reason of leaving, including by genders: 1) have returned to the family 2) have moved to other institutions 3) have moved to medical treatment institutions 4) have moved to half-way homes 5) have moved to group apartments 6) have moved to apartments, including social apartments 7) have been discharged due to systematic non-conformity with the internal rules of procedure 8) have died 9) other reason	Service provider (SSCC)
3.5.	Number of persons who were provided social services in the local government, preventing them being placed in institutions, in total	Social service office of the relevant local government
3.6.	Basic information regarding adults with mental disorders who have received social services in a local government: 1) given name, surname 2) level of education 3) disability, type of disability 4) belonging to ethnical minority or immigrants 5) date when the social service was received and when its receipt was finished 6) type of the social service received 7) status of employment	Social service office of the relevant local government
3.7.	Number of persons who have left State long-term care institutions and who have been provided social services in the local government, including in division by types of services:	Social service office of the relevant local government

	<ul style="list-style-type: none"> 1) home care 2) day care centre 3) specialised workshops 4) group apartments 5) short-term social care services 6) specialist consultations and individual support 7) support groups and group sessions 8) services of an assistant 9) technical ancillary facilities 10) occupational rehabilitation 11) social rehabilitation 12) other 	
3.8.	<p>Number of persons who were provided social services in local governments, preventing them being placed in institutions, including in division by types of services:</p> <ul style="list-style-type: none"> 1) home care 2) day care centre 3) specialised workshops 4) group apartments 5) short-term social care services 6) specialist consultations and individual support 7) support groups and group sessions 8) services of an assistant 9) technical ancillary facilities 10) occupational rehabilitation 11) social rehabilitation 12) other 	Social service office of the relevant local government
3.9.	<p>Total number of social service providers (increase) and in division according to types in the region</p> <ul style="list-style-type: none"> 1) home care 2) day care centres 3) specialised workshops 4) group apartments 5) short-term social care services 	Planning regions

	6) specialist consultations and individual support 7) support groups and group sessions 8) services of an assistant 9) technical ancillary facilities 10) occupational rehabilitation 11) social rehabilitation 12) other	
3.10.	Proportion of adult persons with mental disorders who receive social services in a local government in relation to persons with mental disorders who have requested social services in a local government	Social service office of the relevant local government, planning region
3.11.	Number of SSCC branches closed, including regional layout	MoW
3.12.	Number of employees released from the closed SSCC branches and moved to other working places	Service provider (SSCC), planning region
3.13.	Number of retrained/trained employees of the closed SSCC branches	Planning regions
3.14.	Total number of persons with mental disorders whose quality of life has improved upon receiving community-based services ⁵⁸	Social service office of the relevant local government, service provider, planning region
4. Other indicators		
4.1.	Types and number of social rehabilitation and social care services in the region, which have been established with the assistance of the EU funds	Planning regions
4.2.	Information regarding social services provided from the local government budget – number of providers, number of employees, number of clients who have received services by genders in division according to adult persons and children, the amount of the utilised resources, including in division to the types of services: 1) home care 2) services of local government long-term social care institutions 3) services of shelters 4) services of day care centres 5) services of crisis centres 6) services of crisis lines and hotlines 7) other social services	Social service office of the relevant local government
4.3.	Acquisition of resources of EU Structural Funds, in thousands of EUR	Planning region, MoW

⁵⁸ Assessment of the quality of life/quality study with the objective to assess the emotional well-being of persons, interpersonal relations, financial welfare, personality development, self-determination, physical well-being, rights, social inclusion

4.4.	Number/proportion of inhabitants who support life of persons with mental disorders in a community (quality assessment)	MoW
4.5.	Proportion of community-based services/increase in proportion in comparison to the previous year	MoW