

Symposium: Comparative studies of intellectual disability policy and services**Emerging service structures and models: A European comparison****J. Beadle-Brown** (j.d.beadle-brown@kent.ac.uk)* & **J. Mansell**
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This paper will present a summary of the comparative findings on emerging service structures and models in the 7 European countries of the Intellectual Disability Research Network (IDRESNET) – Belgium, England, Germany, Greece, The Netherlands, Spain and Sweden. The paper will focus in particular on: (a) deinstitutionalisation and the development of community care, (b) the rights of people with intellectual disabilities, (c) the use of direct payments or personal budgets, and (d) the development of person-centred planning. Although there has been a common trend towards community-based services in all of these countries, this process is at different stages in each country.

Three worlds? Services for people with intellectual disabilities (ID) from the perspective of comparative welfare state research**L. Aselmeier** (aselmeier@zpe.uni-siegen.de)* & **H. Weinbach**
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Structure and design of services and support systems for people with ID, the use of terms and policies in the disability field in Europe vary from country to country. The various forms of support systems in different countries can only be understood when considered in the context of the development of their respective welfare states. A key contribution in comparative welfare state research was made by Esping-Andersen, who, in his standard work *The Three Worlds of Welfare Capitalism* (1990), identifies three types of welfare state that explain the diversity of socio-political public activities. This paper will present relevant research findings on Western welfare states and a cautious classification of the seven European countries. On the basis of this classification the support systems for people with ID are considered. Finally, we will point out opportunities and limitations that may arise from a comparative welfare state research perspective for a comparison of services and support systems for people with ID.

Usefulness of DESDE (Description and Evaluation of Services for Disabilities in Europe) in international comparisons**L. Salvador-Carulla** (l.salvador@telefonica.net)*, **M. Poole**,
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Considerable efforts have been made to assess regional and national differences in organisation, planning, and availability of intellectual disability (ID) services in Europe. Parallel developments aim to achieve a consensus on basic health indicators for people with ID. Adequate interpretation of these data depends on setting up a proper framework for information on service provision and utilisation. Based on the European Service Mapping Schedule (ESMS), a widely used instrument for psychiatric services, an intellectual disability service mapping tool was developed. Standardisation of DESDE included feasibility, reliability and descriptive validity analyses. All intellectual disability services in the province of Cadiz have been mapped in a demonstration phase. Full understanding of regional differences in care for people with ID can not be attained without standard and comparable information.

Planning local organisational fields and networks of disability services**J. Schädler** (schaedler@zpe.uni-siegen.de)* & **N. Schwarte**
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The paper presents the theoretical basis and practical use of the 'Networks of open services – Manual' (NetOH) for evaluation and planning local service systems for persons with disabilities. NetOH suggests an approach to understand and develop local disability fields by collecting and evaluating data in a politically defined local region on: (a) services and facilities for children, youngsters and families, (b) adults, (c) elderly people, and (d) existing individual service planning and local disability planning practices. NetOH can be characterized as an ethnological approach, trying to understand local 'disability cultures' by using social science research methods. The results identify conditions under which individual and local service planning strategies can lead to improvement in the quality of life of people with disabilities and to better quality and more efficient allocation of public funds. The results provide systematic feedback and monitoring information for policy makers on process and outcome of the new service models aimed at anti-discrimination, equal opportunities, inclusion and adequate cost-targeting.

Symposium: Deinstitutionalisation in Europe and Australia**Institutions and deinstitutionalisation in Europe****J. Mansell** (J.Mansell@kent.ac.uk)*, **J. Beadle-Brown** & **S. Clegg**
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This paper presents early results of a project funded by the European Commission to survey institutions for disabled people in the EU and accession countries. The project is being carried out by a consortium of non-governmental organisations and academic partners and includes in-depth fieldwork in a sample of institutions in Poland, France, Romania and Hungary. Information from this part of the study is being compared to published research on institutional care in other Western European countries.

Emancipation of people with learning disabilities after moving from institution to community support: The Case of Arduin**J.H.M. van Loon** (jloon@arduin.nl)*
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Aim: Arduin, an organization supporting people with intellectual disabilities in the Netherlands, adopted the emancipation of people with intellectual disabilities as fundamental to an optimal quality of life. This inevitably led to the decision to close institutions and replace them with community oriented support services. **Method:** A case study was done on the development of the organization, using a variety of data sources. Opinions of clients, relatives and workers were studied using focus groups, questionnaires and interviews. **Results:** The de-institutionalisation process focused on human rights and quality of life domains. Inclusion, self-determination and personal development were central themes and the result was a life in the community for all former residents. All residents had a home, a job, and free time activities, and were able to use regular services like their general practitioner. A new system of supports developed with new jobs for the workers. The overall picture is that clients, relatives and workers are satisfied with the process. **Conclusions:** De-institutionalisation involves consistent implementation of these ideas and therefore strong leadership. Designing community oriented support services requires creativity, nerve and the flexibility to change based on advancing insight. A continuous dialogue with all stakeholders is absolutely necessary.

Understanding housing and support for people with disabilities**C. Fyffe** (fyffe@ozemail.com.au)*, **C. Bigby** & **I. Lean**
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Aim: To (a) compare the circumstances of people living in 'appropriate' and 'inappropriate' living arrangements, when both involve small scale community housing, and (b) identify factors that contribute to living arrangements being considered inappropriate, and those that distinguish appropriate living arrangements. Increasingly achieving community inclusion and quality of life for people with disabilities is understood to involve a myriad of macro and micro factors, such as anti-discrimination policies, small scale housing and planned staff interactions. **Method:** The paper presents findings from community consultations that identified factors contributing to inappropriate living situations. Two in depth case studies are then used to explore the impact and interrelationship of these factors further. **Results:** The paper identifies factors in the Victorian/Australian context that affect the achievement of a good quality of life for people with disabilities in the context of small scale community housing. These factors include organisational policies that relate to occupational health and safety and staff support and training.