

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



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Background

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

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



Aim of the Project

To evaluate changes in functional abilities and perceived quality of life for children with disabilities and their families resulting from participating in pilot project implementing innovative financing method for provision of integrated health, social and educational services.

Materials and methods

The IBM pilot project was implemented from 1st September 2018 till 31st October 2019 in 10 Latvian municipalities, providing possibility to receive individual support for 102 children with disabilities and their families during 12 months period.

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Materials and methods



Picture 1. Map of the project location in Latvia:
 ● 10 municipalities

Functional abilities of children were estimated using International Classification of Functioning, Disability and Health (ICF) at the beginning of the project and after 12 months. Quality of life was estimated at the beginning and after 12 months of the project, using international tool KIDSCREEN.

Multidisciplinary team, consisting of social, educational and health care professionals assessed individual needs of every child considering current functional status and achievable improvement targets.

Individual support plan was elaborated for every kid and family, including achievable goals, measurable indicators, and financial support

Results

Quality of life

Overall children with disabilities and their families evaluated the quality of life higher in most of the 10 KIDSCREEN dimensions at the end of the pilot project.

Table 1. Changes in measures of quality of life in participants during the project.

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

Results

Quality of life

Changes in overall average score is from 40,41 (95% CI 37,51-43,30) to 43,50 (95% CI 41,65-45,35). Changes in scores for every dimension are different. Overall and dimension's score remains significantly below average scores measured in different European countries.

Community based services

Three types of support services were provided: (1) family capacity strengthening services; (2) services to compensate functional disabilities and (3) services to enhance functional, social and educational abilities.

Goal attainment

Based on individual needs assessment, 536 specific, measurable goals were included in individual support plans for 102 children, including 195 goals in the area of strengthening family capacity and 341 goals in the area of support and development of child functional abilities. A total 511 (95%) of goals were achieved completely or partly.

Conclusions

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