

DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
<i>- 'TIME TO MOVE ON FROM CONGREGATED SETTINGS: A STRATEGY FOR COMMUNITY INCLUSION IN IRELAND' -</i>	
2. Organisation responsible for the practice	
HSE Ireland (Health Service Executive)	
3. Contact person(s)	
E-mail	policy@esn-eu.org
4. National/regional/local context of practice	

This project's basis is the idea that disabled people should be supported to live ordinary lives in ordinary places. As a society, the support we now provide for people with disabilities is driven by the values of equality, the right of individuals to be part of their community, to plan for their own lives and make their own choices and to get the personal supports they need for their independence. A core value underpinning the policy is that people should make their own life choices, neither the Health Service Executive (HSE) nor Service Providers own a client but have a responsibility to maximise their independence.

Many countries worldwide, including the EU and Ireland, agree that a whole-system approach is needed to implement policy. This is often referred to as Health in All Policies (HIAP). The Government is trying to implement whole-of-government and whole-of-society approaches to address the broader determinants of health, such as peoples living environments or education levels. The Whole of Government approach is supported by tools and mechanisms to manage complex policy processes. These range from cabinet committees and interdepartmental groups to Health Impact

Assessments (HIA). HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of these effects on the population. The purpose of HIA is to influence decision-making in favour of health by providing decision-makers with evidence-based recommendations to maximise the position and minimise the negative health impacts of proposals. HIAs have been conducted on many topics, more recently, an HIA was published on the impacts of introducing a Sugar-Sweetened Drinks tax in Ireland.

The elements of the national policy include:

- Department of Health and Children's vision and policy statement on closing congregated settings and residents' transition to community settings.
- Department of Environment, Heritage and Local Government policy on housing provision for people with disabilities
- National oversight and governance arrangements for the transition programme
- A manpower strategy
- Multi-agency protocols
- National standards for community-based living
- A change management programme

5. Summary of the practice

The Report 'Time to Move on from Congregated Settings – A Strategy for Community Inclusion' (see link in the last section) proposes a new model of support in the community. The report concerned all individuals with intellectual, physical, or sensory disabilities living in larger congregated settings. Larger congregated settings were defined for the purpose of the report as living arrangements where ten or more people share a single living unit or where the living arrangements are campus-based. This policy is now being implemented nationally for residential support in the mainstream community, where people with disabilities are supported to live ordinary lives in ordinary places. Individuals will transition to disperse forms of housing in ordinary communities provided by the housing authorities. Individuals will have access to mainstream community health and social care services like any other citizen, such as GP, Public Health Nursing Services, Home Help, Primary Care Teams etc. Individuals will receive the support they need to live independently and be part of their local community. A seven-year phased closure of congregated-type settings is ongoing.

6. Staff involved

This national reform programme is between central government agencies and departments, including the Irish National Health Service Executive (HSE), the Department of Health and Children and Department of Environment (housing), and Heritage and Local Government. Local implementation teams facilitate information sharing between workers, service users and carers and provide Community Living Transition Plans.

Health and Environment (Housing) departments collaborate (see the National Housing Strategy – link in the last section).

The reform programme is being carried out at the national, regional, and local levels.

7. Target group

The programme covers all individuals with intellectual, physical, or sensory disabilities living in larger congregated settings.

8. Aims of the initiative

A seven-year phased national deinstitutionalisation programme for disabled people who have lived in segregated units of 10 or more people to move into community-based housing with appropriate support.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills Development (of the workforce)		Quality of services	
Other: deinstitutionalisation; community care					
ANALYSIS OF THE PRACTICE					
10. Status					
Pilot project (ongoing)					
Pilot project (terminated)					
Project (ongoing)	X				
Project (terminated)					
Implemented practice (restricted areas)					
Widely spread practice/rolled out					
11. Scope of the initiative					
<p><i>Describe in a few sentences the setting of the practice, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Micro-level initiatives:</i> initiatives that involve individuals at the local level • <i>Meso-level initiatives:</i> initiatives that involve organisations or communities • <i>Macro level initiatives:</i> initiatives that involve large population groups 					

At the macro level, a national deinstitutionalisation strategy is carried out over a 7-year period.

12. Leadership and management of the initiative

Describe in a few sentences the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional, and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

The programme is led and managed at the national, regional, and local levels. The multi-agency governance and leadership infrastructure consists of the National Congregated Settings Group (including HSE national project lead, umbrella organisation representatives, service provider and service user and carer representatives, and relevant government department representatives); the National Implementation Group; Area Level Implementation Groups and Local Implementation Teams.

Governance Structure: To support the implementation of the congregated settings report at the operational level, it was agreed that several projects be established with apparent work elements identified (see draft structure at the bottom of this document)

National Implementation Project Team – Subgroup of the National Consultative Forum: This team aims to oversee the implementation of the recommendations contained in the National Report 'Time to Move on from Congregated Settings – A Strategy for Community Inclusion'.

Regional Implementation Project Team – Subgroup of the Regional Consultative Forum: The primary role of this team is to support the local implementation teams within the HSE region in transitioning persons with a disability from congregated settings to socially inclusive settings.

Local Implementation Project Team – Subgroup of the Local Consultative Forum: The primary role is to support the transfer of people with disabilities into the community and to ensure that local public and voluntary services are prepared to develop comprehensive support infrastructure.

Service Provider Level Implementation Team: The primary role of this team is to develop local agency/HSE plans to ensure the transfer of people with disabilities into the community in line with national and regional guidance. The plans must include – Person Centred Planning, a Circle of Support, Housing Needs, Financial arrangements, Funding deficits, Advocacy, Support for Community Inclusion, In-home Support, Community based Primary care and Specialists Support, work, and further education support.

13. Engaging stakeholders in the project

Describe in a few sentences the engagement of stakeholders, considering the following criteria:

- *Individual initiative:* Individuals have sought practice change
- *Network approach:* one or more organisation(s) develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Implementing the Report poses significant challenges to many stakeholders, including clients, families, disability service providers, the HSE, various Government Departments and statutory bodies, and representative organisations. It, therefore, requires a significant change programme. The radical change programme is not the sole responsibility of the HSE, but rather **a collaborative responsibility shared between the person with a disability, their family and carers, a multiplicity of agencies, the Government and society as a whole.**

14. Involvement of service users and their families

Describe in a few sentences the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the project team
- *Consultative:* A consultative body of users was set up for ongoing dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

The collaborative delivery of the reform programme includes disability service providers, housing agencies, stakeholder representative organisations and disabled people and their families.

15. Costs and resources needed for implementation

Describe in a few sentences how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'.
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

This reform programme receives inter-departmental central government funding. The data collected from the 72 sites covered by the Report confirmed a spend of approximately EUR 417 million on congregated settings, which equated to 34 per cent of the total Disability Budget for approximately 13 per cent of the population of people with disabilities and an average cost per person of EUR 106,000 per annum. The new model of community support envisages that people moving from congregated settings will use Primary Care and Specialist Supports in from congregated settings, as well as complementary Nursing and Social Supports; This change in funding methodology in

addition to the retention of the current level of resources now invested in congregated settings, the total national allocations for congregated setting will meet the future costs of the new model of community-based support when all clients are living in the community. However, international research demonstrates that even in the case of well-resourced services, bridging/transition funding may be needed to maintain parallel systems.

16. Evaluation approaches

Describe in a few sentences the evaluation method of the practice, considering the following criteria:

- *Multi-method*: use of both a qualitative and quantitative approach,
- *Single method*: a qualitative or quantitative approach
- *Audit*: looks at data sources such as existing medical records and other routinely collected service data.
- *Informal*: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

This project is ongoing and will be evaluated upon completion. Approximately 4,000 individuals resided in congregated type settings at the time of the 2008 report. Individuals lived isolated lives apart from their families and community. Many individuals experienced institutional living conditions – a lack of essential privacy and dignity. Currently, approximately 3,200 individuals remain in a congregated setting. Approximately 150 people per year have completed the transition. Nationally 61 per cent of people have transitioned to households with more than four sharing.

17. Measurable effects of the initiative and what it has achieved

Service users	n. a.
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Formal caregivers	n. a.
Informal carers	n. a.
Organisations	n. a.
18. Anticipated or 'aspirational effects of the initiative and what it has achieved <i>This category can include outcomes which need to be documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i>	
Service users	n. a.
Formal caregivers	n. a.
Informal carers	n. a.
Organisations	n. a.
19. How has the initiative changed the way care/support is provided	
<p>Individuals who have moved from a congregated setting now live independently as far as possible. Their care is provided within the community setting as outlined above.</p>	
20. Sustainability of the practice <i>Describe in a few sentences if the practice is sustainable, considering the following criteria:</i> <ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practices were newly started or are ongoing/not yet mainstreamed. How could the initiatives be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the initiative forward • <i>Established:</i> the project has been operational for several years 	
<p>This is currently being implemented throughout Europe</p>	
21. Transferability of the initiative <i>Please describe in a few sentences if the practice has been transferred, considering the following criteria:</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Transferred:</i> transfer to other regions, countries, service user groups, etc. <input type="checkbox"/> <i>Potential for transferability:</i> there is interest from the outside; elements of the initiative have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed 	
<p>This is currently being implemented throughout Europe</p>	

22. Further information sources/background documents / Website

[Time to Move on from Congregated Settings - A Strategy for Community Inclusion](#)

[National Housing Strategy for People with a Disability 2011 - 2016](#)

[National Social Report 2015](#)