

National Disability Authority implementation priorities for 2010 on Vision for Change

The National Disability Authority (NDA) is the statutory advisory body to the Government on issues of disability policy and practice. Our statutory functions include information and advice; research; development of standards and Codes of Practice; and monitoring the implementation of standards. The statutory definition of disability which governs NDA's work is

a substantial restriction in the capacity of the person to participate in economic social or cultural life on account of an enduring physical, sensory, learning, **mental health** or emotional impairment

The following outlines NDA's views and advice on priorities areas for implementation in 2010.

Summary of priorities for implementation in 2010

- **implementation mechanism** create and bed down systems to deliver on Vision for Change within HSE
- **co-ordination mechanisms** strengthen mechanism for inter-departmental cooperation on cross-cutting health and social issues by structured engagement with Departments outside ODMH brief such as Environment, DSFA, CRAGA (recommendation 5.3 of V for C)
- **engage with National Disability Strategy developments in housing, employment** input as required to relevant policy development processes underway in parallel with Vision for Change implementation e.g. housing strategy for people with disabilities; comprehensive employment strategy for people with disabilities (R4.1).
- **mental health and employment services** build co-ordination structure at national and local level (R12.7, 12.8)
- **tackle stigma** develop pilot contact programmes to tackle stigma; liaise with work being undertaken by Broadcasting Authority of Ireland towards developing a Code of Practice on Representation of people with disabilities in the broadcast media (R4.2)
- **services to children and young people** prioritise additional resources to child and adolescent services through CAMHTs with a focus on early intervention. Develop protocols for assessment and service delivery as an integral part of planning the extension of EPSEN and Disability Act Part 2 to 5 to 18 year-olds. Plan, pilot and evaluate use of the schools as a focal point in supporting child and adolescent mental health (cf Jigsaw initiative) (R 10.7)
- **people who leave school early** this is a high-risk group. Assigning provision of programmes in this area to the education authorities as envisaged by Vision for Change (R 10.6) may not be the best way to advance progress. Put in place a cross-agency working group (HSE, Office of Minister for Children and input from e.g. Education Welfare

Board, Youthreach, Probation Service, Homeless Agency), to develop a practical action plan with regard to this cohort

- **closure of mental health institutions** develop a timetabled plan for closure, with a strong emphasis on leased social housing in dispersed locations (e.g under the Department of Environment Rental Accommodation Scheme), and less focus on large Community Nursing Units (see p. 19 of the HSE's Implementation Plan) (R 20.4)
- **rehousing people with ID** align changes in residential provision with the work of the HSE working group on Congregated Settings. Best international practice would see 4-bedded units as the maximum size for people with ID, and the research evidence shows a higher quality of life in dispersed rather than clustered settings
- **mental health and ID** prioritise development of services to this group, and to people with mental health and autism (R 14.6-14.8, R 10.10)
- **community adult mental health teams** there may be merit in initially ensuring a number of fully-staffed teams are in place to demonstrate the full model rather than dispersing any additional resources across a number of incomplete teams.
- Develop these fully-staffed teams as part of the closure process for mental hospitals

Further development of a number of these points is given below

More detail on NDA suggestions for priority areas

Implementation mechanism

The Independent Monitoring Group has drawn attention in each of its three reports to the absence of clear structures and responsibility to drive implementation of Vision for Change within the HSE at national, regional and local level. The NDA welcomes the appointment of a national director of mental health services within HSE.

A key task in 2010 will be to bed down systems to drive and deliver on the Vision for Change agenda both at national HSE level, in the four HSE regions and at Local Health office level. Roles, responsibilities and performance indicators will need to be clearly set out. Responsibility for funding for mental health services will be a key aspect. Links between funding and outputs should be clear and transparent.

Broaden inter-departmental cooperation

The NDA advises that enhanced coordination on A Vision For Change across all relevant Government Departments should be a priority for 2010 to advance its implementation.

The Office for Disability and Mental Health already works to coordinate cross-departmental working between four Departments, namely, Health and Children; Education and Science; Justice, Equality and Law Reform and

Enterprise, Trade and Employment can significantly contribute to a cross-government approach to the implementation of the A Vision for Change. It is important that there is a mechanism in place to ensure co-ordination with other Departments with responsibility to implement Vision for Change commitments such as the Department of Social and Family Affairs, Department of Environment, Heritage and Local Government and the Department of Community, Rural and Gaeltacht Affairs.

Tie-in with National Disability Strategy developments

The National Disability Strategy provides a framework for advancing the inclusion of people with disabilities in society and in ensuring mainstream services can respond to their needs across a wide range of policy areas including employment and housing. Vision for Change also recognises that having a job, a home, and belonging in one's community are key elements of a recovery model. Vision for Change contains a number of recommendations regarding housing, employment, incomes and community inclusion which complement actions being advanced through the health system:

Employment and incomes

- access to employment, housing and education for individuals with mental health problems should be on the same basis as any other citizen (4.1)
- measures to protect the income of individuals with mental health problems should be put in place (4.4)
- evidence-based approaches to training and employment for people with mental health problems should be adopted and put in place by the agencies with responsibility in this area (4.6)
- the development of formal co-ordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated(12.7). Development of mainstream training support services and co-ordination between the rehabilitation services and training and vocational agencies is needed (12.8)

Housing and environment

- mental health services should work in liaison with local authorities to ensure housing is provided for people with mental health problems who require it (4.7). A range of suitable affordable housing options should be available to prevent the mentally ill becoming homeless (15.2.4)There should be an assessment of housing need/living circumstances for all people referred to mental health services (15.2.6)
- opportunities for independent housing should be provided by appropriate authorities with flexible tenancy agreements being drawn up in accordance with each service user's needs (12.4)
- community and personal development initiatives that impact positively on mental health status should be supported, e.g. housing improvement schemes, local environment planning, the provision of local facilities (4.9)

The National Disability Strategy (see Appendix 1) provides a framework to ensure co-ordination in the development and delivery of policy which is also relevant to drive much of the Vision for Change agenda. The definition of disability as set out in the Disability Act includes people with enduring mental health difficulties

Progress reports on A Vision for Change implementation are now also reported into the National Disability Strategy monitoring committee, creating an important link. The Monitoring Group, comprising senior officials of Government Departments, the National Disability Authority, the social partners and the umbrella disability NGOs meets twice a year to review progress on the National Disability Strategy, and reports to the Cabinet Committee on Social Inclusion.

The table below itemises relevant elements of Vision for Change encompassed within the National Disability Strategy:

Vision for Change	National Disability Strategy + equality infrastructure
Access to employment, housing and education on same basis as others	Equality Acts Disability Act Part 3 requirement to ensure access to public services Disability Act Part 2 assessments process requirement to pass information to relevant agencies Requirements for sectoral plans i.e. action programmes generally relating to 3 year periods. Six Departments have plans covering health, income, transport, employment, environment (including housing) and communications. The Sectoral plans require clear arrangements for cross-departmental co operation
Protect incomes	Social welfare sectoral plan dealing with income issues Comprehensive Employment Strategy being prepared by DETE also dealing with crossover issues.
Evidence-based approaches to training and employment	Comprehensive Employment Strategy FÁS action plan on disability is included in DETE sectoral plan
Formal co-ordination structures between health services and employment agencies	Disability Activation Pilot led by DSFA is piloting co-operation at local level between DSFA, HSE, FAS, VECs etc. to offer people who have been out of work on illness/disability payments a pathway towards inclusion and employment Cross-sectoral group meets monthly - Health, ETE, DSFA, FÁS HSE to work on employment strategy Office of Disability and Mental Health role
Development of mainstream training support services	FÁS disability strategy within ETE Sectoral Plan New Bridging Programme from rehabilitation training to mainstream training being developed

Co-ordination between the rehabilitation services and training and vocational agencies	Issue for development as part of Comprehensive Employment Strategy
Housing and mental health	Housing strategy for people with disabilities has specific mental health focus with subcommittee on that area
Assessment of housing need for all referred to mental health services	Holistic assessment of need by HSE. Protocols being developed by Environment, Health, on cross-sectoral co-operation and referrals and local structures to deliver that
Flexible tenancy arrangements	Housing strategy for people with disabilities has specific mental health focus with subcommittee on that area
Positive environment and community initiatives for mental health	Review of Adult Day Services proposes an emphasis on support to integrate into mainstream day activities, move away from segregated day provision Preparatory work towards guidelines for broadcast media on portrayal of people with disabilities

Two key areas to be finalised during 2010 are the Housing Strategy for People with Disabilities and the Comprehensive Employment Strategy for People with Disabilities. Continuing linkages between these strategies and Vision for Change implementation is important. The NDA also advises that forging strategic links at national level, and local co-ordinating mechanisms between mental health and employment services are important to ensure follow-through for individuals. It would be timely to develop such arrangements in 2010 in preparing to avail of the anticipated upturn in the labour market as the world and Irish economies begin to move out of recession. Current forecasts from the ESRI envisage the turning point for the labour market may come towards the end of 2010 or in 2011.

Role of Community Employment

Community Employment (CE) is one of the most important employment supports to people with disabilities, who can remain for up to four years on its Part-time Job option. About a quarter of CE participants are people with disabilities. CE is effectively a job which offers a protected work environment in an integrated setting. Participants are sheltered from the full rigours and demands of employment in the open job market. Considered as a labour market programme, preparing people for progression to open employment, ESRI research has demonstrated that people who participate on CE are less likely to progress to open employment. However, for certain people with disabilities, the rigours of the modern open market workplace may be difficult to sustain, for example people who for health reasons find this too stressful a work environment. The progression focus of CE may not be appropriate for everyone.

In that context, the NDA has advised the Department of Enterprise Trade and Employment that introduction of a programme on the lines of CE but not time-limited should be explored. This could offer an alternative long-term employment destination to those people with significant mental health difficulties who may not be able to sustain either regular open-market employment nor supported employment in the open labour market.

Tackle stigma

The Implementation Plan (p. 35) sets as a goal for 2010 to establish evidence-based programmes to tackle stigma based around contact, education and challenge. The research suggests promoting contact is a successful strategy to address stigma and negative public attitudes. In the current financial climate, there may be limited scope to engage in campaigns of advertising.

The NDA suggests that contact programmes be initiated in 2010 in a number of pilot areas, with a view to further roll-out following evaluation

The NDA has partnered with the Broadcasting Commission of Ireland (now the Broadcasting Authority of Ireland) in the last two years on a research programme to guide development of a code of practice on representation of people with disabilities in the broadcast media. As BAI prepare to work on developing guidance for broadcasters, there is an opportunity to engage with the BAI around mental health aspects of such guidance.

People with mental health difficulties remain the most stigmatised of all groups of people with disabilities. However, a positive finding is that NDA research shows a discernible improvement in public attitudes over the course of three surveys 2001-2006-2009.

Services to children and young people

Vision for Change argued for the prioritisation of services to young people. As early intervention may mitigate the challenges of mental health problems in later life, additional resources to this area should remain a priority.

Part 2 of the Disability Act 2005 provides for the independent assessment of need of people with disabilities (including mental health difficulties), and for delivery (within available resources) of services to meet the identified needs. While to date this part of the Act is only in operation for the under-5s, there is planning underway for the extension of Part 2 the Disability Act 2005 to 5-18 year olds and for simultaneous introduction of educational assessments and Individual Education Plans under the Education for Persons with Special Education Needs (EPSEN) Act. It would be important that identifying and addressing the mental health needs of children and adolescents is an integral part of planning this process, and that the role of Child and Adolescent Mental Health Teams dovetails with the roll-out of EPSEN and the Disability Act part 2 to this age group.

US experience shows that schools can play a central role as a key focal point for supporting children, and ensuring a wraparound approach. Some pilot work on better co-ordination of services towards young people has been undertaken in Galway and Ballymun (Jigsaw project).

However, in the case of young people who have already left the school system, while Youthreach may be one channel to reach them, some of the most at-risk children may not be in touch with any education service. The

NDA advises that a cross-agency group be convened in 2009 to examine how best to serve these particularly vulnerable young people and to devise an action plan. The HSE and the Office of Minister for Children should lead this work, with input from agencies working with vulnerable young people such as the Education Welfare Board, Youthreach, Probation Service and the Homeless Agency.

Community adult mental health teams

The Vision for Change Monitoring group has highlighted how few teams already in place have the appropriate staffing. Consideration might be given to fully staffing a number of these teams, to model what a full community-based service should be, prior to extending the number of teams.

Closure of Psychiatric Hospitals

One of the most fundamental aspects of the change programme outlined in A Vision For Change is the shift away from psychiatric hospital-based services to community-based services, while also freeing up resources through sale of lands and buildings. Successive reports have continued to highlight how inappropriate is this old mental hospital model (Inspectorate of Mental Health Services, 2008, Fifth Report of Inspectorate of Mental Health Services; Mental Health Commission, 2009, Section 55 Inquiry Report). Nevertheless, progress on closures remains slow, as highlighted in previous A Vision For Change Monitoring Group reports.

The sharp fall in property prices and concerns around the ring-fencing of monies raised from the sale of psychiatric hospital lands has led to a degree of uncertainty around the capacity of this means of funding A Vision For Change to achieve its stated purpose. The NDA welcomes the recent statements from Minister John Moloney TD on the ring-fencing of monies derived from psychiatric hospital land sales. The NDA advises that an examination of what monies could be made available and by when from the sale of psychiatric hospital lands would bring considerable clarity to the A Vision For Change planning process.

The NDA advises that there is an opportunity to consider alternatives to the 10 x 50-bedded adapted Community Nursing Units and the 8-bedded units for people with ID or challenging behaviour currently in psychiatric hospitals. (see p. 19 HSE Implementation Report). Facilities on this scale risk replicating the institutional settings they are designed to close. International best practice in relation to ID suggests that 4-person accommodation should be considered as the maximum for group homes, and that other options, from fostering, to individual units to shared apartments should be considered as an alternative to group homes.

In the current financial climate, and with an abundance of vacant housing property, a policy of long-term leasing could provide early access to alternative residential facilities without incurring any capital costs. The rental

costs would be relatively modest in the current rental market.¹ Such a strategy would enable earlier progress to be made, from an accommodation perspective, in advancing the closure of institutions.

A clear timetable for the closure of these hospitals and the transfer of long-stay residents to appropriate housing in the community needs to be set out.

A revised HSE Implementation plan

The publication earlier this year of the 2009 - 2013 HSE A Vision For Change Implementation Plan was a welcome development.

However, a number of other reports have commented on an absence of identified priorities, meaningful timeframes or output targets in the Implementation Plan particularly in relation to closure of psychiatric hospitals.²

The recent Indecon report has documented a shortfall in personnel resources to implement A Vision For Change.³ The changed public sector environment, including restrictions on recruitment and filling of vacancies, provide a different backdrop to the Implementation Plan and point to the need to prepare a revised and updated Implementation Plan with realistic and achievable timeframes.

The revised plan should establish key priority actions, fairly precise output targets and timeframes and should identify currently available and required personnel resources as well as possible recruitment / redeployment options within the current public sector employment context.

Recommendation 14.6 to 14.8 - People with ID accessing mental health services

A Vision For Change acknowledged that people with intellectual disabilities can experience mental health issues and that Irish mental health service provision had been slow to respond to this client group's needs.⁴ As the previous A Vision For Change Monitoring Group reports have noted, progress on this issue has been slow. In practice access to mental health services for people with disabilities is patchy, with some areas of the country providing quite a good services and in other areas people with intellectual disabilities find it very difficult to access appropriate mental health services.

The NDA advises that all regions should put in place specialist Mental Health Intellectual Disability teams. To complement that, mainstream mental health

¹ In the current rental market, one-bedroom properties can be rented at less than €700 a month and 4-bedroom properties at less than €1,200 a month. See daft.ie Rental Housing report Q3 2009

² Mental Health Commission (2009) From Vision to Action? An Analysis of the Implementation of A Vision for Change; Centre for Cross Border Studies (2009), Mental Health: The case for a cross-jurisdictional approach combining policy and research efforts on the island of Ireland

³ Indecon International Consultants (2009) Review of Government Spending on Mental Health and Assessment of Progress in Implementation of A Vision for Change

⁴ NDA(2003) Review of Access to Mental Health Services for People with Intellectual Disabilities

services need to be adequately equipped to support people with intellectual disability or to refer them on to the specialist teams as appropriate.

Recommendation 17.3 - Other agencies must take up their responsibilities / mental health services should not provide a broad range of services

A number of important developments are underway which have the potential to significantly further progress under Recommendation 17.3 are the development of a Housing Strategy for People with Disabilities, the Review of HSE Funded Adult Day Services and the Comprehensive Employment Strategy.

The work on the Housing Strategy for People with Disabilities should be completed in the first half of 2010, and it has benefited from a specific mental health and housing subcommittee. Work on an implementation plan to progress the strategy should therefore be a priority for the second half of 2010.

A key area to address will be how local authorities prioritise people with mental health difficulties (and others with disabilities) in their schemes of letting priorities and their housing allocations. There may need to be separate waiting lists maintained for people with disabilities and other applicants to ensure that a minimum share of housing becoming available to local authorities and other social housing providers is allocated to people with disabilities.

The Review of HSE-funded Adult Day Services is being finalised. 7,000 or 30% of all day-service attendees are people with mental health conditions. A number of meetings between the Department of Health and Children, the Department of Social and Family Affairs and Enterprise, Trade and Employment have taken place on a proposed comprehensive employment strategy for people with disabilities, across a spectrum of disabilities including mental ill-health. Further work is taking place, under the auspices of the ODMH, to identify the specific aspects of a comprehensive employment strategy for those receiving support services from the HSE.

Appendix

National Disability Strategy

The National Disability Strategy, launched by the Government in autumn 2004, is a joined-up programme of co-ordinated actions across Government Departments to deliver on the agenda of including people with disabilities in the mainstream of Irish life.

Reaffirmed by the social partners in Towards 2016, the National Disability Strategy sets out an agenda for every Government Department and public body, including detailed statutory Sectoral Plans for six key Departments, and including the health service.

The National Disability Strategy has the following core elements:

- Disability Act 2005
- Education for Persons with Special Education Needs Act 2004 (EPSEN)
- Sectoral Plans on disability of six Government Departments, covering communications, employment, environment, health, social welfare and transport
- A multi-annual investment programme for high-priority disability services which ran from 2005 to 2009
- Citizens Information Act 2007, providing for a personal advocacy service

The National Disability Strategy builds on a foundation of equality legislation which bars discrimination against people with disabilities in employment and in the provision of goods and services.

Disability Act 2005

The Disability Act 2005 is a positive action measure designed to advance and underpin the participation of people with disabilities in everyday life. It establishes a statutory basis for:

- an independent assessment of individual health (including personal social services) needs and, where appropriate, educational services for persons with disabilities over age 18 years, a related service statement and access to complaints, appeals and enforcement mechanisms, where entitlements are not delivered (Part 2).
- access to mainstream public services and actions to support access to public buildings, services and information (Part 3).
- sectoral plans to be prepared and published in six key sectors - by the Ministers for Health and Children, Social and Family Affairs, the Environment, Heritage and Local Government; Communications, Marine and Natural Resources and Enterprise, Trade and Employment. The plans set out the disability-related services and positive actions measures to be implemented. The first suite of plans

were the subject of a statutory consultation process before being finalised and submitted to the Oireachtas for approval (Part 3)

- safeguards for the use of information obtained from genetic testing to ensure that persons affected by genetic disorders are not subjected to unreasonable requirements from an employer, insurer or mortgage provider (Part 4)
- obligations on public bodies promote and support employment of people with disabilities, to reach a 3% target (unless there are good reasons otherwise) and the monitoring by parent departments and the NDA of compliance with those obligations (Part 5)
- a Centre for Excellence in Universal Design in the National Disability Authority to promote best practice in the design of the environment and products so that they can be accessed, used, and understood by people regardless of age, size, ability or disability
- other provisions including amendment of the Broadcasting Act 2001 in relation to rules to facilitate access to broadcast programmes by persons with sensory impairments

Education for Persons with Special Education Needs Act 2004

This Act (usually abbreviated to EPSEN) has a philosophy of integrated education. The Act provides for assessment of education needs of children under 18 in parallel with assessment of needs of children with disabilities by the HSE under the Disability Act; for provision and implementation of Individual Education Plans; for Special Education Needs Officers; and for the National Council for Special Education (NCSE). The NCSE is the implementation body for this legislation. There is no Sectoral Plan for the Department of Education and Science, the NCSE's Implementation Plan for this legislation seen as having an equivalent role. Unlike the Disability Act, there is no provision in the EPSEN Act for staged roll-out of implementation of the statutory Needs Assessment process to different age-groups. Implementation of the EPSEN Act's Assessments of Need followed by roll-out of Individual Education Plans (and the parallel implementation of the Disability Act Assessments of Needs for 5-18 year olds) has been deferred due to budgetary circumstances.

Sectoral Plans

The Sectoral Plans are statutory plans on disability for each of six Government Departments, presented to the Oireachtas, and which must be reviewed at least every three years. There is a statutory obligation to address interdepartmental co-operation between

- Enterprise Trade and Employment; Health and Children; and Social and Family Affairs in relation to employment issues
- Local authorities and Health and Children in relation to housing and housing supports

The initial Sectoral Plans were approved by the Oireachtas in October 2006. The Department of Transport's reviewed plan was published in December

2008. Reviews are underway in Enterprise Trade and Employment; Environment Heritage and Local Government; Health and Children; and Social and Family Affairs and expected to be completed by October 2009. the NDA has already made formal submissions to these reviews. A Review of the Department of Communications, Energy and Natural Resources Sectoral Plan is expected by end-2009.