

*Disability Act 2005*

**Sectoral Plan**

*for the*

**Department of Health and  
Children  
and the Health Services**

*July 2006*

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**Foreword by**  
**An Tánaiste and Minister for Health and Children,**  
**Mary Harney T.D.**



I am very pleased to publish the Department of Health and Children's Sectoral Plan in respect of health and personal social services provision for people with disabilities, as provided for in the Disability Act 2005.

The overall goal of the health services is to maintain and improve the health of the entire population, including people with disabilities. For people with disabilities, living as full and independent a life as possible is very important for themselves, their families and their local communities. I see the development of this Sectoral Plan as an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery processes. The philosophy of inclusion outlined in this Sectoral Plan will underpin the planning and delivery of services for people with disabilities going forward and will drive measures to ensure that all general health services are accessible by people with disabilities.

The provision of health funded services to meet identified needs of people with disabilities continues to be a priority for the Government. Our commitment in 2005 to provide a Multi-Annual Investment Programme for disability support services recognised the need to build capacity in the health services to deliver on these obligations. Around €720m of almost €900m to be provided between 2006 to 2009 under that Programme will go to the health

sector. In the period since the National Disability Strategy was published, additional revenue and capital funding amounting to €285m has been provided by the Government for the enhancement of health funded services for people with disabilities, giving very clear evidence of our commitment to this sector.

Developed in consultation with stakeholders this plan sets out the actions which my Department, the HSE and the 27 statutory bodies under the aegis of my Department propose to take in pursuance of their obligations under the Disability Act 2005.

Section 31 (4) (d) of the Disability Act 2005 provides that reports on progress in implementing the Sectoral Plans should be completed at intervals of not more than 3 years from the date of publication. Because this plan is the first step in a complex and constantly evolving process which will establish a baseline for access to health services and for service delivery and standards, my Department and the HSE will undertake an annual review of progress in each of the first three years. It is expected that, following each review, further actions will be identified and specific timeframes agreed with the HSE and other bodies under the aegis of my Department who have statutory or other responsibility for service planning and delivery.

While this Sectoral Plan was developed as part of my Department's responsibilities under the Disability Act 2005, it represents a commitment at all levels of the health service to access and equity of service for people with disabilities and is the first in a series of plans that will work towards achieving this goal. Although an evolving work in progress, this is an important first step in positively affecting the lives of people with disabilities.

I look forward to continued co-operation with all those who will be working towards achieving the measures set out in the Sectoral Plan and I welcome this significant step towards enhancing the level of support available from the health services to people with disabilities, their families and carers.

# **Sectoral Plan for the Department of Health & Children and the Health Services**

## **Executive Summary**

**Chapter 1** outlines the policy context for the Sectoral Plan. Health policy is guided by the principles of Equity, People-centredness, Quality and Accountability, as set out in *Quality & Fairness – a Health System for You*. The National Disability Strategy is the focus for Government policy in relation to people with disabilities. The Disability Act 2005 is a central element of the National Disability Strategy and its focus on mainstreaming and social inclusion is given particular emphasis through the Sectoral Plans provided for in Part 3 of the Act. The Education for Persons with Special Educational Needs (EPSEN) Act 2004 makes provision for the special educational needs of children and students. The provisions of the two Acts are complementary and the Health Service Executive (HSE) and the National Council for Special Education (NCSE) are the two key delivery organisations in both Acts.

An extensive consultation process involving all stakeholders was undertaken by the Department of Health & Children in the preparation of this Sectoral Plan.

**Chapter 2** provides an overview of the services currently provided by the HSE, including specialist services for disabilities and specialist mental health services.

The overall goal of the HSE is to maintain and improve the health of the entire population, and subgroups of the population, and to reduce inequalities in health between population groups using a population health approach.

**Chapter 3** deals with eligibility. The Department of Health & Children has commenced work on a new legislative framework to provide for clear statutory provisions on eligibility and entitlement for health and personal social services. The law governing health and personal social services for people

with a disability will continue to apply in the same way as that for all other persons.

**Chapter 4** focuses on resources. It is important to acknowledge the very significant expenditure on services for people with disabilities. The progress of recent years will be further enhanced by the Multi-Annual Investment Programme 2006-2009. This outlines the Government's commitment to a programme of revenue and capital expenditure, amounting in total to around €900m, on specific disability support services. The bulk of this funding, around €720m, is being spent in the health services.

Developments which will underpin progress in this area are the commitments in the new social partnership agreement, *Towards 2016*; the planned establishment on a statutory basis of the Health Information & Quality Authority (HIQA); the finalisation of the Strategic Review of Disability Services and the implementation of the recommendations of *A Vision for Change*, the new national policy framework for the mental health services.

Implementation of the Disability Act 2005, the Education for Persons with Special Educational Needs (EPSEN) Act 2004 and the Government's commitment to the further development of disability and mental health services will require additional health service employees. A joint working group has been established with the HSE to monitor and address workforce needs effectively within the public health service, focussing initially on emerging needs.

**Chapter 5** sets out in detail the arrangements proposed for the implementation of Part 2 of the Disability Act 2005. Part 2 provides a statutory entitlement to -

- an independent assessment of health and education needs,
- a statement of the services (Service Statement) which it is proposed to provide, and

- the right to pursue a complaint through an independent redress mechanism if there is a failure to provide these entitlements.

The arrangements for the implementation of Part 2 of the Disability Act cannot be considered in isolation from the arrangements for the EPSEN Act, 2004 as the same health service staff, mainly in the areas of disability and mental health services, will be called upon to provide assessments and services under both Acts.

It is proposed to commence Part 2 for children aged under 5 years with effect from 1<sup>st</sup> June 2007. This prioritisation reflects the importance of intervention early in life, which can have a significant impact on the disabling effects of a condition or impairment. Part 2 will be commenced in respect of children aged 5-18 in tandem with the implementation of the EPSEN Act. The NCSE is preparing an implementation report on EPSEN which is to be completed by October 2006. The statutory requirements of Part 2 of the Disability Act will be extended to adults as soon as possible but no later than 2011.

In the meantime, however, services for adults with a disability will continue to be developed over the next number of years. The primary focus of many of the elements of the Multi-Annual Investment Programme is on meeting the identified needs of adults with disabilities. Enhancements in multi-disciplinary support services for both adults and children will also be put in place progressively over the coming years. In advance of the commencement of the Act, the HSE will be promoting the practice of assessment of individual needs and the provision of service statements for all service users, as capacity permits.

Chapter 5 also describes in detail the arrangements for the Assessment of Need, for the provision of Service Statements and for complaints and redress mechanisms. Over the next twelve months, the HSE will put Assessment Officers, Liaison Officers and Complaints Officers in place and provide appropriate training. The Department of Health and Children will prepare



regulations governing the assessment of need and draw up standards for assessment, in conjunction with the interim HIQA. The Department will also appoint an Appeals Officer and establish a National Disability Advisory Committee to advise on progress in the implementation of the Act.

**Chapter 6** discusses three cross-departmental and cross-sectoral issues concerning people with disabilities – housing, income support and vocational training and employment. Protocols will be agreed between the HSE and housing authorities to govern liaison concerning the housing needs of people with a disability. A protocol has been agreed with the Department of Social and Family Affairs to ensure that income supports and associated benefits do not create financial barriers to people with disabilities taking up employment. A person with a disability in receipt of Disability Allowance or Blind Pension who avails of the opportunity to take up employment will be allowed to retain his or her medical card for a maximum of three years from the date on which he or she takes up employment. Protocols will also be developed to provide a strategic framework for inter-departmental and inter-agency co-operation between the Department of Health and Children, the Department of Enterprise, Trade and Employment, the HSE and FAS.

**Chapter 7** sets out the measures to be taken by the Department of Health and Children, the HSE and the 27 statutory bodies under the aegis of the Minister for Health & Children to comply with their obligations under Part 3 and Part 5 of the Disability Act, 2005.

An advisory sub-group within the Department has made a number of recommendations which are being implemented. The HSE will commence an audit of its existing public buildings, put access officers in place, review its existing procurement policies and provide guidance and protocols to service areas on ensuring that all client communications are accessible. Complaints procedures required under the Disability Act, 2005 will be integrated into the statutory complaints mechanisms which are currently being developed within the HSE.

Each of the 27 statutory bodies under the aegis of the Department of Health & Children is preparing an implementation plan in respect of its own obligations under the Disability Act. The Department of Health and Children is currently putting in place the monitoring arrangements for the health services, including the HSE and other statutory bodies, as required under Part 5.

**Chapter 8** sets out the arrangements for monitoring and review of this Sectoral Plan. Existing arrangements will be enhanced by the establishment of a National Disability Advisory Committee and regular reviews of progress by the Department's Management Advisory Committee. Progress in implementing the plan will be reviewed by the Department of Health and Children one year from its publication, in mid-2007. It is expected that, following this review, further actions will be identified and specific timeframes agreed with the HSE and other bodies under the aegis of the Department.

## **1. The Policy Context**

### **1.1 Quality and Fairness: *A Health System for You***

The national health strategy *Quality and Fairness: A Health System for You* is guided by the principles of Equity, People-centredness, Quality and Accountability in the delivery of health services including services for people with disabilities. The strategy commits the Government, the Minister for Health and Children, and the Department of Health and Children to:

- Engaging with everyone in the wider community to improve health;
- Working with those in the health system who have a role to play in improving health;
- Evaluating services so that resources are used to best effect;
- Reforming the way we plan and deliver services within the system;
- Modernising and expanding health and personal social services through focussed investment;
- Supporting the development and contribution of people who work in the health system.

Building on that strategy, the mission of the Department of Health and Children, as outlined in its strategy statement 2005-2007, is to help enhance the health and well being of all by:

- Supporting the delivery of high quality, equitable and efficient health and personal social services;
- Leading change in the health system;
- Putting health at the centre of public policy; and
- Promoting a 'whole of Government' approach to health and social gain.

## **1.2 Government Policy in Relation to Disability**

The overall Government objective in relation to people with disabilities, as stated by An Taoiseach at the launch of the National Disability Strategy, is to put in place the most effective combination of legislation, policies, institutional arrangements and services to support and reinforce equal participation for people with disabilities. The new framework will include provision for health services for disabilities and special educational needs arising from those disabilities. The policy framework includes:

- The National Disability Strategy;
- New structures and organisations;
- New legislation;
- Policy reviews in relation to disability and mental health services;
- Resources to implement the policy and strategy.

### **1.2.1 *The National Disability Strategy***

The National Disability Strategy was launched in September 2004. It provides for a framework of new supports for people with disabilities. The Strategy builds on a strong equality framework, which is reflected in several pieces of equality legislation. It puts the policy of mainstreaming of public services for people with disabilities, which was adopted by Government in 2000, on a legal footing. The main elements of the Strategy were:

- The Disability Act 2005;
- The Education for Persons with Special Educational Needs Act 2004;
- Six Outline Sectoral Plans published by Government Departments;
- The Comhairle Amendment Bill 2004.

The Strategy also made provision for an Investment Programme, which was subsequently announced in the 2005 Budget, for the period 2006 to 2009 to build capacity in priority areas of support services for people with disabilities.

These included new residential, respite and day services and new community-based mental health facilities.

### ***1.2.2 New Structures and Organisations***

The environment and structures within which health services to people with disabilities are delivered have changed over the past two years, with the establishment of the Health Service Executive and the National Council for Special Education.

Until recently, statutory responsibility for the provision of a range of health services was vested in the regional health boards, under the Health Act, 1970, and the Eastern Regional Health Authority under the Health (ERHA) Act 1999. These services are now the responsibility of the Health Service Executive (HSE) under the Health Act 2004. Under the Act, the Executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for all health related educational supports. A key objective for the HSE is to ensure that health services, including services for people with a disability, are delivered in the most effective, efficient and appropriate manner, while also taking account of equity of access.

Part 7 of the Health Act 2004 sets out the accountability obligations of the HSE. It requires the Executive to prepare and submit both a Corporate Plan and a Service Plan to the Minister for Health and Children.

The Corporate Plan will specify the key objectives of the Executive for a 3 year period and identify the strategies for achieving these objectives. Under the provisions of the Act, the Executive is required to prepare a Service Plan for the financial year or other period as may be determined by the Minister, and adopt the plan and submit it to the Minister for approval.

The Service Plan is the annual agreement between the Minister for Health & Children and the Executive. It sets out in a comprehensive, integrated statement the type and volume of health and personal social services to be provided by the Executive for the population of Ireland, within the voted allocation (Vote) of the Oireachtas for that year and the approved employment levels set out in Government policy. The plan must also reflect Government and Ministerial priorities. The Service Plan should be framed in the context of the Corporate Plan of the Executive.

Once a service plan is approved by the Minister, the HSE is required by Section 33 of the Act to manage the services so as to ensure that they are delivered in accordance with the plan. As is the case with all legislation, arrangements for the implementation of the Disability Act must be made within this statutory accountability framework.

The National Council for Special Education was established in October 2005. The functions of the Council are set out in the EPSEN Act 2004 as follows:

- Planning and co-ordinating provision of education and support services to children with special needs;
- Disseminating information on best practice concerning the education of children with special educational needs;
- Providing information to parents in relation to the entitlements of children with special educational needs;
- Assessing and reviewing resources required by children with special educational needs;
- Ensuring that progress of students with special educational needs is monitored and reviewed;
- Reviewing educational provision for adults with disabilities;
- Advising educational institutions on best practice;
- Consulting with voluntary bodies;

- Advising the Minister for Education and Science on matters relating to special education;
- Conducting research and publishing findings.

The Council also has specific functions under the Disability Act 2005.

The Council employs Special Education Needs Organisers (SENOs) throughout the country, whose job it is to make decisions about the specific resource needs of children with special educational needs within the policy parameters set by the Department of Education and Science. They also liaise with parents, schools and the HSE in relation to the needs of children and young people with special educational needs.

### ***1.2.3 New Legislation***

The Disability Act 2005 is a central element of the National Disability Strategy. The Act is a positive measure designed to advance and underpin participation by people with disabilities in everyday life and provides for:

- an independent assessment of individual needs, a related service statement and independent redress and enforcement;
- access to public buildings, services and information;
- Sectoral Plans for six key Departments which will ensure that access for people with disabilities will become an integral part of service planning and provision;
- an obligation on public bodies to be pro-active in employing people with disabilities;
- restricting the use of information from genetic testing for employment, mortgage and insurance purposes;
- a Centre for Excellence in Universal Design.

Mainstreaming places obligations on public service providers to support access to services and facilities for people with disabilities as well as other citizens, to the greatest practicable extent. The focus on mainstreaming and social inclusion is given particular emphasis through the Sectoral Plans provided for in Part 3 of the Act. Furthermore the Act provides for, *inter alia*, the identification and delivery of individual health, education and personal social services for people with disabilities who meet the relevant eligibility criteria set out in Part 2 of the Act. In particular it provides people with disabilities with an entitlement to:

- An independent assessment of health and education needs;
- A statement of the services (Service Statement) which it is proposed to provide;
- Pursue a complaint through an independent redress mechanism if there is a failure to provide these entitlements.

Further details in relation to Part 2 are provided in Chapter 5.

The **Education for Persons with Special Educational Needs Act 2004** (EPSEN Act) makes provision for children from 0 to 18 years. Under the EPSEN Act, a child is entitled to an assessment to determine if a special educational need exists. The EPSEN Act states that an assessment under the Act “shall include an evaluation and statement of the nature of the child’s disability (including in respect of matters that affect the child overall as an individual) and an evaluation and statement of the services which the child needs so as to be able to participate and benefit from education and generally, to develop his or her potential”.

The EPSEN Act describes how assessments will be carried out, how standards are set, the grounds on which an assessment is required or provided, the educational resources available on foot of an assessment, and the provisions for appeals.



The National Council for Special Education is required to prepare an implementation plan by October 2006, setting out the Council's estimate of the resources needed for the implementation of the EPSEN Act, a proposed timetable for the implementation of the Act and suggestions as to how special educational needs can be met pending full implementation.

The two Acts (EPSEN and Disability Act), described above, together provide the new framework within which specialist support services to children and adults with disabilities will be planned and delivered.

The provisions of the EPSEN Act 2004 and the Disability Act 2005 are complementary and designed to cover the spectrum of needs for both adults and children. This includes transition planning at various stages such as pre-school to primary, primary to second level and into adult services. The NCSE and the HSE are the two key delivery organisations in both Acts and the same standards will apply in both Acts in relation to assessment.

A child with a disability may be assessed under either Act. Where special educational need is identified, the child must be referred to the NCSE or a school principal. Health needs identified under the EPSEN assessment will be dealt with in the Service Statement under the Disability Act 2005.

Further details on the arrangements for the implementation of Part 2 of the Disability Act and their co-ordination with the implementation of the EPSEN Act are provided in Chapter 5.

### **1.3 Consultation Process**

An extensive consultation process was undertaken by the Department of Health and Children in the preparation of this Sectoral plan. The Department participated in a comprehensive regional consultative process, which was organised by the National Disability Authority in 2005. In addition,

advertisements were placed in national newspapers in September 2005 requesting submissions in respect of the Sectoral Plan, of which twelve were received.

A major conference was held in Mullingar in February 2006, focussing specifically on assessment of need. Representatives of all the major stakeholders in the area of disability were in attendance, including people with disabilities, the National Disability Authority, representatives of key professionals involved in the area of assessment and the statutory and non-statutory service providers. Representatives from the education sector, including the Department of Education and Science, the National Council for Special Education and the National Education Psychological Services (NEPS) also attended. Following the conference a discussion document was prepared on the main themes and issues which had emerged.

Further consultation events took place during May 2006 in Dublin, Carrick-on-Shannon and Cork. Building on the themes which had emerged from the Mullingar conference, these events provided an opportunity for a broader range of people with disabilities to have an input into the process.

The views expressed during the consultation fed into the development of the Department's and the HSE's thinking in relation to the assessment of need process and were particularly helpful in the preparation of Chapter 5, the arrangements for the implementation of Part 2 of the Disability Act 2005.

The National Disability Authority and the Disability Legislation Consultative Group was consulted on the draft Sectoral Plan during June 2006.

A list of organisations which took part in the consultation process is at Appendix 4.

## **2. Current Service Provision**

The 2002 Census of Population indicated that there were 323,707 people, some 8% of the population, with disabilities in Ireland. The Disability Act (2005) makes provision for improved access to public services, including general health services, by people with disabilities. This chapter provides an overview of the services currently provided by the Health Service Executive.

### **2.1 Overall Goal and Strategic Focus**

The Health Service Executive (HSE) came into existence on 1 January 2005 as part of the provisions of the Health Act (2004). The Executive has responsibility for the management and operation of the health services as a unified system.

The overall goal of the HSE is to maintain and improve the health of the entire population, and subgroups of the population, and to reduce inequalities in health between population groups, using a population health approach. This approach recognises that health is a resource, that factors outside the health care system significantly affect health, and that delivery of healthcare is only part of what contributes to health. Population health addresses health issues for people with disabilities along the entire health continuum from prevention and promotion to health protection, diagnosis, treatment, rehabilitation and care, and integrates and balances action between them. All health service providers need to consider the impact of their policies and programmes on the health status of people with disabilities. Adopting this approach means moving towards more integrated service delivery where all services work together towards a common goal.

The HSE has a clearly defined vision: “to consistently provide equitable services of the highest quality to the population we serve.” Its mission for the future is to provide high-quality, integrated health and personal social services built around the needs of the individual and supported by effective team-

working. Four corporate objectives underpin the planning, delivery and evaluation of these services. These relate to:

- The promotion of health and empowerment of people to maintain their own health;
- The provision of easily accessible services;
- Evidence-based decision making;
- The delivery of the best possible care within available resources.

The following sections provide an outline of the key structures in the HSE through which services are delivered.

## **2.2 Primary, Community and Continuing Care Services (PCCC)**

### ***Estimated Expenditure 2006 - €7.1billion***

The Primary Community and Continuing Care (PCCC) Directorate is charged with responsibility for the provision of all health and personal social services available in the community setting through a network of 32 Local Health Offices. At the centre of the PCCC services is a commitment to a partnership approach between individuals, families, communities and a range of providers, agencies and organisations to ensure the delivery of person-centred, needs led integrated services. In addition, services are also provided by independent contractors (e.g. General Practitioners, Pharmacists, Optometrists, Dentists), non-statutory, voluntary and community groups on behalf of the Health Service Executive.

#### **Services Provided by PCCC**

- Primary and Community Care Services
- Services for Children and Families (including Immunisation, Childcare and Family Support)
- Services for Older People
- Mental Health Services (including Child and Adolescent Psychiatry and Old Age Psychiatry)
- Palliative Care Services and Services for Persons with Chronic Illness
- Social Inclusion Services (including Homeless, Ethnic Minorities, Travellers and Addiction Services)
- Services for Persons with Disabilities

### **2.2.1 Primary Care Services**

***Estimated Expenditure 2006 - €3.2billion***

Primary Care Services support and promote the health and well-being of the population by providing locally based, accessible services. A key objective of the HSE is to develop high quality, user friendly primary care services that are based on the assessment of local need and are closely integrated with other health services providers.

- |   |
|---|
| <p style="text-align: center;"><b>Primary Care Services</b></p> <ul style="list-style-type: none"><li>• General Practice – including practice based nursing and other services</li><li>• Community Nursing</li><li>• Therapy Services – including physiotherapy; speech &amp; language therapy; occupational therapy; dietetics</li><li>• Entitlement and Benefit Schemes</li><li>• Information services</li><li>• Community Pharmacy</li><li>• Dental</li><li>• Ophthalmology/Optomety</li><li>• Audiology</li><li>• Community Health Services</li></ul> |
|---|

### **2.2.2 Children and Families**

***Estimated Expenditure 2006 - €0.5billion***

Services for children and families are provided in a variety of community and residential settings including the home, community, schools, health centres and acute hospitals, in partnership with communities, children, young people, families and carers.

These services are provided by a range of statutory, non-statutory, voluntary and community groups. A range of universal health and social services are also provided to the general population of children and young people. Additionally, targeted and specialist services are available to children, young people and their families who are considered to be in need or vulnerable for a

variety of reasons and interagency links are critical in this regard. A list of the available services is provided below:

- Information / Health Promotion
- GP Services
- Antenatal education
- Breastfeeding support
- Parenting Programmes
- Primary Immunisation Scheme and Booster Immunisation Programmes
- Child Health Surveillance and Screening
- Early Intervention
- Child Protection
- Home visiting and family support
- Health Education and Promotion for children and their carers
- Generic and Specialised Family Support
- Pre-School Inspection
- School Health
- Fostering
- Adoption
- Residential Child Care
- Young People Out of Home
- Aftercare
- Assessment, diagnosis and treatment
- Inpatient care
- Support services provided to Special Schools
- Services to respond to violence against women

### **2.2.3 Services for Older People** **Estimated Expenditure 2006 - €1.25billion**

Services for Older People aim to support older people to remain at home in independence for as long as is possible, or where this is not possible, in an alternative appropriate residential setting. The principles of partnership, person-centredness and empowerment of service users underpin service delivery. Services are provided to older people across a continuum, from services at home and in the community through to high quality hospital and residential care services when required.

### *Services Provided for Older People in the Home and Community*

- Information/Health Promotion
- General Practice including practice based nursing and other services
- Community Pharmacy
- Public Health and Home Nursing
- Dental/Aural/Ophthalmics
- Chiropody
- Home Help and Home Care Assistant
- Meals-on-wheels
- Day Centres/Clubs
- Support for Carers
- Additional Home Supports – Packages
- Assessment, supply and fitting of medical appliances
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Continence Advice
- Nutritional Advice
- Grant Aid to Voluntary Organisations
- Special Housing Aid for the Elderly Scheme (Dept of the Environment)
- Boarding Out
- Respite Care
- Short-term Convalescent Care
- Community Rehabilitation

### *Hospital and Continuing Care Services for Older People*

- Acute services; including departments of medicine for older people
- Rehabilitation care
- Day hospitals for older people
- Public long-term residential care
- Private nursing homes
- Discharge co-ordination

#### **2.2.4 Mental Health Services**

***Estimated Expenditure 2006 - €0.85billion***

Mental Health Services span all life stages and include services for children and adolescents, adults and older persons as well as rehabilitation, liaison and forensic psychiatric services. The services have a strong focus on the promotion of positive mental health and maintain a close working relationship with the National Office for Suicide Prevention. Services are provided with an emphasis on partnership with persons with mental health needs, their families, carers, statutory, non-statutory, voluntary and locally based community groups.

Mental Health Services are provided across a continuum, from home and community based services to high quality community and inpatient acute mental health services and residential care services when required. The broad range of Primary and Community based services are accessed as well as specialised services, which include:

- Mental Health Promotion
- Acute Inpatient Care
- Outpatient Clinics
- Community based residences
- Rehabilitation
- Liaison services
- Day hospitals
- Day centres
- Child & adolescent psychiatry
- Old age psychiatry
- Mental health services for homeless persons
- Community psychiatric nursing
- Accident & emergency crisis intervention nursing
- Detoxification
- Peer support groups
- Provision of appropriate responses to both suicide and parasuicide
- Forensic psychiatry – including assessment, treatment, rehabilitation, satellite, outpatient and prison in-reach services
- Outreach/home care services

People with mental health disabilities can access the broad range of acute, primary and continuing care services as well as specialist services for mental health.



## **2.2.5 Services for People with Chronic Illness and Palliative Care**

### **Services for People with Chronic Illness**

Services for people with chronic illness aim to promote quality of life and independence for people with chronic illness/conditions by ensuring they receive coordinated care and support that is planned in partnership with them, around their needs and choices. These services are provided in both the Acute Hospital and Primary, Community and Continuing Care settings relative to disease and symptom presentation. As chronic conditions can present along the life cycle, depending on aetiology, services are provided accordingly within the current care group structure.

### **Palliative Care**

The HSE has a statutory responsibility for planning and commissioning palliative care services on a national basis in conjunction with the voluntary sector in Ireland. The provision of services encompasses a broad range of interventions in multiple locations ranging from acute and sub-acute specialist palliative care inpatient units to home and community based supports and bereavement supports. Services are accessed in a number of ways across the delivery system.

#### **Palliative Care Services**

- Specialist Palliative Care Inpatient Units
- Home Care
- Day Services
- Specialist Palliative Care in Acute General Hospitals
- Community and other intermediate level of inpatient care in Community Hospitals
- Bereavement Support
- Education and Research

### **2.2.6 Social Inclusion Services**

The aim of Social Inclusion services, underpinned by the National Anti-Poverty Strategy and Equality Legislation, is to improve access to mainstream and targeted health services, address inequalities in health between social groups and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Services target the following groups;- Homeless people, Minority Ethnic Communities; Asylum Seekers; Refugees; Migrant Workers; Travellers; Drug Users, those from the Lesbian, Gay, Bisexual, Transsexual/Transgender communities, people with problematic and/or dependent alcohol use, people with HIV/AIDS and people with disabilities. Social inclusion also includes the range of Community Welfare Services.

Services are provided across a continuum, from prevention services at home and in the community through to high quality hospital and residential care services when required. Specialist services are provided for people with specific needs arising from marginalisation. Services are provided in partnership with service users, their families and carers and a range of statutory, non-statutory voluntary and community groups.

### **2.2.7 Specialist Disability Services**

***Estimated Expenditure 2006 - €1.3billion***

Specialist disability services are provided in a variety of community and residential settings in partnership with service users, their families and carers, and a range of statutory, non-statutory, voluntary and community groups.

The integral role of the non-statutory, voluntary and community groups is of particular relevance in this sector. These agencies provide a very significant and broad range of services in partnership with and on behalf of the HSE. It

is acknowledged that because of the historic manner in which services for people with disabilities have developed, many of these agencies were to the forefront in identifying needs in the community and developing responses to them.

Services delivered include:

- Early childhood/family support services
- Residential care
- Respite care
- Day services
- Services for persons with autistic spectrum disorder
- Specialist day and residential brain injury services
- Rehabilitative training
- Sheltered workshops
- Community-based medical, nursing and therapy services
- Aids and appliances
- Home support services
- Financial allowances
- Other services including counselling, advisory, advocacy, information and general support service

A more comprehensive description of these services is available in Appendix 2.

People with physical, sensory and intellectual disabilities and people with autism can also access the broad range of Acute, Primary and Community Care Services as well as specialist services for disabilities. Additional information regarding service provision, including numbers accessing services, is included in the Annual Reports of the National Disability Databases and the 2006 Annual Service Plan for the HSE (see References).

### **2.3 National Hospitals Office**

#### ***Estimated Expenditure 2006 - €4.7billion***

The role of the National Hospitals Office (NHO) is to manage and co-ordinate the delivery of acute hospital services in the 53 statutory and non-statutory acute hospitals and to manage the Ambulance and Pre-Hospital Emergency Care Services.

Public acute hospitals provide a comprehensive range of assessment, diagnosis, treatment and rehabilitation services on a regional, supra-regional or national basis. Designated national specialist services incorporate areas of care such as heart / lung transplantation, liver transplantation, cochlear implants, metabolic screening, bone marrow transplants, adult cystic fibrosis, spinal injuries, paediatric cardiac services, medical genetics, renal transplantation and haemophilia. Supra-regional services include neurosurgery and cardiac surgery, as well as complex cancer surgeries and radiotherapy. Acute hospitals play a key role in undergraduate and post graduate training and education for medical and health service professionals. Hospitals are also involved in clinical and related research activities, involving close links with universities and other third level institutions.

In addition to direct service provision, there are a number of arrangements in place with other service providers in Ireland and abroad for the delivery of specific services. These include agreements to provide clinical services such

as renal dialysis, paediatric cardiothoracic surgery, lung transplantation and radiotherapy.

The NHO also has responsibility for the management and delivery of the Ambulance Service. The provision of high quality ambulance services requires the National Ambulance Service to operate in partnership with a wide range of statutory and private organisations. It also involves working closely with other health care providers at primary and community level, and in both acute and community care settings.

## **2.4 Population Health**

The Population Health Directorate of the HSE leads, informs and supports the population health approach within the Executive. Part of this role involves the provision of knowledge, information and evidence to support corporate decision making and strategic planning as well as supporting the re-engineering of service delivery in a manner which increases its impact on health and social well being and the achievement of value for money. It will also develop equality based and culturally appropriate responses to the new and emerging needs of a diverse population, widespread inequalities in health, key health challenges including obesity, alcohol and drug misuse, an ageing population and the growing burden of chronic diseases.

The Population Health Directorate is responsible for a number of key functions within the health service.

### **Population Health Services**

- Strategic Planning
- Health Intelligence, including Health Information and Surveillance, Evidence Based Health Care, Research and Development, Health Technology Assessment, and knowledge management
- Health Promotion, including mental health promotion, sexual health promotion, tobacco control, alcohol use, drug use, physical activity, nutrition and accident prevention
- Emergency Planning
- Environmental Health
- Health Protection
- Suicide Prevention

## **2.5 Corporate Functions and Supports**

The HSE also manages a number of corporate functions and supports which contribute to the promotion of good health among the population and the provision of services.

### **3. Eligibility for Health and Personal Social Services**

#### **3.1 General Information**

Eligibility for health services in Ireland is primarily based on residency and means. Any person, regardless of nationality, who is ordinarily resident in Ireland is entitled to either full eligibility (Category 1, i.e. medical card holders) or limited eligibility (Category 2) for health services. A person is normally regarded as “ordinarily resident” in Ireland if he/she satisfies the HSE that it is his/her intention to remain in Ireland for a minimum period of one year.

**Persons in Category 1 (medical card holders)** have full eligibility for the following services:

- general practitioner services provided under the General Medical Service scheme;
- approved prescribed drugs and medicines;
- all in-patient public hospital services in public wards including consultants’ services;
- all out-patient public hospital services including consultants’ services;
- dental, ophthalmic and aural services and appliances;
- maternity and infant care service.

The determination of eligibility for medical cards is the responsibility of the Health Service Executive (HSE). Other than for persons aged 70 years and over (who are automatically entitled) medical cards are issued to persons who, in the opinion of the HSE are unable to provide general practitioner, medical and surgical services for themselves and their dependants without undue hardship.

The National Assessment Guidelines used by the HSE to determine eligibility are not statutorily binding. A person whose income exceeds the guidelines may still be awarded a medical card if the HSE considers that his/her medical needs or other circumstances so justify.

A range of income sources are excluded when assessing medical card eligibility. Many allowances such as Carers' Allowance, Child Benefit, Domiciliary Care Allowance, Family Income Supplement and Foster Care Allowance are all disregarded when determining a person's eligibility.

Recent changes to the assessment process for medical cards mean that the HSE now assesses income after deduction of tax and PRSI, rather than gross income. Allowance is also made for expenses on childcare, rent and mortgage costs and travel to work. Overall income guidelines have been increased significantly in the last year.

Specified services for children up to the age of 16 are made available without charge to all, regardless of eligibility. These include: in-patient and out-patient services for all children in respect of diseases and disabilities of a permanent or long-term nature; medical, surgical and nursing services for infants up to the age of six weeks and a health examination and treatment service for pupils of national schools and of other schools which have opted into this provision. Dental, ophthalmic and aural treatment and appliances are available in respect of defects identified at these examinations.

**Persons in Category 2** are entitled, subject to certain charges, to all in-patient public hospital services in public wards including consultants' services and out-patient public hospital services including consultants' services. The current public hospital statutory in-patient charge is €60 per night, up to a maximum of €600 in any twelve consecutive months. Attendance at accident and emergency departments is subject to a charge of €60 where the patient does not have a referral note from his/her doctor. This charge applies only to the first visit in any episode of care.

For those who do not qualify for a medical card, a number of schemes apply. Under the Long-Term Illness Scheme persons with an intellectual disability can obtain the drugs and medicines required for the treatment of that condition free of charge. The Drug Payments Scheme provides that a person and his/her dependants will not have to pay more than €85 in any calendar month for approved prescribed drugs and medicines. In addition, a new GP



Visit Card has been introduced, entitling holders to free GP services. Eligibility for the card is means-tested.

### **3.2 New Eligibility Legislation**

The Department of Health and Children has commenced work on a new legislative framework to provide for clear statutory provisions on eligibility and entitlement for health and personal social services. The aim is to produce a clear set of statutory provisions that ensure equity and transparency and to bring the system up to date with developments in service delivery and technology that have occurred since the Health Act 1970.

The Department is preparing draft legislation at present. The work to date has been divided as follows:

- Define what 'eligibility' for services means, with particular reference to the debate regarding 'entitlement' to services. This must be addressed realistically in the context of capacity and resources;
- Define who should be eligible for services, including the categories of eligibility and the rules governing eligibility for services;
- Define what services people should be eligible for, so that the eligibility system is clear and transparent. A clear and updated set of definitions of relevant health and personal services will be provided for in the new legislation;
- Define policy on user charges, including the principles for charging for services and the circumstances in which charges may (and may not) be levied for each service;
- Provide for a formal system for appeals against decisions in applications for medical cards and GP visit cards.

### **3.3 Eligibility for Persons with a Disability**

Pending the introduction of the new legislation on eligibility, the law governing eligibility for health and personal social services for people with a disability will continue to apply in the same way as that for all other persons. The existing provisions for in-patient and out-patient services for children up to the age of 16 years who have diseases or disabilities of a permanent or long-term nature will also continue to apply.

The emphasis in the new legislation will be on clarifying and updating eligibility provisions so that people will be clear about their entitlements. This approach will be to the advantage of people with a disability, as well as to all others.

## 4. Resources to Implement the Policy and Strategy

### 4.1 Investment Programme

While it is acknowledged that there is a need to further enhance capacity in health funded services, it is also important to acknowledge the very significant existing level of expenditure on health services for people with disabilities. Investment in services for people with disabilities has been prioritised in recent years by the Government. Overall approximately €2.4 billion is spent annually by the health services on disability programmes (residential, day care, respite, assessment and rehabilitation services), mental health programmes, Domiciliary Care and Respite Care grants and other allowances.

The Multi-Annual Investment Programme 2006 -2009 was announced as part of the Budget Day package in December 2004. It outlined the Government's commitment to a programme of revenue and capital expenditure, amounting in total to around €900m, on specific disability support services over that period. The bulk of this funding, around €720m, is being spent in the health services.

The specific additional health services being provided as part of this programme are as follows:

#### *Services for Persons with Intellectual Disability and those with Autism:*

- 255 new residential places annually, giving a total of 1,020 new places over the period of the programme;
- 85 new respite places annually, giving a total of 340 new places over the period of the programme;
- 535 new day places annually, giving a total of 2,140 new places over the period of the programme;
- An extra €2m each year to continue the implementation of the transfer of persons with intellectual disability/autism from psychiatric hospitals and other inappropriate placements.

*Services for Persons with Physical or Sensory Disabilities:*

- 80 new residential places for persons with significant disabilities who are currently placed in inappropriate settings, giving a total of 320 new places over the period of the programme;
- 250,000 extra hours of home support and personal assistance, giving a total of 1,000,000 additional hours over the period of the programme.

*Mental Health Services:*

- 100 new places annually in community based mental health facilities, including mental health day centres, day hospitals and community residential facilities, giving a total of 400 new places over the period of the programme.

In addition to the specific services outlined above, the further enhancement of other support services such as multi-disciplinary or specialist support services for people with disabilities continue to be discussed as part of the annual Estimates and Budget discussions.

In 2006, additional funding amounting to €155m was made available for services for people with disabilities as follows;

- €59m to meet costs in 2006 associated with the specific Programme commitments outlined above;
- €41m, which is being used mainly to enhance the level of multi-disciplinary support services available to people with disabilities;
- €55m capital to provide the infrastructure to support the above developments.

#### 4.1.1 Monitoring the Implementation of the Programme

The Department of Health and Children, in partnership with the HSE, has put in place very clear measures to report on and monitor the implementation of the Multi-Annual Investment Programme, together with the additional funding allocated in 2005. These include;

- Agreed protocols governing the implementation of and reporting on the Multi-annual Programme;
- Regular reports to the Cabinet Committee on Health and Children on progress by the HSE in achieving the targets set.

The additional revenue (€70m) and capital (€60m) provided in 2005 was used to put in place the following services:

##### *Physical and Sensory Disability*

<b>SERVICE</b>	<b>TARGET</b>	<b>ACTUAL @31/12/05</b>
<b>Increased capacity – residential services</b>	56 places	55 places
<b>Home Supports</b>	100,000 hours	118,985 hours
<b>Rehabilitation and Sheltered Places</b>	90	75
<b>Aids and Appliances</b>	€3m	€2.86m

*Intellectual Disability/Autism*

<b>SERVICE</b>	<b>TARGET – NEW PLACES</b>	<b>TARGET – ENHANCED SERVICE</b>	<b>ACTUAL @31/12/05 – NEW PLACES</b>	<b>ACTUAL @31/12/05 – ENHANCED SERVICE</b>
<b>Residential</b>	204	96	206	104
<b>Respite</b>	71	58	95	15
<b>Day</b>	409	-	426	28
<b>Transfers from Inappropriate Placements</b>			45 persons provided with more appropriate care settings	

*Mental Health Services*

The €15m allocated in 2005 for the development of mental health services provided for:

- An enhancement of facilities at the Central Mental Hospital;
- 12.5 additional consultant-led mental health teams in child and adolescent, rehabilitation and general adult psychiatry;
- An additional 44 staffed community residential places;
- 2 new mental health day hospitals (2x10 places);
- 4 extra home-care treatment teams;
- A specialist consultant-led mental health team for members of the deaf community;

- Support for early intervention programme (DETECT);
- An additional consultant-led multi-disciplinary team for the psychiatry of Intellectual Disability;
- Additional advocacy support provided for voluntary agencies (Irish Advocacy Network, Mental Health Ireland, Schizophrenia Ireland and STEER);
- The development of additional specialist self-harm/suicide prevention services in A & E Departments ;
- Further enhancement of bereavement support services.

The Multi-Annual Investment Programme also provided for additional revenue expenditure of €82m by the Department of Education and Science in relation to

- education services for adults with disabilities;
- the expansion of the role of the National Council for Special Education under the Disability Act 2005;
- increased availability of pre-school provision; and
- the introduction of the new appeals processes as envisaged in the Education for Persons with Special Educational Needs Act 2004.

Additional revenue funding amounting to €100m has been provided in 2006. This includes €58.8m to provide the specific service elements contained in the Multi-annual Investment Programme and a further €41.2m to address core funding deficits and fund further service enhancements.

*Services for Persons with Physical and Sensory Disabilities: €11.8m*

<b>SERVICE</b>	<b>TARGET</b>
<b>Increased capacity – residential services</b>	80 places
<b>Home Supports</b>	250,000 hours

Funding is also being provided for the employment of up to three Resource Officers to assist persons with sensory disabilities and for the provision of assistive/adaptive technology for people with sensory disabilities (€0.5m)

*Services for Persons with Intellectual Disability and Those with Autism: €39.5m*

<b>SERVICE</b>	<b>TARGET – NEW PLACES</b>
<b>Residential</b>	255
<b>Respite</b>	85
<b>Day</b>	535
<b>Transfers from Inappropriate Placements</b>	€2.2m

*Mental Health Services: €7.5m*

This will fund the provision of additional community based mental health facilities, including mental health day centres, day hospitals and community residential facilities. Details are included in the table below.



**Additional Services: €41.2m**

*Intellectual, Physical and Sensory Disability/Autism: Multi-Disciplinary Supports: €12.5 m*

The priority for the HSE in 2006 is to increase service provision in the area of multi-disciplinary supports to meet obligations to children with developmental delay, in the home, in the community and in other appropriate settings. The investment package will facilitate the recruitment of up to 200 extra Therapists, particularly Speech & Language, Occupational Therapy and Physiotherapy. It is acknowledged that in the short term the recruitment of these scarce grades must be sourced from overseas. The HSE has put in place a project plan to effect same.

*Core Under-Funding of Voluntary Agencies: €10 m*

A process is currently being put in place by the HSE to quantify and validate the extent of the core under-funding of voluntary agencies. A methodology for allocating this funding will then be developed.

*Mental Health Services: €18.7m*

This additional funding will be used to enhance the level and range of multi-disciplinary support services available to adults and children with mental illness and to support the implementation of *Reach Out – National Strategy for Action on Suicide Prevention 2005 – 2014*. Details are included in the table below

*Summary of Mental Health Service Developments (€7.5m +€18.7m)*

The service developments planned for 2006 are outlined below;

Item	€	WTE's
18 Multidisciplinary Teams	9 m	108
14 Team Enhancements	2.8m	56
36 Mental Health Act Resource Persons	1.8 m	36
Establish of Mental Health Directorate & Service User	.15m	1
The Service Levels in Child Psychiatry	3.25 m	40
Service Development for person with Learning difficulties	2.25m	30
Additional Services for Psychiatry of Old Age	2 m	30
Additional Services for National Forensic Psychiatric Services	1 m	15
Investment in training for Clinical Psychology	1 m	50
Supports for Voluntary Partners in Mental Health	.8m	0
Initiatives for promoting Mental Health	.2 m	0
Specialist Services for Homeless Mentally Ill	.75m	15
National Office for Suicide Prevention	1.2m	7
Total	26.2m	

*Capital Funding*

€45m is being allocated to support additional places in services for person with a physical, sensory or intellectual disability or autism. A further €10m is being allocated to support the additional places to be provided in the community based mental health services. This funding is over and above that previously allocated to these services from the Capital Investment Programme 2005 to 2009.

Consistent service development requires increased investment in a systemic way over a number of years. It also requires the identification of priorities, the setting of clear targets and having in place effective systems to monitor service improvement outcomes. The structures which are currently in place together with the additional elements of the legislative framework, and in particular the information requirements in the Disability Act 2005, deliver on these requirements. Through the commitment to the Multi-Annual Investment

Programme which the Government has put in place, it has given a very visible assurance of its intention to progressively address identified needs.

Specialised services for people with a disability will continue to be developed over the coming years while Part 2 of the Disability Act 2005 is being implemented. Further details are provided in Chapter 5.

## **4.2 Social Partnership Agreement “Towards 2016”**

The new Social Partnership Agreement “**Towards 2016**”, states that future policy in relation to people with disabilities will be progressed through the National Disability Strategy with particular expression being provided through Sectoral Plans and other relevant mechanisms. Key issues to be addressed in relation to the health services:

1 Assessment for, and access to, appropriate health and education services including residential care, community based care, and mental health services within the framework of the Disability Act, 2005 and the Education for Persons with Special Education Needs Act, 2004. Developments will include:

- Implementation of Part 2 of the Disability Act 2005 and implementation of the Education for Persons with Special Educational Needs Act 2004;
- Person-centred supports will continue to be developed for long stay residents in psychiatric hospitals, with a view to their movement back into community living;
- Central to the successful implementation of the National Disability Strategy will be a process of financial accountability. Clear guidelines will be developed to ensure that the investment in the Strategy delivers value for money and real tangible benefits to people with disabilities;

- Person centred supports will continue to be provided to ‘adults with significant disabilities’, having regard to the range of support needs which they require, e.g. nursing, personal assistance, respite, rehabilitation, day activities, etc;
  - In its consideration of the core funding requirements of agencies providing services for people with disabilities, the Health Service Executive will be asked to take into account the appropriateness of core funding essential health and personal social services;
  - Establishing on a statutory basis the Social Services Inspectorate (SSI) (which currently inspects children’s residential and foster care services on an administrative basis) through the legislation for the establishment of the Health Information and Quality Authority (HIQA) which is expected to be published during the 2006 Autumn Session;
  - Developing a strategic integrated approach to rehabilitation services within the context of the Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision.
2. National Standards will be introduced in respect of specialist health services for people with disabilities, taking into account the draft standards already prepared by the National Disability Authority, together with the report of the Working Group on the development of a Code of Practice for Sheltered Workshops.

Other measures included in the Social Partnership Agreement include initiatives dealing with employment, housing and income which will be addressed through Cross-Departmental initiatives in which the Department of Health and Children will participate.

### **4.3 Health Information and Quality Authority**

One of the key policy aims of the Health Strategy is the delivery of high quality services which are based on evidence-supported best practice. The establishment of the Health Information and Quality Authority (HIQA) on a statutory basis, which was first proposed in the Health Strategy, was one of the recommendations of the Health Service Reform Programme announced by the Government in June 2004.

In March 2005, the interim Health Information & Quality Authority (interim Authority) was established to make the organisational plans and preparations for the Health Information and Quality Authority (HIQA). The Minister for Health and Children recently published HIQA's draft enabling legislation for public consultation. HIQA will be an independent body reporting directly to the Minister for Health and Children.

HIQA will:

- set standards for services provided by or on behalf of the Health Service Executive (HSE) except those within the remit of the Mental Health Commission and the Inspector of Mental Health Services;
- monitor service delivery against level of compliance to those standards;
- review services and make recommendations aimed at achieving best outcomes from the resources available;
- investigate the safety, quality and standards of any service (except mental health services) provided by or on behalf of the HSE and make any recommendations it deems necessary;
- accredit services and provide an accreditation service for the private sector;
- evaluate and provide advice to the Minister on the clinical and cost effectiveness of health technologies, including drugs;
- set standards (including governance arrangements) in relation to information and data in respect of the health and personal social

services and the health and welfare of the population for the HSE and service providers and advise the Minister and the HSE on the level of compliance with these standards.

The Office of the Chief Inspector of Social Services will be established as an Office within HIQA. It will continue the Social Service Insectorate's work in respect of child welfare and protection services. It will also be assigned responsibility for the inspection of residential services for persons with a disability and for residential services for older people, including private nursing homes. It will be the registration authority for these residential services and will inspect them against regulations and against the standards set by HIQA.

#### **4.4 Strategic Review of Disability Services**

In accordance with a commitment in "Sustaining Progress", the Social Partnership Agreement 2003-2005, the Department of Health and Children has carried out a strategic review of existing specialist health service provision for people with disabilities, in consultation with relevant interests. A document setting out the key findings of the review will be finalised without delay. The document is being prepared against a backdrop of significant consultation.

This has included the following:

- Analysis of the advice of fourteen specialist study groups based on contributions from 360 people who are involved in the disability sector;
- Detailed discussions with the chairs of the specialist study groups;
- Consultation meetings with parents/carers, service providers and service users;
- A consultation seminar on the Values and Principles underpinning the document;
- A series of visits to services (both statutory and non-statutory) in 16 counties;

- Analysis of around 50 submissions received from a variety of interested parties in response to a public advertisement.

#### **4.5 National Policy Framework for Mental Health**

***“A Vision for Change”*** – a new National Policy Framework for the mental health services was published on 24<sup>th</sup> January 2006. The Report, which was developed by the Expert Group on Mental Health Policy, provides a set of values and principles that will guide both Government and service providers in developing a modern, high quality mental health service over the next 7 – 10 years.

The recommendations in the Report, which have been accepted by Government, propose a holistic view of mental illness and recommend an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. The report recommends a person centred treatment approach which addresses each of these elements through an integrated care plan, reflecting best practice, evolved and agreed with both service users and their carers. Interventions should be aimed at maximising recovery from mental illness, and build on the resources within service users and within their immediate social networks to allow them to achieve meaningful integration and participation in community life. The recommendations in the report aim to enhance the inclusion and functioning of all people experiencing mental health problems.

The report envisages a mental health system that addresses the mental health needs of the individual - a system which is accessible, inclusive, non-discriminatory and equitable. In order to do this the system must meet the needs of all people with disabilities requiring mental health services. The mental health needs of children, adolescents and adults come within the

scope of the Disability Act. The type of multidisciplinary assessment, treatment and care envisaged in the mental health policy framework is in keeping with the requirements of the Disability Act. The report also addresses the specific mental health needs of people with intellectual disabilities and makes a number of recommendations about the provision of services to this user group. Early intervention and assessment services for children with autism are also addressed by the report.

The Health Service Executive is in the process of establishing an Implementation Group to ensure that the recommendations of *A Vision for Change* are realised in a timely and coordinated manner. In addition, an independent Monitoring Group to oversee the implementation of the recommendations has been established. The Monitoring Group will report to the Minister annually on progress made toward implementing the recommendations of the Report and will publish its report.

The programme of investment required to implement *A Vision for Change* has already begun with an additional €25m allocated to the HSE in the estimates for 2006 for mental health services. Significant capital investment will also be required for the provision of new and replacement facilities for the mental health services. This has been estimated by the Expert Group on Mental Health Services to be of the order of €800m and much of it could be realised from the value of existing hospitals and lands.

The Mental Health Commission in exercising its function regarding the promotion of the interests of all persons availing of mental health services will have a role to play in ensuring the accessibility of mental health services for people with disabilities.

#### **4.6 Report of Comptroller and Auditor General**

The Comptroller and Auditor General's report (Provision of Disability Services by Non Profit Organisations) examines how disability services are provided,



the service framework within which non-profit organisations deliver services and how these services are monitored and evaluated. It stresses the importance of good governance and accountability systems.

Among other steps, the report recommends a formal specification of service agreements with non-profit organisations and the establishment of financial reporting norms and key requirements regarding disclosure of information. The Comptroller and Auditor General points to the need for clarity regarding access to services, and to the need for clear standards of care for persons with disabilities.

The Department of Health and Children and the HSE will work closely together to ensure that the important challenges raised by the report are fully addressed.

#### **4.7 Health Service Manpower Issues**

Numbers employed in the health and social care professions have increased substantially in recent years (see table below). Many of these are employed in the disability and mental health services.

##### ***% Changes in Numbers Employed from the Health Service Personnel Census for Certain Health and Social Care Professionals***

<b>Grade</b>	<b>% Change 2005/1997</b>	<b>% Change 2005/2001</b>
<b>Physiotherapists</b>	+112	+40
<b>Occupational Therapists</b>	+188	+59
<b>Speech and Language Therapists</b>	+107	+46
<b>Dietitians</b>	+207	+39
<b>Chiropodists</b>	+35	+3
<b>Orthoptists</b>	+60	+14
<b>Diagnostic</b>	+35	+6

<b>Radiographers</b>		
<b>Radiation Therapists*</b>		
<b>Medical Scientists</b>	+68	+20
<b>Clinical Psychologists</b>	+91	+30
<b>Social Workers</b>	+77	+22

\* Grade established in 2000

Implementation of the Disability Act, the Education of Persons with Special Educational Needs Act and the commitment to the further development of disability and mental health services, will require substantial additional health service employees. These employees will include speech and language therapists, occupational therapists, physiotherapists, psychologists, nurses, care workers, care attendants, clerical staff, doctors, social workers etc. Over 1,000 WTE posts were required on foot of the 2005 investment programme in the disability services.

A comprehensive review of manpower needs in the health sector has been carried out by the Skills and Labour Market Research Unit in FÁS. *The Healthcare Skills Monitoring Report (FÁS Report)* was published in 2005. The report was developed in association with a working group from the Department of Health and Children. It provides an analysis of the labour market in health care and identifies current and future shortages of healthcare skills up to the period 2015. Another report which has had a significant impact is *Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists (Bacon, 2001)*.

A joint working group has been established by the Department with the Health Service Executive to effectively monitor and address workforce needs within the public health service. The group will focus initially on emerging needs in the areas of care of the older person, people with a disability and those with mental illness, in the light of significant service developments in these particular areas. The work of this group will be greatly informed by the work

already undertaken by FAS. One of the first tasks for the working group will be to identify those professions which are in most danger of being in short supply if new service developments continue at the same pace as in recent years.

A Therapy recruitment drive was launched in March 2006 to oversee the recruitment of Physiotherapists, Occupational Therapists and Speech and Language Therapists for the HSE and some non statutory service providers. This drive was deemed necessary due to the projected high number of development posts and the fact that many of the new therapy schools would not be working at full capacity until 2007 and after. It incorporates a centralized application system for the 272 therapy graduates in 2006 to ensure that they have full access to suitable employment opportunities.

A fast track work / visa authorization scheme was introduced in 2000 to facilitate the recruitment of suitably qualified non-European Economic Area citizens to work in sectors with acute skills shortages. Nurses were included in this scheme since its inception and a broad range of health and social care professionals and associate professionals (such as medical practitioners, therapists and medical scientists) were added in 2002.

## **5. Arrangements for the Implementation of Part 2**

### **5.1 Overview of the Provisions of Part 2**

This section describes the provisions of Part 2 of the Disability Act 2005. However, it does not purport to be a legal interpretation.

Part 2 of the Disability Act 2005 establishes a system for the assessment of individual health service needs occasioned by the disability and, where appropriate, education needs for persons with disabilities over age 18 years. Part 2 provides a statutory entitlement to:

- an independent assessment of health and education needs;
- a statement of the services (Service Statement) which it is proposed to provide;
- pursue a complaint through an independent redress mechanism if there is a failure to provide these entitlements.

The Act also allows for an employee of the Health Service Executive (HSE) to initiate an assessment of need in certain circumstances. Part 1(3) of the Act provides for Part 2 to be introduced on a phased basis.

#### **5.1.1 *Important Terms Defined in Part 2 (section 7)***

Persons with a disability entitled to the services in Part 2 are those with a “substantial restriction” which is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability

“health services” in Part 2 are services provided by or on behalf of the Health Service Executive (HSE) and include personal social services.

“education services” covered by Part 2 are education services for persons with disabilities over 18 years. They include schools covered by the Education Act 1998 or certain educational facilities specified by the Minister for Education and Science.

### **5.1.2 Purpose of the Independent Assessment (sections 8-10)**

Any person who considers that he or she may have a disability is entitled to apply for an independent assessment of need. The assessment will be undertaken without regard to cost or to capacity to provide any services identified in the assessment. Arising from the assessment, the person concerned will be given an Assessment Report.

The Assessment Report will indicate:

- whether a person has a disability;
- the nature and extent of the disability;
- the health and education needs arising from the disability;
- the services considered appropriate to meet those needs and the timescale ideally required for their delivery;
- when a review of the assessment should be undertaken.

There is provision for a relative, guardian or personal advocate to apply for an assessment on behalf of a person with a disability. Each person with a disability will be encouraged to participate in his/her own assessment while taking account of the nature of his/her disability and his/her age. This will also include taking account of his/her views regarding their needs or preferences in relation to the provision of services.

The Health Information and Quality Authority (HIQA), a new independent body to be established by the Minister for Health and Children, will set appropriate standards for carrying out the assessment process.

### **5.1.3 Educational Needs of a Child**

A child who has a disability may be assessed under the Disability Act or under the Education for Persons with Special Educational Needs Act 2004. If a special educational need is identified as a result of the assessment of a child under the Disability Act, that aspect of the assessment must be referred to the National Council for Special Education or to the Principal of his or her school for the purposes of an assessment under the Education for Persons with Special Educational Needs Act, 2004. Health needs identified in an assessment under the Education for Persons with Special Educational Needs Act 2004 will be dealt with in a Service Statement under the Disability Act.

### **5.1.4 Service Statements (sections 11)**

Each person found to have a need for disability related health and/or education services, as a result of the Assessment Report, will be given a Service Statement. The Service Statement will set out the health and education services that will be provided to the person taking account of:

- the Assessment Report;
- eligibility criteria for services;
- relevant standards and Codes of Practice;
- the practicability of providing the service;
- the financial resources available.

A Service Statement may be amended because of a change in the circumstances of the person or a change in any of the above considerations upon which the statement is based. The individual or his/her advocates will be invited to participate in a review of the provisions of services specified in the Statement at intervals determined by regulations.

### **5.1.5 Exchange of Information (section 12)**

There is provision for informing, with the necessary consent of the person concerned, other public bodies about the contents of an Assessment Report so as to facilitate access to assessment for services outside the health and education sectors.

### **5.1.6 Planning (section 13)**

To assist with ongoing planning and improvement of services, the HSE will keep records of assessments and services provided, levels of unmet needs and the numbers of persons involved. The maintenance of these records will be in accordance with the requirements of data protection legislation. A report will be prepared annually by the HSE for the Minister for Health and Children and will be published.

### **5.1.7 Complaints (sections 14-15)**

A person may make a complaint to the HSE about:

- a finding by an assessment officer that he or she does not have a disability;
- the failure of the assessment to meet the standards set by the Health Information and Quality Authority;
- the contents of the Service Statement;
- the failure to start or complete an assessment within the required timescales;
- the failure of a health or education service provider to provide a service set out in the Service Statement or to provide it within any timeframes prescribed.

Complaints will be heard by a Complaints Officer. The complaint will be resolved informally, if possible. If informal resolution is not possible, the

complaint will be investigated and a recommendation will issue, which will include a timeframe for the action directed. The recommendation will have regard to the outcome of the investigation as well as other considerations, including the eligibility of the person for the service, the practicality of providing the service and the resources available to the service provider.

#### **5.1.8 Appeals (sections 16-20)**

A person may lodge an appeal against a recommendation of a Complaints Officer. The HSE or education service provider can also appeal a recommendation in relation to the provision of a service.

Appeals will be investigated by an independent Appeals Officer. If the parties to the appeal agree, an appeal may be resolved by mediation. Otherwise, an appeal hearing will take place and a formal determination will issue.

The Appeals Officer's determination is final and may only be appealed on a point of law to the High Court.

A determination and a mediated settlement can both be enforced in the same manner.

#### **5.1.9 Enforcement (sections 22-23)**

Where a recommendation, a mediated settlement, or an Appeals Officer's determination are not implemented, the applicant or the Appeals Officer can apply to the Circuit Court for an enforcement order. The Circuit Court may then order the HSE (or the head of an education service provider) to implement the relevant decision.



### **5.1.10**

### ***Regulations (section 21)***

The Minister for Health and Children may, by regulation, establish procedures relating to the matters covered in Part 2, including the assessment process, service statements and the redress procedure.

## **5.2 Challenges for the Disability Services**

The structure and models underpinning services provision within the disability sector have developed differently due in part to the former health board structure. There has not been a consistent national approach and service developments have often been driven by factors other than client need. Inconsistent approaches have developed in different areas based on geography, voluntary or statutory sector service provision, type of disability or emphasis on specific types of service development. Specialist or exclusive service provision has on occasion led to inequities with some people being unable to access services in their local areas.

To ensure a consistent, equitable and inclusive approach using service need as the evidence base, a reconfiguring of service provision is required so that all people with a disability have access to services consistent with their assessed need, irrespective of voluntary sector agency attachment, geographical location or type of disability. Part 2 of the Disability Act presents an opportunity to develop service delivery systems that are user friendly and fully accessible and requires a commitment from contracted services providing agencies as well as the HSE to engage in a process to maximise this.

The human resource difficulty in meeting the demands of service provision continues and is particularly evident in the disciplines of speech and language therapy, occupational therapy, physiotherapy and psychology. Steps to address this issue are being taken, including the provision of additional

training place, recruitment and retention measures and a targeted overseas recruitment drive, but achieving required levels will take a number of years.

The HSE has a particular obligation to ensure that the potential of the roles of assessment and liaison officers is achieved and that these roles bring added value to people with disability availing of specialist disability services as well as meeting the statutory requirements relating to information provision.

### **5.3 Timeframe for the Phased Introduction of Part 2**

When the Disability Bill was before the Oireachtas it was widely understood that, having regard to resource and capacity issues within the health services and to the complexity of the delivery system, the provisions of Part 2 of the Disability Act would have to be implemented on a phased basis. It was less widely recognised that the implementation of the provisions of the Education for Persons with Special Educational Needs Act, 2004 (henceforth referred to as “the EPSEN Act”) over a broadly similar timeframe would have a significant impact on the plans for the implementation of Part 2. The arrangements for the implementation of one Act cannot be considered in isolation from the arrangements for the other, as the same health service staff, mainly in the areas of disability and mental health services, will be called upon to provide assessments and services under both Acts. Close collaboration and cross-sectoral working will be required at local and national level, involving the HSE, NCSE and both Departments concerned.

Having considered the matter in detail and following consultation with the HSE, the Department of Education & Science, the National Council for Special Education (NCSE) and other stakeholders, it has been agreed that, in the phasing arrangements for the implementation of Part 2, priority will be given to the needs of young children.

Among the factors underlying this decision are:

- the importance of intervention early in life, which can have a significant impact on the disabling effects of a condition/impairment;
- the fact that the EPSEN Act, which will affect all school-going children, will be implemented over a five year timeframe from October 2005;
- the existence of a range of early intervention services and models which, though fragmented, can be developed into a cohesive Early Intervention Framework and rolled out nationally within a relatively short timeframe;
- the Government's commitment to the provision of pre-school services for children with a disability.

Section 1(3) of the Disability Act, 2005 allows the Minister for Health & Children, after consultation with the Minister for Education & Science, to commence the provisions of Part 2 with reference to persons of different ages. It has been agreed, therefore, to commence the provisions of Part 2 in respect of all children under 18 on a phased basis. Part 2 will commence for children aged under 5 years old with effect from 1<sup>st</sup> June 2007.

Part 2 will be commenced in respect of children aged 5-18 in tandem with the implementation of the EPSEN Act. In preparation for its implementation, health related support services for children aged 5 to 18 will continue to be enhanced to enable the HSE to meet needs identified for this group. Under the terms of that Act, the National Council for Special Education (NCSE) is required make a report to the Minister for Education & Science outlining the steps that must be taken to implement the Act within a five-year timeframe from October 2005 to October 2010. This report is to be prepared by October 2006 and will specify dates for the commencement of the provisions of the EPSEN Act. The Department of Health & Children and the HSE are closely involved with the NCSE and the Department of Education & Science in the preparation of that implementation report to ensure that the necessary arrangements for health and education services are aligned.

*“A Vision for Change”* has been accepted by the Government as the basis for the future development of the mental health services. The re-organisation of the mental health services proposed therein, particularly in relation to the development of multi-disciplinary community mental health teams and the planned expansion of children and adolescent mental health services, will enable the mental health services to align themselves to the requirements of the Disability Act.

Services for adults with a disability will continue to be developed over the coming years. The primary focus of many of the elements of the Multi-Annual Investment Programme is on meeting the identified needs of adults with disabilities. For example, adults will be the primary beneficiaries of the bulk of

- the new residential and day places for persons with intellectual disability or autism;
- all of the new places for people with intellectual disabilities to be transferred from psychiatric hospitals and other inappropriate placements;
- the residential places for persons with significant physical disabilities; and
- much of the additional community based mental health facilities

to be developed over the life span of the programme. Enhancements in multi-disciplinary support services for both adults and children will also be put in place progressively over the coming years.

The HSE intends to commence the changes necessary to deliver on the structures provided for in Part 2 in advance of full implementation. This will include changes in the manner in which services are commissioned by the HSE, both internally and from the non statutory sector, with an increasing focus on meeting individual needs.

The HSE will be promoting the practice of assessment of individual needs and the provision of service statements for all service users in advance of the

commencement of the Act, as capacity permits. The statutory requirements of Part 2 of the Disability Act will be extended to adults as soon as possible but no later than the end of 2011.

**Over the next 12 months, the Department of Health & Children will:**

- put in place a Cross-Sectoral team consisting of senior officials from the Departments of Health and Children and Education and Science, the HSE and the NCSE, to ensure that arrangements for the implementation of Part 2 of the Disability Act and the EPSEN Act are progressed in tandem, having due regard to the resources and capacity of both sectors concerned;
- commence Part 2 of the Act in relation to children aged under 5 years old with effect from 1<sup>st</sup> June 2007.

## **5.4 Arrangements for Assessment of Need**

### **5.4.1 *Applications for Assessment***

Section 9 of the Disability Act provides that a person with a disability may apply for an assessment of need or, if he or she is unable to do so because of the nature of his/her disability, the application may be made by a spouse, parent, relative, guardian, legal representative or advocate. Details of the application procedure will be laid down in regulations.

Clear, easy to understand information will be provided by the HSE to people with disabilities and other relevant parties to assist them in making an application for an assessment. People will be informed of their right under the Act to apply either for a full assessment or for an assessment in relation to a specific need or a particular service identified by the person him/herself.

#### **5.4.2           Role of Assessment Officers**

Assessment Officers will oversee and co-ordinate the assessment process and ensure that a report on results of the assessment is provided as required by the Act. The Assessment Officer will be the first point of contact for the person with a disability (or the parent of a child with a disability) who makes an application for an assessment under Section 9 of the Act. He or she will be a resource for the person concerned, ensuring that the appropriate assessments are carried out. Part of his or her role will be to guide that person through the process of assessment, to keep the person informed of progress and, at the end of that process, to complete the assessment report as required by Section 8(6). The Assessment Officer will be statutorily independent in the performance of these functions.

Section 8(1) of the Disability Act, 2005 provides that the HSE shall appoint Assessment Officers. It is clear, therefore, that the assessment function rests with the HSE. The role of the Assessment Officer in the context of the provisions of Part 2 is critical.

In considering the arrangements for the assessment of need, it is important to bear in mind that the assessment process is not an end in itself. The ultimate objective is to complete an assessment report which will identify the needs of a person with a disability which will, in turn, facilitate the preparation of a service statement. Assessment Officers will commence the assessment process as soon as possible after applications have been received, but no later than 3 months after receipt, and complete them without undue delay, as required by Section 9(5).

#### **5.4.3           Assessment Process**

The independence of the assessment is guaranteed by subsections (4) and (5) of Section 8, which provide respectively that an Assessment Officer “*shall be independent in the performance of his or her functions*” and that an

assessment shall be carried out “*without regard to the cost of, or the capacity to provide, any service*”.

It will be for the Assessment Officer to determine the scope of assessment required for the person concerned and to arrange with the appropriate professionals to have it carried out.

In keeping with the definition of assessment in Section 7(1), the focus of the assessment will be on health and education needs *occasioned to the person by the disability*. If in the course of an assessment, it appears to the Assessment Officer or the professional that the person may also have other health needs (for example oral health or primary care), an appropriate referral to the relevant service within the HSE will be arranged, in consultation with the person concerned and/or his/her parent, carer, or advocate as appropriate.

The following principles and values identified by stakeholders will guide the assessment process.

#### *Outcome focus*

The assessment must be outcome focused. The outcome will be different for each person but should result in improved quality of life for the individual and his or her family or carer. It should enable that person to achieve the highest possible level of independence and participation.

#### *Empowerment focus*

The assessment should be empowering, person and family centred, conducted in a spirit and practice of partnership and collaboration with all stakeholders. The approach should be holistic, covering all key aspects of the person’s life.

#### *Respect*

The assessment should be based on respect for the individual and the family and should be culturally appropriate.

### *Quality*

The assessment process should reflect a commitment to quality through evidence-based practice. It should be timely, accessible, flexible, dynamic and responsive.

### *Social values*

The assessment process should be designed to reflect the commitment to equity, transparency, and fairness in the use of resources.

### *Value*

The assessment process should represent best use of the people skills and other resources invested in it.

There will be a two stage assessment process. The first stage will involve an initial review of the person's case by the Assessment Officer. This will include an interview with the person concerned and/or his/her parent, carer or advocate, to elicit his/her own assessment of what they perceive his/her needs might be. This is widely acknowledged as a very crucial element of the assessment process. Under the provisions of the Citizens Information Bill 2006, persons with disabilities may be entitled to a personal advocate

The Assessment Officer will also review any existing reports or recent assessments carried out on the person concerned, to inform his/her decision-making regarding what type of further assessment (if any) is required.

Taking all of the information thus obtained into account, the Assessment Officer will determine whether the person concerned meets the criteria for assessment under Part 2 of the Act. Particular attention will be given to the training of Assessment Officers in this matter, which involves the interpretation of the legal definitions in the Act. In this regard, the HSE will develop national protocols and guidelines to ensure that a uniform approach is adopted. Appropriate professional input, particularly in relation to diagnosis and



prognosis will be sought as required. However, the Assessment Officers will have the discretion to judge each case on its merits, in accordance with their independent function.

The second stage of the assessment process will entail referral of the person for professional assessment by an individual or a team, as deemed appropriate by the Assessment Officer. Protocols and criteria for how this will operate will be developed by the HSE. If appropriate, professional assessment may include a diagnosis which may inform future needs. In keeping with the principles outlined above, the main focus of assessment will be on improving the participation in society and general quality of life of the person concerned.

Section 8(3) provides that, if there appears to be a need for an education service to be provided, the Assessment Officer will contact the NCSE, who will nominate an appropriate person to carry out an assessment of that need.

#### **5.4.4            *Assessment Report***

On receipt of the assessments carried out by the professional or professionals involved, the Assessment Officer will compile the Assessment Report, following the requirements of Section 8(7), setting out –

- Whether the person concerned satisfies the criteria for assessment under the Act, and if so-
- The nature and extent of the disability;
- The health and education needs (if any) occasioned by the disability;
- The services considered appropriate to meet the needs of the person and the time ideally in which they should be provided; and
- The period within which a review of the assessment should be carried out.

In accordance with the Act, the Assessment Officer will provide copies of the assessment report to the person concerned, his/her parent, carer or advocate (if appropriate) and to the Liaison Officer for the preparation of the service statement.

Where the assessment of a child has indicated an educational need, the Assessment Officer will refer the matter to the relevant school principal, or to the NCSE if the child concerned is not attending school.

Additional information indicating needs which are outside the remit of health or education (e.g. housing, transport) may be provided by the Assessment Officer along with the assessment report for the purposes of assisting the Liaison Officer to carry out his or her functions under section 12 (see below).

#### **5.4.5 Standards**

The Act provides that assessments of need will be carried out in accordance with standards which are to be developed by a body nominated by the Minister for Health & Children (Section 10). This body will be the Health Information & Quality Authority (HIQA), which is due to be established on a statutory basis later this year. The same standards will apply to assessments conducted under Part 2 of the Disability Act and to assessments for health-related educational supports under the provisions of the EPSEN Act.

Pending the establishment of HIQA, the Department of Health & Children will initiate work on the development of standards, in conjunction with the interim HIQA and in consultation with the National Disability Authority and other relevant stakeholders, including the Department of Education & Science and the Mental Health Commission, with a view to HIQA assuming responsibility once it is legally established. The necessary order specifying HIQA as the relevant body referred to in Section 10 will be made at that time also.

#### **5.4.6 Qualifications of Assessment Officers**

Having regard to the role and functions described above, Assessment Officers will require the following competencies:

- a thorough understanding of the provisions of the Disability Act 2005 and the Education for People for Special Needs Act 2004 which will underpin their work, and a familiarity with the provisions of the Mental Health Act, 2001 and the Health Act 2004;
- an excellent knowledge and understanding of disability and service issues;
- strong organisational and interpersonal skills;
- an ability to work with multi-disciplinary teams; and
- good report writing skills.

The HSE will arrange for the appointment of Assessment Officers around the country based on estimated need, as indicated by population profiles.

#### **Over the next 12 months, the HSE will:**

- appoint Assessment Officers;
- provide appropriate training for Assessment Officers;
- disseminate information to all relevant stakeholders (including service users, their families and carers) on the assessment process proposed;
- develop protocols and criteria to guide the assessment process locally and nationally.

#### **Over the next 12 months, the Department of Health & Children will:**

- prepare regulations governing the assessment of need process, in line with the proposals outlined above and consult with stakeholders on the draft regulations;
- draw up standards for the assessment of need, in conjunction with the interim Health Information and Quality Authority, the National Disability Authority and other relevant stakeholders.

## **5.5 Service Statements and Liaison Officers**

### **5.5.1 Service Statements**

Section 11 of the Disability Act provides for Service Statements, which will be prepared on receipt of the assessment reports described above. The purpose of a service statement is to describe what health and/or education services will be provided to the person on foot of the assessment report and to set out the timeframe for the delivery of those services. Where the person concerned is a child, education services will not be included in the service statement, as in general the child's educational needs will be dealt with under the provisions of the EPSEN Act. Where needs are indicated which do not come within the remit of either the health or education services, these will be communicated by the Liaison Officer to the relevant authorities, in accordance with the provisions of Section 12.

### **5.5.2 Liaison Officers**

Service statements will be drawn up by Liaison Officers. In accordance with the Act, Liaison Officers will be employees of the HSE. The primary role of the Liaison Officer will be to arrange appropriate service provision for the person with a disability, in accordance with the assessed needs and having regard to available resources. The Liaison Officer can request assistance in the preparation of the service statement from others, such as family members or appropriate professionals. In addition, he or she can request the NCSE to assist in the identification of an appropriate education service provider or in the provision of an education service, if such is required.

The Liaison Officer will provide the service statement and he or she will also ensure that the services committed to in the service statement are delivered within the timeframes specified. In this respect, the Liaison Officer will be a key link between the person with a disability (or their parent/carer) and the

service provider(s). Section 11(11) requires the Liaison Officer to invite the person concerned to meet with them for the purposes of reviewing the provision of the services specified in the service statement.

In addition, the Liaison Officer will keep the service statement under review, to ensure that any additional health and personal social services which it may not have been possible to provide in the first instance are kept in mind and provided in due course, as resources permit. This could involve, for example, placing a person on a waiting list for services and checking back regularly with service providers on availability of places.

The Liaison Officer will also be the key person with regard to linkages with other sectors, most notably the education sector. Liaison Officers will work very closely with Special Educational Needs Organisers (SENOs) and the NCSE in the provision of health-related education supports. He or she will also be responsible for the sharing of relevant information with local authorities and other relevant Government departments or agencies, in accordance with Section 12. This could include contacting a local authority with regard to a housing need, or statutory training and employment services where the need relates to vocational training or employment. Section 12 provides that, when a Liaison Officer has made such a contact with a public body, officials of that body must respond by contacting the person concerned to facilitate the co-ordination of services to which they may be entitled.

### **5.5.3            *Qualifications of Liaison Officers***

The functions of Liaison Officers as described above - engaging with service providers around the delivery of services within certain budgets and timeframes – require the following competencies.

The Liaison Officer will be required to have an excellent overview of the health sector and proficient knowledge of the local service sector in which he or she will operate.

The Liaison Officer will have a thorough understanding of the provisions of the Disability Act 2005 and the Education for People for Special Needs Act 2004 which will underpin their work, and a familiarity with the provisions of the Mental Health Act, 2001 and the Health Act 2004.

The Liaison Officer will have sufficient authority to direct service provision. This will facilitate links to the service development process where identified gaps in service can be evaluated and addressed.

To support the above, the Liaison Officer should possess excellent report writing and communication skills.

The HSE will arrange for the designation of Liaison Officers at senior service management level in each Local Health Office (LHO) area based on estimated need, as indicated by population profiles.

**Over the next 12 months, the HSE will:**

- designate Liaison Officers at senior service management level in each LHO;
- provide appropriate training for Liaison Officers;
- agree protocols for liaison with the NCSE with regard to educational needs for adults;
- agree protocols with local authorities and relevant Government Departments and agencies for the sharing of information in relation to assessed needs which are outside the remit of the health or education sectors.

**Over the next 12 months, the Department will:**

- agree with the HSE and other stakeholders on a format for service statements, to be inserted in the regulations.

## **5.6 Complaints Procedures**

Section 15 of the Act provides for the complaints system. The HSE is required to designate Complaints Officers from within its own employees to deal with complaints which may be made in relation to the various functions exercised under Part 2.

The Health Act, 2004 requires the HSE to establish a statutory complaints system in relation to health services generally. It is proposed, therefore, that the complaints procedures required under Part 2 will be incorporated into the statutory complaints mechanisms which are currently being developed within the HSE.

From the point of view of the service user, therefore, one single complaints mechanism will apply for health services. From an administrative point of view, however, complaints officers in the HSE will be given specific training in the provisions of Disability Act in order to ensure that any complaints made in relation to functions exercised under Part 2 are processed in accordance with the procedures laid down for such complaints in Part 2 and in the relevant regulations.

**Over the next 12 months, the HSE will:**

- put in place the administrative structures necessary for the processing of complaints under Part 2 within the new statutory complaints framework currently being developed for the HSE;

- develop simple, easy to understand information for service users wishing to make a complaint.

**Over the next 12 months, the Department will arrange for:**

- insert provisions in relation to the making of complaints into the regulations being prepared under section 21 of the Disability Act 2005.

## **5.7 Appeals**

Section 16 requires the Minister for Health & Children to appoint an Appeals Officer who will consider and determine appeals under Part 2. The Appeals Officer will be independent in the exercise of his or her functions under the Act.

Appeals can be brought by a person with a disability (or their parent/carer) in relation to a recommendation of a complaints officer or in relation to the non-implementation by the HSE of a recommendation of a complaints officer. Appeals can be brought by the HSE or an education service provider against a finding by a complaints officer that they failed to provide a specified service. In each case, the parties must be given an opportunity to be heard by the Appeals Officer. If the person making the appeal consents, an appeal may be resolved by mediation. Appeals must be brought within 6 weeks of date of the relevant decision by the complaints officer.

Having heard all the parties to an appeal, the Appeals Officer will make a determination in writing affirming, varying or setting aside the finding of the complaints officer. If the HSE or an education service provider fails to comply with a determination of an Appeals Officer within 3 months, the person with a disability concerned may apply to the Circuit Court for an order compelling them to do so.



Detailed provisions in relation to the Appeals Officer are set out in the schedule to the Act. The Appeals Officer is required to be a civil servant, selected by competition. He or she will have his or her own staff and budget.

**Over the next 12 months, the Department of Health & Children will:**

- appoint an Appeals Officer and staff;
- allocate resources from within the Department's Vote for the appeals function.

## **5.8 Information Management**

Section 13 of the Disability Act, 2005 imposes significant requirements on the HSE to keep and maintain detailed records in relation to the provisions of Part 2. The information to be collected includes –

- the numbers and identities of people to whom assessments and services were provided;
- the services provided and the persons providing them;
- the aggregate needs identified in assessment reports which have not been included in service statements;
- the numbers of applications for assessment and the number of assessments completed;
- the numbers of people to whom services have not been provided and the age and disability categories of such persons.

The Act requires that a report containing the above information be compiled by the HSE and submitted to the Minister each year, indicating what additional services are required to meet identified needs, what the ideal timeframe for delivery of such services would be and the estimated costs involved. The report must be published by the HSE within one month of its submission to the Minister.

Both the Assessment Officer and the Liaison Officer will have an important role in overseeing the gathering and compilation of the statistical information required for the annual report.

The current information sets available for disability and mental health services would not facilitate the collection of data in the format required under the Disability Act 2005. The existing National Disability Databases include demographic information and information regarding current and future service needs over a five year period. Registration on the National Disability Databases is voluntary and access to services is not contingent on the individual being registered. In the case of the mental health services, there is no similar existing information system.

There is a need to build on and expand the current data set to include the additional requirements set out under the Act. The position regarding data protection will also have to be explored given the statutory obligation now placed on the HSE in relation to reporting on activity under the Act. There is also a need for a collaborative approach between the HSE and the NCSE in relation to the information required by the NCSE under the EPSEN Act 2004.

Given the nature of the roles of the Assessment and Liaison Officers, it is also vital that any information system used should have the capacity to manage caseloads, in addition to providing aggregate information on a national level.

Issues related to the identification, for service planning purposes, of the needs of people with physical or sensory disabilities or mental illness aged over 65 years will be examined as part of the development of an expanded information system and in the context of the delivery of integrated community based services.

**Over the next 12 months:**

- the HSE will review the existing information management systems within the disability and mental health services, to identify what additional resources and infrastructure would be required to meet the obligations under section 13.

The Health Information and Quality Authority (HIQA) will be requested to set standards in relation to the information and data requirements under this Part.

**5.9 Resources**

It is clear that the arrangements described above for the implementation of Part 2 will have resource implications. The costs involved and the numbers of additional personnel required are being calculated and will inform the negotiation of the estimates for the health and education services for 2007 and subsequent years.

The arrangements for the implementation of Part 2 will also have considerable implications for workforce planning for the health services, and in particular the disability and mental health services, for years to come.

Over the last two years, posts funded under the National Disability Strategy have been additional to the previously approved staffing levels with consequent adjustment to the approved employment ceiling for the health services. This has facilitated both the delivery and monitoring of agreed service developments in the disability and mental health services.

While not underestimating the challenges that lie ahead, significant steps have been taken to date to meet these challenges. These include:

- The Government's commitment, through the Multi-Annual Investment Programme which the Government has put in place for 2006 - 2009, to progressively address identified needs;
- The increased availability over the coming years of key allied health professional personnel as a result of additional training places;
- Targeted recruitment drives in Ireland and internationally which are planned for 2006 and 2007;
- Measures which have been taken in relation to retention of personnel and enhanced career progression;
- The National Human Resource and Workforce Planning Unit of the Department, together with the Older Persons Services Division and the Disability and Mental Health Divisions, is establishing a joint workforce planning group with the HR Directorate of the HSE to ensure appropriate and integrated workforce planning activity;
- The Department is working closely with the HSE Employers Agency and SKILL to address skill mix issues and to ensure that appropriate education is provided to all assistant grades. (The grades of Physiotherapy, Occupational Therapy, Speech and Language Therapy and Rehabilitation Assistants were established in June 2005 and an educational programme for same is currently being finalised).

## **5.10 Monitoring Arrangements**

It is proposed that the implementation of Part 2 will be monitored in the context of the overall monitoring arrangements for implementation of the Disability Act, 2005 within the health services. Briefly, these will consist of –

- a National Disability Advisory Committee, under the auspices of the Department of Health & Children;

- local, regional and national consultative fora which will be developed by the HSE and whose remit will include reporting to the national advisory committee on the implementation of the Act in respect of their geographic areas.

Each committee will be representative of all stakeholders.

Further information on the role of the National Disability Advisory Committee is included in Chapter 8.

## **6. Cross-Departmental and Cross-Sectoral issues**

### **6.1 Introduction**

In the past, people with disabilities had most of their needs addressed within the ambit of specialist disability services which were generally funded by the health sector. For example, up to 1996 the Disabled Persons Maintenance Allowance was administered by the former Health Boards. The Commission on Disability welcomed the transfer of this scheme (which was renamed Disability Allowance) to the Department of Social Welfare in 1996 as it was “the agency responsible for mainstream income maintenance payments”. With public services now legally obliged to serve people with disabilities as part of their core activities (a policy referred to as “mainstreaming”), responsibility for non-core health activities such as housing, income support measures and vocational training and employment should move from health-funded disability services to the corresponding mainstream service.

Section 32 of the Disability Act requires that the sectoral plan of the Minister for Health & Children contain information regarding three areas of cross-departmental and cross-sectoral concern, namely -

- Arrangements for co-operation by the Health Service Executive with housing authorities in relation to the development and co-ordination of the services provided by housing authorities for persons with disabilities (Section 32.1.d);
- Arrangements for co-operation by the Minister for Health & Children with the Minister for Social and Family Affairs and the Minister for Enterprise, Trade and Employment in relation to development and co-ordination of services provided by those Ministers for persons with disabilities which are related to the health services (Section 32.2).

In the preparation of this chapter of the Sectoral Plan, officials from the Department of Health & Children, together with officers of the Health Service

Executive (HSE) where appropriate, met separately with officials from the three other Departments concerned, namely –

- The Department of the Environment & Local Government, in relation to housing issues;
- The Department of Social and Family Affairs, in relation to income support measures; and
- The Department of Enterprise, Trade & Employment, in relation to vocational training and employment issues

to discuss the issues involved and to agree on joint approaches. In each case, the issues of concern have been identified and clarified and a strategy to address them has been agreed between the parties concerned.

Progress in each of these areas will be reviewed in the context of the overall review of this Sectoral Plan which will take place in 2007.

## **6.2 Housing**

To bring a new focus to addressing the housing needs of people with a disability, a National Housing Strategy for People with Disabilities will be developed as recommended in the NESC “Housing in Ireland” Report in order to support the provision of tailored housing and housing supports to people with disabilities. This would have particular regard to adults with significant disabilities and people who experience mental illness. This will be progressed through the establishment of a National Group under the aegis of the Housing Forum headed by the Department of the Environment, Heritage and Local Government and involving the Department of Health and Children, the Health Service Executive, social partners and other relevant stakeholders, e.g. the National Disability Authority.

As part of this approach, new protocols will be established for inter-agency co-operation for all special housing needs, so that a combined approach to the accommodation, care and support dimensions is taken.

Section 12 of the Disability Act 2005 provides for exchange of information between the HSE and public bodies (including housing authorities) for the purpose of assisting a person with disabilities in applying for personal or individual services provided by the body relevant to his or her needs. It requires that, where a public body has been notified of a possible need (e.g. a housing need in the case of a housing authority), a member of staff of the body shall communicate with the person with a disability for the purpose of facilitating or co-ordinating the provision of any services that it considers he or she is entitled to. A protocol will be developed to deal with liaison between the HSE and housing authorities on this matter. This approach along with the proposed protocols on the more strategic assessment of need should improve the capturing of special housing needs such as those of persons with a disability.

### **6.2.1            *Inter - Agency Protocols***

Protocols, to deal with co-operation between the HSE and housing authorities are required to provide a strategic framework for inter-agency co-operation at local level. It is intended that protocols *will be agreed as appropriate between the Health Service Executive and Housing Authorities* to deal, *inter alia*, with the following areas:

- Assessment of housing needs - a protocol, to be developed in the short term, will aim to govern liaison between HSE and local authorities on both strategic assessments of local housing need and assessment of individual accommodation needs of people with disabilities *who have been identified by the HSE under the assessment of need process consistent with Section 8 of the Disability Act, 2005 and made known to the housing authorities under the provisions of Section 12 of the Disability Act, 2005;*



- Strategic Assessment of the nature and extent of local housing needs of people with a disability – a protocol will be developed, in the medium term, aiming to govern liaison between the HSE and local authorities and exchange of information necessary for this purpose. This will input into the development of housing action plans;
- Support costs for social housing projects provided for people with disabilities – this protocol, to be developed in the short term, would apply to projects provided by housing authorities and the voluntary and co-operative housing sector where there is an *ongoing care/support dimension required in addition* to accommodation needs.

## **6.3 Income Support**

### **6.3.1 Allowances Administered by the Health Service Executive**

The HSE administers a number of allowances/grants schemes which, between them, account for some €70m of annual health spending on disability. These schemes are not based on statutory entitlements and the majority have not been updated since they were first introduced.

The Domiciliary Care Allowance relates to the extra care and attention which may be required in the case of children with a severe disability. It was introduced at a time when support services from statutory health bodies were at a very early stage of development.

The Blind Welfare Allowance is payable in respect of a particular cohort within the disability sector, dating from a time when it was considered desirable to introduce some scheme of monetary assistance, particularly for ex-servicemen who had been blinded in the course of wartime activities.

The Motorised Transport Grant is paid towards the purchase of a car by a person with a severe disability where such a car is essential for him/her to obtain or retain employment, while the purpose of the Mobility Allowance is to allow people with disabilities who are not car owners to make arrangements for their transport needs.

In line with mainstreaming policy, there is now general agreement that responsibility for various payments to people with disabilities would sit better with the Department of Social and Family Affairs. This approach was reflected in a Government Decision in February 2006 concerning the implementation of the Core Functions of the Health Service Report which provided that income support and maintenance schemes, together with associated resources should transfer from the Department of Health and Children/HSE to the Department of Social and Family Affairs. An Inter-Departmental Working Group has been established to implement this decision with reference to the allowances mentioned above. The work of the group will include a rationalisation of allowances and the development of appropriate legislative proposals to reflect the transfer of responsibility.

As stated in the recent Partnership Agreement, in terms of ensuring adequate levels of income for people with disabilities, it is intended to work for the continued enhancement and integration of supports in line with overall social welfare commitments and targets.

### **6.3.2 Protocol Agreed with the Department of Social & Family Affairs**

Ensuring that income supports and associated benefits do not create financial barriers to people with disabilities seeking or accepting employment or improving their employment status is a key objective of the National Disability Strategy. The co-ordination of the removal of such disincentives (often referred to as “the benefits trap”) requires cross-departmental action. For example, this will include consideration of the issue of income limits which

currently apply for receipt of the medical card and for secondary payments currently administered by the Health Service Executive. Some progress has been made already in this area. With effect from June 2006, a single person in receipt of Disability Allowance or Blind Pension who takes up employment will continue to receive his or her allowance, on a sliding scale, until the earnings from employment reach €390 per week. This measure, which was introduced in the 2006 Budget, is intended to support people with a disability in taking up employment. However, at present, income from paid employment is reckonable for the purposes of assessing a person for a medical card. For a person with a disability, the potential loss of a medical card could act as a significant disincentive to taking up employment.

In recognition of the need to adopt a “whole of Government” approach to the needs of people with disabilities, it has been decided that a person with a disability in receipt of Disability Allowance or Blind Pension who avails of the opportunity to take up employment will be allowed to retain his or her medical card for a maximum of three years from the date on which he or she takes up employment.

As signalled in the new social partnership agreement, *Towards 2016*, it is intended to review the eligibility criteria for assessment of medical cards in the context of medical, social and economic need. The review will clarify entitlement to a medical card for all, including people with disabilities. The new arrangements above will continue until new eligibility and assessment arrangements are put in place following completion of the review.

As part of the preparation for the publication of this Sectoral Plan, the Department of Health & Children and the Department of Social and Family Affairs have discussed issues of mutual concern in relation to service provision for people with disabilities. In order to reflect the commitment to co-operation, a protocol has been agreed with that Department as outlined below. It identifies key objectives in relation to income support measures for people with disabilities and actions which require cross-departmental co-

operation. This protocol will be similarly incorporated into the Sectoral Plan of the Department of Social and Family Affairs.

### **PROTOCOL FOR INTER-DEPARTMENTAL CO-OPERATION**

Part 3 of the Disability Act, 2005, provides for the preparation of sectoral plans by six Departments, including the Minister for Social and Family Affairs and the Minister for Health and Children, and for the appropriate co-operation between the Ministers in relation to the development and co-ordination of services for persons with disabilities.

The mission of the **Department of Social and Family Affairs** is *to promote a caring society through ensuring access to income support and related services, enabling active participation, promoting social inclusion and supporting families.*

The main functions of the Department which include the provision of services to people with disabilities are:

- To formulate appropriate social protection policies;
- To administer and manage the delivery of statutory and non-statutory social and family schemes and services; and
- To work with other Departments and agencies in the delivery of Government priorities.

The mission of the **Department of Health and Children** is *to help enhance the health and well being of all by*

- *Supporting the delivery of high quality, equitable and efficient health and personal social services;*
- *Leading change in the health system:*
- *Putting health at the centre of public policy; and*
- *Promoting a 'whole of Government' approach to health and social gain.*

The management and delivery of health and personal social services is the responsibility of the Health Service Executive under the Health Act 2004.

This protocol recognises the commitment of both Departments to work closely together to harmonise their endeavours and to increase the effectiveness of the delivery of services for people with disabilities.

Outlined below are the objectives, actions and timeframes which the two Departments will work together to achieve in the context of progressing the commitments within the Sectoral Plans.

Objectives	Actions	Timeframes
To develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income	<p>Implement the Government decision on the transfer of income maintenance functions of the Department of Health and Children/Health Services Executive to the Department of Social and Family Affairs</p> <p>Extension of eligibility for payment of full Disability Allowance to all those in residential care</p>	<p>Commenced May 2006 with establishment of an inter-departmental working group. Initial report to Government by October 2006. Transfer process 2006-09.</p> <p>By the end of 2007</p>
To ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/ educational opportunities	<p>Co-ordination of the removal of disincentives across schemes</p> <p>Review of eligibility criteria for assessment of medical cards</p> <p>Retention of HSE allowances for persons awaiting of DA earnings disregard</p> <p>Consideration of issues around the cost of disability</p>	<p>Ongoing</p> <p>To commence 2006</p> <p>Completed by September 2006</p> <p>Following the development of a needs assessment system provided for under Part 2 of the Disability Act, 2005</p>
To ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment	Implementation of the recommendations of the working group on long-term care	Ongoing

## 6.4 Employment

As stated above, people with disabilities have traditionally had most of their needs addressed within the ambit of specialist disability services. The Commission on Disability (1996) recommended that “overall government responsibility for vocational training and employment of people with disabilities should be assigned to the Department of Enterprise and Employment”. This was followed by a Government Decision in 1998 which stipulated that vocational training and employment services for people with disabilities, including sheltered and supported employment were to transfer from the Department of Health and Children to the Department of Enterprise, Trade and Employment.

While responsibility for vocational training has transferred, there has been less progress in regard to the issue of employment services. The HSE currently funds a range of both sheltered enterprise and sheltered employment services for people with intellectual disabilities and mental health difficulties. In accordance with the Government Decision on mainstreaming and taking account of the more person-centered approach to service provision under the Disability Act 2005, it is envisaged that there will be a phased transfer of funding and responsibility for appropriate employment services including sheltered and supported employment from the health sector to the Department of Enterprise, Trade and Employment/FAS over the next three to five years.

The mission of the Department of Enterprise, Trade and Employment is *to work for Government and the people to increase quality employment and national competitiveness.*

The Department of Enterprise, Trade and Employment will continue:

Ø to develop the skills of people with disabilities to enable them to access employment and to realise vocational progression

Ø to promote awareness among employers of the contribution that people with disabilities can make to their businesses and to materially encourage them to recruit such workers

Ø to provide employment supports for people with disabilities and for employers.

The Department of Health and Children will:

Continue the work of the National Coordinating Committee and provide representation on the FAS National Disability Advisory Committee

The HSE will

- establish a clear framework for the delivery and enhancement of a range of targeted day services, including day care, life skills training and personal development and joint bridging programmes for people with disabilities, in response to individual identified needs and within the context of person centred planning.
- provide appropriate health supports for people with disabilities, including those in supported employment
- maximise participation in the High Supports Process.

The two Departments are committed to improving the effectiveness of the delivery of services to people with disabilities in the following areas:

- to plan and develop a Joint Bridging programme between health-funded rehabilitative training services and vocational training services to ensure progression and vocational advancement for users who have the ability, skills, aptitudes, interest and potential to progress from rehabilitative to vocational training.



- to establish a Working Group to report to Ministers by the end of 2006 regarding the scope and arrangements for the phased transfer of appropriate employment services from the health sector to the Department of Enterprise, Trade and Employment.

This change programme will form part of the “comprehensive employment strategy for people with disabilities” referred to in the recently concluded Partnership Agreement “Towards 2016”.

The Department of Health and Children and the HSE welcome the proposed establishment by Department of Enterprise, Trade and Employment of a Consultative Forum on Employment and Vocational Training Provision for People with Disabilities and will be pleased to participate fully in the work of the Forum.

## **7. Implementation of Part 3 & Part 5 in the Department of Health and Children and in the Health Services**

### **7.1 Part 3: Access to Buildings and Services**

The provisions of **Part 3** of the Disability Act 2005 relate to access to facilities, services and information. Together with the implementation of a more co-ordinated cross departmental approach to planning and service delivery they provide a statutory basis for Government policy in relation to the mainstreaming of services for people with disabilities. This chapter sets out the measures to be taken by the Department of Health and Children, the HSE and other bodies under the aegis of the Minister for Health and Children to comply with their obligations under Part 3.

While the health of the population has improved substantially over the past 30 years, the Irish population still has higher premature mortality than many of our European neighbours. The most powerful factors affecting health status are socio-economic and lifestyle related, and it is widely acknowledged that disadvantaged and socially excluded individuals and communities, including people with disabilities, suffer from poorer health. The National Health Strategy *Quality and Fairness*, the National Health Promotion Strategy and the National Service Plan for the Health Service Executive 2006 take account of this.

#### **7.1.1 Department of Health and Children**

In the Department of Health and Children, the Disability Liaison Officer (DLO) acts as a point of contact for staff with disabilities, their managers and the HR section. The DLO also provides assistance and support to staff with disabilities and their line managers by the provision of necessary information, appropriate contacts, guidance, suggestions and advice and liaises where appropriate with the Employee Assistance Officer (EAO). To increase

awareness of disability issues throughout the Department and to support new entrants, disability guidelines and contact details for the DLO have been placed on the Department's intranet.

To date the Department has:

- issued a number of suggested actions for the implementation of Parts 1, 3 and 5 of the Disability Act, 2005 to each Principal Officer;
- held two information sessions on the Disability Act, 2005 and the NDA Code of Practice on Accessibility of Public Services and Information provided by Public Bodies;
- arranged for the nomination of an "Access Officer" and for the functions of the "Inquiry Officer" to be incorporated into the functions of the Complaints Officer within the Department of Health and Children.

In recognition of the implications of the Disability Act, 2005 for the Department of Health and Children and as recommended by the National Disability Authority, the Department's Human Resource (HR) Implementation Group established an Advisory Sub-Group in December, 2005. The Advisory Sub-Group is representative of the relevant Divisions throughout the Department and also staff with a disability.

The Advisory Sub-Group was asked to prepare a Report for the HR Group on the implementation of the Disability Act, 2005 within the Department itself and in particular Part 3, Sections 26 – 28. In carrying out its work, the Advisory Sub-Group, took into account the following documentation:

- The Disability Act, 2005;
- The NDA Code of Practice for Accessibility of Services;
- The Department of Health and Children Outline Sectoral Plan under the Disability Bill, 2004; and
- The NDA Response to Outline Sectoral Plans of Government Departments under the National Disability Act, 2005.

The Advisory Sub-Group prepared an “Awareness Audit” in Questionnaire format. The purpose of the audit was to raise awareness of Part 3 of the Disability Act, 2005; to determine the Department’s current status in regard to meeting the requirements under Sections 26, 27 and 28 of the Act and to identify and make recommendations in order to fully implement the requirements of the Act and the NDA Code of Practice in the Department. The Disability Audit Questionnaire was circulated to all Divisions in the Department, together with a copy of the NDA Code of Practice on Accessibility of Public Services and Information provided by Public Bodies. The Advisory Sub-Group also asked two of its members who have disabilities to complete the questionnaire in order to provide their expert opinion on accessibility and information issues within the Department.

There was a 52% response rate to the questionnaire. The responses reflected a mixed picture of disability awareness within the Department. While there was a high level of awareness of the Disability Liaison Officer (DLO) service, there is clearly a need to raise awareness of other specific services such as evacuation procedures for people with disabilities and the use of Braille and other accessible formats.

The Advisory Sub-Group recently finalised its report and has made a number of recommendations which are being implemented within the Department.

These recommendations include, for example:

- Provide disability awareness training for all staff and ensure that all disability issues are raised regularly as part of divisional, staff and team meetings as appropriate;
- Identify existing staff with knowledge of sign language and facilitate others to acquire this skill. Prepare a staff handbook containing information on disability services available in the Department, such as the loop system and who to contact in relation to particular services such as sign language;

- Making the provision of interpreter services a compulsory requirement for all conferences and consultation processes hosted by the Department;
- Issue internal guidelines to staff on arrangements for the provision of information in all accessible formats;
- Include the offer to accommodate special needs in all invitations to meetings with Department Officials.

### **7.1.2 Health Service Executive**

Work to facilitate social inclusion is already underway in the HSE through improving access to mainstream and targeted health services and addressing inequalities in health between social groups. In conjunction with these programmes the HSE aims to enhance the participation and involvement of socially excluded groups, including people with disabilities, and local communities in the planning, design, delivery, monitoring and evaluation of health services. Services are provided across a continuum, from prevention services at home and in the community through to high quality hospital and residential care services when required and are provided in partnership with service users, their families and carers and a range of statutory, non-statutory voluntary and community groups.

In implementing these provisions, the HSE will also seek to build on existing work which is already underway. For example, the Irish Health Service Accreditation Scheme is the national initiative to promote quality in the acute hospital setting. It is a voluntary scheme, which originally involved the Major Academic Teaching Hospitals (MATHs) in Ireland and which has now been rolled out to other acute hospitals. The scheme involves both self-assessment and independent, external assessment against categories of

standards. These standards have been developed in consultation with health service personnel and apply across the entire organisation. These categories are:

- Care / Service Standards;
- Environment Management Standards;
- Human Resource Management Standards;
- Information Management Standards;
- Leadership and Partnerships Standards.

The International Society for Quality in Healthcare (ISQH) has internationally validated the Irish Health System Acute Care Accreditation Standards.

With the introduction of accreditation in the Major Academic Teaching Hospitals (MATHs), the advent of the Irish Accrediting Body and the roll-out of this process to other hospitals, the Irish Health System Accreditation Scheme offers a reasonable framework to advance quality across hospitals. Although the pursuit of accreditation does not, in itself, guarantee quality of service, the framework it provides will facilitate collaboration and a consistent approach to involving patients and the public in planning and managing services.

In the area of health promotion, specific initiatives such as responding to the health promotion needs of people with hearing impairment, the assessment and delivery of health promotion training for personnel working with people with disabilities will be used to further advance the delivery of integrated services.

The estates departments of the HSE are committed to ensuring, as far as possible, that all public buildings in their remit are accessible to people with disabilities. These departments have been charged with responsibility for the ongoing upgrade of access to existing buildings, including compliance with

Part M of the building regulations during alterations, planned maintenance and minor capital works.

### **Section 25 – Access to Public Buildings**

The HSE will commence an audit of its existing public buildings with regard to their accessibility to persons with disabilities in 2006, taking into account the requirements of the Disability Act 2005, Part M of the Building Regulations and other relevant codes of practice and guidance documents.

Under the guidance of the Estates Directorate, a planned programme of remedial works will be agreed, to be implemented over the period covered by the National Development Plan 2007 to 2013.

Accessibility appraisal will be formally integrated into Lease & Acquisition procedures within the HSE.

### **Section 26 Access to Services and Appointment of Access Officers**

The HSE will have Access Officers in place by the end of 2006. An appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system.

An audit of services will also be undertaken to establish how integrated service provision is and to identify and put in place a plan of action designed to ensure accessibility in the context of the Disability Act 2005. Planning for the audit will commence in late 2006. The HSE will ensure the provision of the appropriate expertise through its relevant functions to advise about the means of ensuring service accessibility.

The HSE will build on work currently ongoing in relation to Disability Awareness Training, with a view to putting in place a planned and co-ordinated approach to the delivery of such training across the health system.

## **Section 27 Accessibility of Services Supplied to a Public Body**

The HSE will review its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act. This will be completed by the end of 2006.

## **Section 28 Access to Information**

The HSE National Communications Unit will provide guidance and protocols to service areas on ensuring that all client communications are accessible.

The HSE will request all services to review their communications at local, regional and national level with a view to ensuring that, as far as practicable, the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities. This will include:

- The identification, where appropriate, of mechanisms to ensure that oral, electronic or written communication to persons with visual or hearing impairments are provided in a format that is accessible to the individual concerned;
- Putting in place mechanisms to provide, where practicable, information published by services relevant to persons with intellectual disability in clear language that is easily understood.

HSE National Communications are in the process of developing a policy of ensuring all printed and electronic information for the public uses simple clear language, and is tested for those with basic literacy skills. Guidelines for writing effective health information materials have been developed as part of the National Health Promotion Information Project and are available throughout the services and to the public.

As a provider of services for people with disabilities, the HSE intends to lead the way in internet and information accessibility. The HSE website ([www.hse.ie](http://www.hse.ie)) is currently under development and, when complete, will meet



the highest standards of accessibility for all users, regardless of physical, intellectual or technological ability (W3C-AAA). This will allow the detailed health service and health information contained on the website to be accessible to those using a range of assistive technologies and tools.

## **Section 29 Access to Heritage Sites**

Protected Structures form part of the current healthcare estate. A similar process of auditing and remedial works will be carried out for these buildings as outlined in Section 25, bearing in mind the special significance of these structures.

## **Section 39 Complaints**

The Health Act, 2004 requires the HSE to establish a statutory complaints system in relation to health services generally. It is proposed, therefore, that the complaints procedures required under the Disability Act 2005 will be integrated into the statutory complaints mechanisms which are currently being developed within the HSE. This will ensure that, from the point of view of the service user, one single complaints mechanism will apply for health services.

In the interim the existing complaints procedures within the HSE will apply in respect the provisions of Part 3.

Information regarding the above arrangements will be generally available to the public using the Executive's services. The Executive will endeavour to ensure that its complaints systems are as accessible and easy to use as possible, while taking account of the legislative provisions underpinning same.

In compliance with the Disability Act 2005 the HSE undertakes to work with non-statutory service providers to ensure that, where practical and appropriate, the provisions of Part 3 of the Disability Act 2005 are complied with.

**Monitoring Mechanisms:**

Reporting on the implementation of the provisions of Part 3 of the Disability Act 2005 will be incorporated into existing monitoring and reporting arrangements in respect of the Executive's annual service planning framework.

The HSE will, on an on-going basis, liaise and work with advocacy groups representing people with disabilities and relevant voluntary organisations to inform the implementation of this process.

***7.1.3 Other Statutory Bodies Under the Aegis of the Department of Health and Children***

In addition to the HSE, 27 other statutory bodies come under the aegis of the Department of Health and Children. Details of those bodies are set out in Appendix 3.

Each of these bodies is preparing an implementation plan in respect of its own obligations under the Disability Act. The main points in common are summarised here.

**Section 25**

The bodies concerned are undertaking accessibility audits of their premises with a view to complying, as far as practicable, with the provisions of this Section. As many of the premises occupied by these agencies are leased, this will be undertaken in consultation with the owners of the buildings.

**Section 26**

Access Officers are being designated and audits of services have commenced to establish how integrated service provision is. Appropriate

measures will be taken on foot of the results of those audits to ensure that the services which are provided to the general public are accessible to people with disabilities where practicable and appropriate.

These measures have commenced and will be completed during 2006.

### **Section 27**

All bodies will ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay.

In this regard all agencies will:

- Revise existing procurement policy, procedures, practices, guidelines or templates used or developed by the public body;
- Ensure that accessibility is a criterion to be considered in all public procurement exercises.

These measures have commenced and will be ongoing during 2006.

### **Section 28**

All bodies will ensure, as far as practicable, that information which is provided to the public is provided in an accessible format, where so requested by persons with hearing impairments, visual impairments or persons with intellectual disabilities.

In this regard all bodies will

- Establish procedures for processing requests for accessible formats;
- Establish procedures for sourcing or providing accessible formats;
- Establish what is entailed in making electronic communications accessible;
- Review the range of information published by the body to identify which publications fall within the category concerned;

- Establish likely demand for such information.

These measures have commenced and will be ongoing during 2006.

### **Section 39 Complaints**

All bodies will ensure that arrangements are in place in line with the provisions of Part 3 to deal with complaints and that information regarding those arrangements is generally available to the public using their services and that the procedures in place are simple and easy to use.

Complaints mechanisms are already in place in most of the bodies concerned.

### **Monitoring Mechanisms**

Reporting on the implementation of the provisions of Part 3 of the Disability Act 2005 will be incorporated into existing monitoring and reporting arrangements in respect of each body's annual service plan.

## **7.2 Part 5: Public Service Employment**

### **7.2.1 *Department of Health and Children***

The Department of Health and Children is currently in the process of putting in place the monitoring arrangements for the health services, including the HSE and other statutory bodies under the aegis of the Department, as required under **Part 5** of the Disability Act 2005.

The WAM (Willing, Able and Mentoring project, which is administered by the Association of Higher Education Access and Disability (AHEAD), aims to provide graduates with disabilities temporary placements with public and

private sector employers. The Department is participating in the WAM Project in 2006 and has provided two placements for a period of six months each to undertake two specified projects within the Department.

### **7.2.2            *Health Service Executive***

A Sub Group of the HSE Employers' Agency (HSEEA) have developed Guidelines for the Employment of People with Disabilities which sets out best practice in the area of promoting and supporting the employment of people with disabilities.

This Group is also in the process of drafting a strategy and action plan which will present a framework for health service employers to provide a working environment where employees with disabilities are recruited, promoted and retained on the basis of their abilities and which will remove barriers to workplace participation. It is envisaged that the Strategy, which will be operational by December 2006, and the action plan, to be implemented through the 2007 Service Plans, will assist employers achieve the 3% employment target.

## 8. Arrangements for Monitoring and Review

In accordance with Section 31 of the Disability Act 2005, this chapter sets out the arrangements which will be put in place for the monitoring and review of this Sectoral Plan.

### 8.1 Monitoring Arrangements

The overall monitoring mechanisms for the National Disability Strategy consist of :

**Cabinet Committee on Social Inclusion:** monitors the overall implementation of the Strategy and in particular the legislative measures which are part of that Strategy i.e. the Disability Act 2005 and the EPSEN Act 2004.

**Cabinet Committee on Health and Children:** monitors the implementation of Part 2 of the Disability Act 2005 and the linked provisions in the EPSEN Act 2004. It also monitors the implementation of the 2006 -2009 Multi-annual Investment Programme. The Cabinet Committee on Social Inclusion is kept informed of progress in this area and of any decisions taken by this Committee.

**Senior Officials Groups:** each Cabinet Committee is supported by a Senior Officials Group which meets in advance of the Committee and prepares briefing and documentation for the Committee meetings.

**National Disability Advisory Committee:** the Department of Health and Children will establish a National Disability Advisory Committee, representative of people with disabilities and other key stakeholders to:

- Provide a forum to inform policy at national level in relation to services for people with disabilities;

- Form part of the overall monitoring mechanism in relation to the implementation of the National Disability Strategy in so far as it relates to the health services; and
- Advise the Minister for Health and Children on progress in the implementation of the Disability Act 2005 within the health services.

The intention is to have the Committee established by the end of 2006.

As referred to in Chapter 6 local, regional and national consultative fora will be developed by the HSE whose remit will include reporting to the national advisory committee on the implementation of the Act in respect of their geographic areas.

In moving forward with the Sectoral Plan and in developing policies for services for people with disabilities, the Department will continue to liaise closely with the National Disability Authority.

The Department of Health and Children will continue to participate in interdepartmental co-ordinating and monitoring structures for the National Disability Strategy, including the Sectoral Plans under the Disability Act 2005. It will also participate in arrangements to be put in place to ensure a continued constructive relationship with stakeholders in relation to progress on the National Disability Strategy as a whole. This will include bi-annual meetings between senior officials and other stakeholders in line with the commitments contained in the social partnership agreement "Towards 2016".

Progress on the implementation of the Sectoral Plan will be considered by the Department's Management Advisory Committee on a six monthly basis.

Monitoring of the Department's own compliance with the provisions of Parts 3 and 5 of the Disability Act will form part of the Department's Annual Business Planning process and will be incorporated into its Statement of Strategy and Annual Reports.

## **Review of Sectoral Plan**

The Disability Act 2005 provides that reports on progress in implementing its Sectoral Plan should be completed by each Department at intervals of not more than 3 years. Within the health services, the focus in many areas over the coming year will be on ensuring that the necessary arrangements are put in place to deliver on the provision of the legislation. Of necessity, many service issues and regulatory matters will require to be addressed within a relatively short timeframe. Accordingly, it is proposed that progress in implementing this Plan will be reviewed by the Department of Health and Children, one year from its publication, in mid-2007. It is expected that, following this review, further actions will be identified and specific timeframes agreed with the HSE and other bodies under the aegis of the Department.



## References

### 1 Documents/legislation referred to in text:

Health Strategy, "Quality and Fairness" (2001)

Department of Health and Children – Statement of Strategy 2005-2007

"Vision for Change" – Report of the Expert Group on Mental Health Policy (2006)

National Health Promotion Strategy

Health Acts 1947-2004

Mental Health Acts 1945-2001

Disability Act 2005

Education for Persons with Special Educational Needs Act 2004

Budget 2005 – Multi-annual Investment Programme 2006-2009

National Development Plan 2007-2013

National Service Plan for the Health Service Executive 2006

Central Statistics Office – 2002 Census of Population

Provision of Disability Services by Non Profit Organisations – Comptroller and Auditor General (2006)

The HealthCare Skills Monitoring Report – FAS (2005)

Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists – Bacon (2001)

Sustaining Progress – the Social Partnership Agreement 2003-2005

Partnership Agreement – Towards 2016

Code of Practice for Accessibility of Services – National Disability Authority (2006)

Response to Outline Sectoral Plans of Government Departments under the Disability Act 2005 – National Disability Authority (2005)

Willing, Able and Mentoring Project – Association of Higher Education Access and Disability (AHEAD)

Designing High Quality Assessment – The issues, challenges and opportunities offered by the Disability Act 2005 and the EPSEN Act 2004 –

Discussion Paper based on a Stakeholder Conference 21<sup>st</sup> February 2006 –  
Anne Colgan ( Colgan and Associates)

**2 Other reports, not referred to in text, which provide policy or  
additional background information:**

Annual Reports of the National Intellectual Disability Database Committee  
1996 – 2005 Health Research Board

Annual Reports of the National Physical and Sensory Disability Database  
2004 -2005 Health Research Board

Report of the Review Group on Mental Handicap Services “Needs and  
Abilities” (1991)

“Towards an Independent Future” (1996) – Report of the Review Group on  
Health and Personal Social Services for People with Physical and Sensory  
Disabilities

Planning for the Future – Report of a Study Group on the Development of  
Psychiatric Services (1994)

Good Practice Guidelines 1998 (Mental Health Services)

NACTE Report (National Advisory Committee on Training and Employment)  
(1997)

“A Strategy for Equality (1996) – Report of the Commission on the Status of  
People with Disabilities

## Appendix 1

### List of Actions

<b>ACTIONS</b>	<b>RESPONSIBILITY</b>	<b>TIMEFRAME</b>
<b>RESOURCES</b>		
1. Implementation of the Multi-Annual Investment Programme to progressively address identified needs	Department of Health and Children	2006-2009
<b>IMPLEMENTATION OF PART 2</b>		
2. Commence Part 2 with reference to children aged under 5 years old	Department of Health and Children	1 <sup>st</sup> June 2007
3. Commence Part 2 in respect of children aged 5-18	Department of Health and Children	In tandem with the implementation of the EPSEN Act
4. The statutory requirements of Part 2 will be extended to adults	Department of Health and Children	No later than the end of 2011
5. Put in place a Cross-Sectoral team consisting of senior officials from the Departments of Health and Education, the	Department of Health and Children	Autumn 2006

HSE and the NCSE, to ensure that arrangements for the implementation of Part 2 of the Disability Act and the EPSEN Act are progressed in tandem, having due regard to the resources and capacity of both sectors concerned.		
6. Appoint, and provide appropriate training for, Assessment Officers	Health Service Executive	April 2007
7. Designate, and provide appropriate training for, Liaison Officers.	Health Service Executive	April 2007
8. Disseminate information to all relevant stakeholders (including service users, their families and carers) on the assessment process proposed.	Health Service Executive	May 2007
9. Develop protocols and criteria to guide the assessment process locally and nationally	Health Service Executive	May 2007
10. Prepare regulations governing the assessment of need process	Department of Health and Children	April 2007
11. Draw up of standards for the assessment of need process	Department of Health and	April 2007

	Children and Health Information and Quality Authority	
12. Make arrangements for the agreement of protocols for liaison with the NCSE with regard to educational needs for adults	Health Service Executive	Within the next twelve months
13. Make arrangements for the agreement of protocols with local authorities and relevant Government Departments and agencies for the sharing of information in relation to assessed needs which are outside the remit of the health or education sectors	Health Service Executive	Within the next twelve months
14. Agree a format for service statements	Department of Health and Children and the Health Service Executive	May 2007
15. Establishment of a joint workforce planning group with the HR Directorate of the HSE to ensure appropriate and integrated workforce planning activity	Department of Health and Children	In place
16. Address skill mix issues and to ensure that appropriate	Department of Health and	Ongoing

education is provided to all assistant grades	Children and the HSE Employers Agency	
17. Make arrangements for the administrative structures necessary for the processing of complaints under Part 2 to be put in place within the new statutory complaints framework currently being developed	Health Service Executive	May 2007
18. Make arrangements for simple, easy to understand information to be developed for service users wishing to make a complaint	Health Service Executive	May 2007
19. Arrange for provisions in relation to the making of complaints to be inserted into the regulations prepared under section 21	Department of Health and Children	May 2007
20. Arrange for the appointment of an Appeals Officer and staff, and the allocation of resources from within the Department's Vote for the appeals function	Department of Health and Children	May 2007
21. Make arrangements for a review of the existing information management systems within the disability and mental health services, to identify what additional resources and infrastructure would be required to meet the obligations	Health Service Executive	May 2007

under section 13.		
<b>CROSS-DEPARTMENTAL AND CROSS-SECTORAL ISSUES</b>		
<p>22. Protocols will be agreed with the housing authorities to deal with the following:</p> <p>(i) ensure that housing strategies and housing action plans reflect specific strategies for dealing with the housing needs of people with disabilities</p> <p>(ii) assessment of housing needs</p> <p>(iii) support costs for social housing projects provided for people with disabilities</p>	Health Service Executive	June 2007
<p>23. Protocol agreed with the Department of Social and Family Affairs to deal with the following:</p> <p>(i) develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income</p>	Department of Health and Children	<p>(i) 2006-2009</p> <p>(ii) Ongoing</p>

<p>(ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/ educational opportunities</p> <p>(iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment</p>		(ii) Ongoing
<p>24. Protocols will be agreed with the Department of Enterprise, Trade and Employment to deal with the following:</p> <p>(i) to achieve an agreed understanding of the implications for both departments (and their respective agencies) of the government decision to transfer responsibility for sheltered and supported employment from the Department of Health &amp; Children to the Department of Enterprise &amp; Employment</p> <p>(ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise and Employment</p> <p>(iii) to plan and develop Joint Bridging Programmes between health- funded day services and DETE/FÁS training and</p>	Department of Health and Children	



employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services (iv) To promote the development of cross cutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development		
<b>IMPLEMENTATION OF PARTS 3 &amp; 5</b>		
25. Provision of disability awareness training for all staff	Department of Health and Children	On going
26. Preparation of a staff handbook containing information on disability services available in the Department	Department of Health and Children	End of December, 2006
27. Provision of interpreter services for all conferences and consultation processes hosted by the Department	Department of Health and Children	July, 2006
28. Issue internal guidelines to staff on arrangements for the provision of information in all accessible formats	Department of Health and Children	September, 2006

29. Include the offer to accommodate special needs in all invitations to meetings with Department Officials	Department of Health and Children	July, 2006
30. Commencement of an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the National Development Plan 2007 to 2013	Health Service Executive	By the end of 2006
31. Access Officers will be put in place and an appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system	Health Service Executive	By the end of 2006
32. An audit of services will be planned and undertaken to establish how integrated service provision is and to identify and put in place a plan of action designed to ensure accessibility	Health Service Executive	Planned by the end of 2006
33. Build on work currently ongoing in relation to Disability	Health Service Executive	Ongoing

Awareness Training, with a view to putting in place a planned and co-ordinated approach to the delivery of such training across the health system		
34. Complete a review its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act	Health Service Executive	By the end of 2006
35. Provide guidance and protocols to service areas on ensuring that all client communications are accessible	Health Service Executive	
36. Request all services to review their communications at local, regional and national level with a view to ensuring that, as far as practicable, the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities	Health Service Executive	
37. Develop a policy of ensuring all printed and electronic information for the public uses simple clear language, and is	Health Service Executive	

tested for those with basic literacy skills		
38. Work with non-statutory service providers to ensure that, where practical and appropriate, the provisions of Part 3 of the Disability Act 2005 are complied with	Health Service Executive	
39. Accessibility audits of premises with a view to complying, as far as practicable, with the provisions of the Act	Statutory bodies which come under the aegis of the Department of Health and Children	
40. Designation of Access Officers	Statutory bodies which come under the aegis of the Department of Health and Children	
41. Audit of services to establish how integrated service provision is, and take appropriate measures on foot of the results of those audits to ensure that the services which are provided to the general public are accessible to people with disabilities where practicable and appropriate.	Statutory bodies which come under the aegis of the Department of Health and Children	By the end of 2006

42. Ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay	Statutory bodies which come under the aegis of the Department of Health and Children	Ongoing
43. Ensure, as far as practicable, that information which is provided to the public is provided in an accessible format, where so requested by persons with hearing impairments, visual impairments or persons with intellectual disabilities	Statutory bodies which come under the aegis of the Department of Health and Children	Ongoing
44. Ensure that arrangements are in place in line with the provisions of Part 3 to deal with complaints and that information regarding those arrangements is generally available to the public using their services and that the procedures in place are simple and easy to use	Statutory bodies which come under the aegis of the Department of Health and Children	Already in place
<b>MONITORING AND REVIEW</b>		
45. Establish a National Disability Advisory Committee, representative of people with disabilities and other key	Department of Health and Children	By the end of 2006

<p>stakeholders to:</p> <ul style="list-style-type: none"> <li>(i) Provide a forum to inform policy at national level in relation to services for people with disabilities</li> <li>(ii) Form part of the overall monitoring mechanism in relation to the implementation of the National Disability Strategy in so far as it relates to the health services</li> <li>(iii) Advise the Minister for Health and Children on progress in the implementation of the Disability Act 2005 within the health services</li> </ul>		
<p>46. Review progress and identify new actions with specific timeframes and targets, as appropriate</p>	<p>Department of Health and Children</p>	<p>July 2007</p>

## Appendix 2

### Specialist Services for Persons with Disabilities

**Early Childhood/Family Support Services** are provided for children with developmental delay. Services range from assessment and early intervention, child education and development, home support and pre-school services, family support and counselling, crisis intervention and relief care.

**Residential Care** is available where it is not possible for a person with a disability to live with his or her family. It is provided in variety of settings such as independent and semi independent living, community group homes and residential centres, on a five-day, seven-day or shared care basis ranging from high, medium to low support.

**Respite Care** supports people to live with their families in the community and is provided in residential and non-residential settings. It includes recreational and social activity programmes, summer camps and holiday/family breaks.

**Day Services** are a key component of support services that enable clients to live within the community. Services include day activation, special high-support and special intensive day services for adults and developmental day care for children.

Specialist services are provided for persons with **Autistic Spectrum Disorder** including residential, day, respite and outreach/family supports.

Specialist Day and Residential **Brain Injury Services** are provided in specialist day and residential settings for clients with Acquired Brain Injury.

**Rehabilitative Training** provides foundation level personal, social and work-related skills to participants to enable them to progress to greater levels of independence and integration.

**Sheltered Workshops** provide a range of programmes and opportunities that include work activation, supported work in the community, personal and social development.

**Community-Based Medical, Nursing and Therapy Services** are provided by a team of professionals who work together to provide an integrated service to a person with a disability. Services include social work, occupational therapy, speech and language therapy, physiotherapy, community nursing, and psychology.

**Aids and Appliances** such as wheelchairs, splints and other aids to performing activities of daily living play an essential part in enabling persons with a disability to live as independent and fulfilling a life as possible within their home and community setting.

**Home Support Services** are provided to assist persons to continue to live at home and to provide respite for carers. Services consist of :

- Personal assistant service, which involves the employment of personal assistants by people with disabilities to enable them to live as independent a life as possible. The PA provides assistance at the discretion of the person with the disability and this may involve providing assistance with tasks of everyday living such as personal care, household tasks and outside the home, whether in a work or social situation, thus promoting choice and independence for the person with the disability.



- Homecare assistant service, which provides personal support including washing, dressing and other activities of daily living, and facilitation in social, leisure and recreational activities.
- Home help service, which provides domestic type support e.g. cooking/cleaning etc. but in many cases where home care assistants are not available the home help may also provide support of a personal nature e.g. washing or dressing.

**Financial Allowances** are intended to alleviate some burden of disability and include mobility, domiciliary and blind welfare allowances.

**Miscellaneous Support Services** are also provided to support people with disabilities. These include counselling, advisory, advocacy, information and general support services.

## Appendix 3 Statutory Agencies under the aegis of the Department of Health and Children

Adoption Board

Shelbourne House, Shelbourne  
Road, Dublin 4

[www.adoptionboard.ie](http://www.adoptionboard.ie)

[adoptioninfo@health.irlgov.ie](mailto:adoptioninfo@health.irlgov.ie)

An Bord Altranais

31-32 Fitzwilliam Square, Dublin 2

[www.nursingboard.ie](http://www.nursingboard.ie)

[personnel@nursingboard.ie](mailto:personnel@nursingboard.ie)

Blindcraft: Board for Employment of  
the Blind

Davitt Road, Goldenbridge, Dublin  
12

Breast Check

89-94 Capel Street, Dublin 1

[www.breastcheck.ie](http://www.breastcheck.ie)

[info@breastcheck.ie](mailto:info@breastcheck.ie)

Crisis Pregnancy Agency

89-94 Capel Street, Dublin 1

[www.crisispregnancyagency.ie](http://www.crisispregnancyagency.ie)

Dental Council

57 Merrion Square, Dublin 2

[www.dentalcouncil.ie](http://www.dentalcouncil.ie)

[info@dentalcouncil.ie](mailto:info@dentalcouncil.ie)

Food Safety Authority of Ireland

Abbey Court, Lower Abbey Street,  
Dublin 1

[www.fsai.ie](http://www.fsai.ie)

[info@fsai.ie](mailto:info@fsai.ie)

Food Safety Promotion Board

6 Eastgate Avenue, Eastgate,  
Little Island, Co. Cork

[www.safefoodonline.com](http://www.safefoodonline.com)

Health Insurance Authority

3<sup>rd</sup> Floor, Canal House, Canal  
Road, Dublin 6

[www.hia.ie](http://www.hia.ie)

[info@hia.ie](mailto:info@hia.ie)

Health Research Board  
73 Lower Baggot Street, Dublin 2  
[www.hrb.ie](http://www.hrb.ie)  
hrb@hrb.ie

Interim Health Information and  
Quality Authority  
7 Eastgate Avenue, Eastgate, Little  
Island, Cork  
[www.hiqa.ie](http://www.hiqa.ie)  
info@ihiqa.ie

Irish Blood Transfusion Service  
National Blood Centre, James'  
Street, Dublin 8  
[www.ibts.ie](http://www.ibts.ie)  
[info@ibts.ie](mailto:info@ibts.ie)

Irish Health Services Accreditation  
Board  
13-15 the Mall, Beacon Court,  
Bracken Road, Sandyford, Dublin  
18  
[www.ihsab.ie](http://www.ihsab.ie)  
[info@ihsab.ie](mailto:info@ihsab.ie)

Irish Medicines Board  
Earlsfort Centre, Earlsfort Terrace,  
Dublin 2  
[www.imb.ie](http://www.imb.ie)  
[imb@info.ie](mailto:imb@info.ie)

Mental Health Commission  
St. Martins House, Waterloo Road,  
Dublin 4  
[www.mhcirl.ie](http://www.mhcirl.ie)

National Cancer Registry  
Elm Court, Boreenmanna Road,  
Cork  
[www.ncri.ie](http://www.ncri.ie)  
[info@ncri.ie](mailto:info@ncri.ie)

National Council for Professional  
Development of Nursing and  
Midwifery  
6-7 Manor Street Business Park,  
Manor Street, Dublin 7  
[www.ncnm.ie](http://www.ncnm.ie)  
[admin@ncnm.ie](mailto:admin@ncnm.ie)

National Council on Ageing and  
Older People  
22 Clanwilliam Square, Dublin 2  
[www.ncaop.ie](http://www.ncaop.ie)  
[info@ncaop.ie](mailto:info@ncaop.ie)

National Social Work Qualifications  
Board  
8-11 Baggot Street Lower, Dublin 2  
[www.nswqb.ie](http://www.nswqb.ie)  
nswqb@nswqb.ie

National Treatment Purchase Fund  
Ashford House, Tara Street, Dublin  
2

[www.ntpf.ie](http://www.ntpf.ie)

Office of Tobacco Control  
Unit 14, Clane Shopping Centre,  
Clane, Co. Kildare

[www.otc.ie](http://www.otc.ie)

[info@otc.ie](mailto:info@otc.ie)

Pre-Hospital Emergency Care  
Council

Abbey Moat House, Abbey Street,  
Naas, Co. Kildare

[www.phecc.ie](http://www.phecc.ie)

[info@phecc.ie](mailto:info@phecc.ie)

Postgraduate Medical and Dental  
Board

Corrigan House, Fenian  
Street, Dublin 2

[www.pgmdb.ie](http://www.pgmdb.ie)

Social Services Inspectorate  
Floor 3, 94 St. Stephen's Green,  
Dublin 2

[www.issi.ie](http://www.issi.ie)

[issiinfo@health.irlgov.ie](mailto:issiinfo@health.irlgov.ie)

Special Residential Services Board  
3<sup>rd</sup> Floor, Phoenix House, Block 2,  
Conyngham Road, Dublin 8

[www.srsb.ie](http://www.srsb.ie)

[info@srsb.ie](mailto:info@srsb.ie)

Voluntary Health Insurance Board,  
VHI House, 20 Lower Abbey  
Street, Dublin 1

[www.vhi.ie](http://www.vhi.ie)

[info@vhi.ie](mailto:info@vhi.ie)

Women's Health Council  
Abbey Court, Irish Life Centre,  
Abbey Street Lower, Dublin 1

[www.whc.ie](http://www.whc.ie)

[info@whc.ie](mailto:info@whc.ie)

## **Appendix 4**

### **Organisations which participated in the consultation process undertaken in the preparation of the sectoral plan**

- Association of Occupational Therapists in Ireland
- AWARE
- Dental Health Foundation
- Department of Education and Science
- Disability Federation of Ireland
- Federation of Voluntary Bodies
- GROW
- Health Research Board
- Health Service Executive
- Inclusion Ireland
- Interim Health Information and Quality Authority
- Irish Association of Social Workers
- Irish Association of Speech and Language Therapists
- Irish Autism Action
- Irish College of Psychiatrists
- Irish College of General Practitioners
- Irish Hospital Consultants Association
- Irish Medical Organisation
- Irish Nutrition and Dietetic Institute
- Irish Society of Chartered Physiotherapy
- Mental Health Commission
- Mental Health Ireland
- National Association of Boards of Management in Special Education
- National Council for Nursing and Midwifery
- National Council for Special Education
- National Disability Authority
- National Educational Psychological Services

- National Parents and Siblings Alliance
- Not for Profit Business Association
- North West Parents and Friends
- People with Disabilities in Ireland
- Psychological Society of Ireland
- Schizophrenia Ireland

*Note: A number of service users also attended the consultation days in a personal capacity*

### **Organisations which submitted written submissions in relation to the preparation of the Sectoral Plan**

- Disability Legislation Consultative Group
- National Disability Authority
- Central Remedial Clinic
- Not for Profit Business Association
- Department of Public and Child Dental Health, Trinity College Dublin
- Post Polio Support Group
- Comhairle
- Enable Ireland
- National Council on Ageing and Older People
- Headway Ireland
- Other individual submissions