

Joint Committee

on

Disability Matters

OPENING STATEMENT

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17th January 2024



Introduction.

Good evening, Chairperson and members of the Committee. Thank you for the invitation to meet with the Committee this evening. I welcome the opportunity to engage with the Committee on the topic of *'Planning for inclusive communities'*.

I am joined today by my colleagues;

- Mr. Brian J. Higgins, Head of Healthcare Strategy – Disability and Mental Health Services
- Ms. Anne Ennis, General Manager – National Lead for the De-congregation Programme.

In my opening statement I will address the following issues:

- Transitions from congregated settings
- Aligning housing and support services
- Inclusive communities and local area coordination

HSE specialist disability services strive towards the full delivery of the UNCRPD. Pertinent to today's meeting is article 19, which states that all individuals have the right to live independently and be included in the community. It is an equal right of all persons to live in the community and have choices equal to others.

- Article 19(c) states that people must have opportunity to choose their place of residence and where and with whom they live.

The HSE Transforming Lives Programme was established to implement the recommendations of the Value for Money and Policy Review of Disability Services 2012.

The Programme is a national collaborative effort to build better services for people with disabilities. It is part of the wider national effort for Building a Better Health Service. Time to Move on from Congregated Settings (TTMO) – A Strategy for Community Inclusion was established under the Transforming Lives Programme. It is a model of support where people with disabilities are supported to move from congregated settings, often large institutions to their own homes in the community, with the supports they need. It is about supporting people to ‘live ordinary lives in ordinary places’.

The *2011 Report of the TTMO Working Group* defines a congregated setting as a residential unit where 10 or more people with disabilities live together in a single unit or on a campus. The working group ascertained that there were c.4000 individuals living in 72 centres which qualified as a congregated setting.

Progress since the Time to move on report (2009) shows that;

- 4,099 people were living in congregated settings at year end 2009
- 3,397 people remained in congregated settings by year end 2012
- 1,953 people remained in congregated settings by year end 2019
- 1,532 people remained in congregated settings by year end 2023

Using the HSE figure of circa 1,500 individuals those remaining in congregated settings and in keeping with the TTMO policy (4 per house) approximately 375 houses are required to complete the programme. DCEDIY recently published the Disability Action Plan to set out the developments that are needed across a range of services and supports to meet the needs of disabled people.

It includes a significant requirement for housing and services to meet the needs of those transitioning from congregated settings, along with those inappropriately placed in nursing homes, and to meet demographic needs.

The development of the action plan included the Dept. of Housing, DCEDIY, DOH and the HSE. This reflects the necessity for a coordinated approach to ensure that housing and supports are developed in tandem.

Critically, housing needs to be developed in local communities, and the supports provided, in meeting the health and social care needs of disabled people, must strive to ensure that people are being supported to be connected to their communities, to be able to access those communities, to attend works and education, leisure and other community activities, based on their individual will and preference.

The HSE is supportive of the Local Area Coordination model and has been engaging with international leaders in this area to explore how it might be applied in Ireland. The Disability Action Plan commits to this being piloted.

Experience has shown that simply locating residential services in the community does not of itself lead to integration, inclusion and participation. Determined by the will and preference of individuals, it also requires effective supports that prioritise both the social and care needs of the person. It requires a whole of system approach that includes education, employment, social and recreation, along with housing and health and social care supports.

That concludes my opening remarks and together with my colleagues we will endeavour to answer any questions you may have