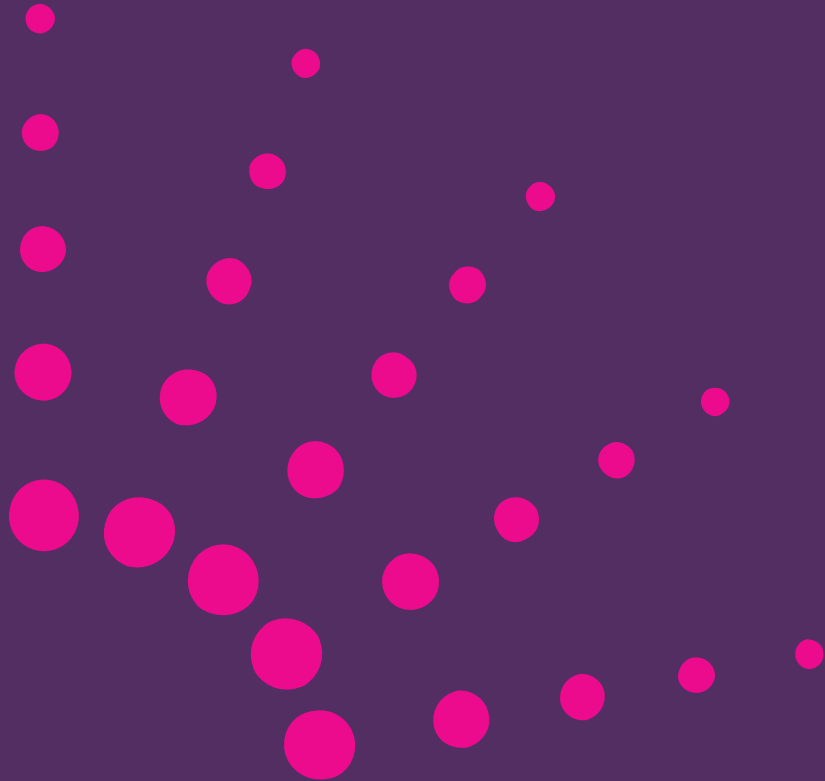


Implementing individualised services in Ireland

September 2014



Evidence for our current model of provision

- Cost of delivering services is high and even with efficiencies will remain high
- Increasing demographic pressures cannot be met within current model
- Resources not allocated according to need or linked to outcomes
- Achievement of personal outcomes not compatible with service delivered in group setting

Source: Value for Money Report pg. 160

International evidence

- Overall, better outcomes for people when they move from institutional to community settings
- “There is no evidence that community-based models of care are inherently more costly than institutions, once the comparison is made on the basis of comparable needs of residents and comparable quality of care.” (Mansell et al, 2007)
- Important issues: Staffing levels, staff training and level of need of the person

Data sources

54 community living projects

- 38 disability
- 16 mental health
- 627 beneficiaries

Monitoring data

- Quantitative
- Qualitative

Commissioned independent research

- McConkey *et al* (2013)
- 23 Genio supported projects

Profile of beneficiaries

	Disability	Mental health	Total
Number of projects	27	16	43*
Number of beneficiaries	277	222	499
Mild	86 (31%)	88 (40%)	174 (35%)
Moderate	115 (41%)	86 (39%)	20 (40%)
Severe	71 (26%)	48 (21%)	119 (24%)
Missing	5 (2%)	0	5 (1%)

*A further 11 community living projects were supported in 2013. These figures relate to the years 2010 to 2012.

Data from McConkey et al. study

Level of need	%
High support	32%
Some support	26%
Low support	43%
People with epilepsy	21%
People with autism/ASD	10%

Key concept



Independent living??

Interdependent living??

Supported self-directed living

Person at the centre??

Person surrounded by services

Person directing services



Comparison of two ways of viewing and interacting with the person

Usual service delivery	Supported Self-Directed living
Person as passive recipient	Person as self-determined (with support if needed)
No control over service delivery	Involved in design of supports and services
Wraparound services promoting dependency	Tailored and targeted supports promoting Self-Directed Living
Person viewed as dependent with 'list of deficits' to be addressed	Person as citizen with abilities, interests and contributions

Components for success (1)

Multi-level leadership

The person leads the process

Involving families and allies

Engaging and consulting with stakeholders

Staff skills and training

Readiness

Components for success (2)

It's about more than housing

Building strong and lasting relationships through linking with the community

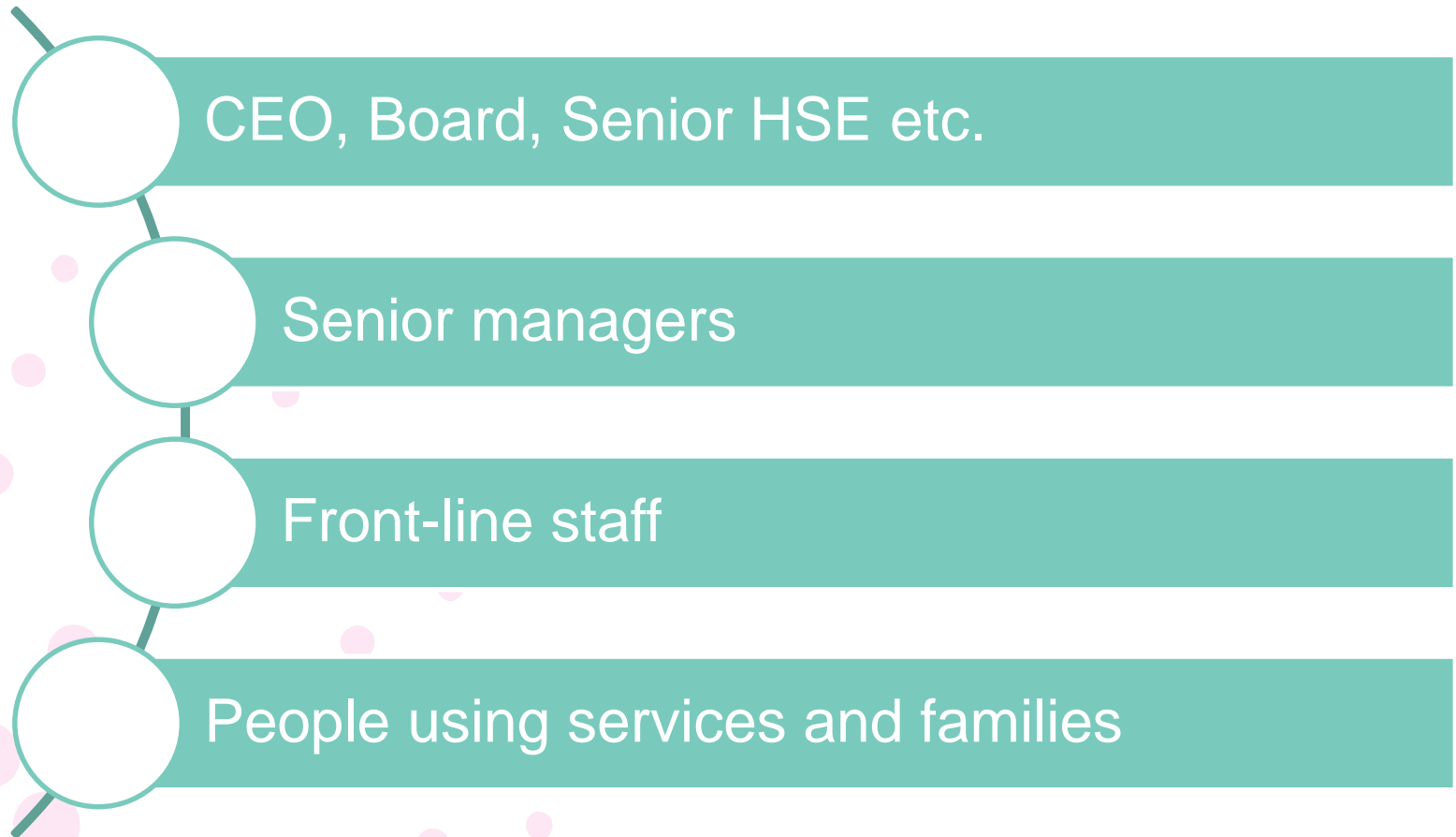
Start small and 'model' change

Challenge of reconfiguration

This takes time

Focus on outcomes and monitor progress

Leadership – multi-level and shared



Simultaneous activities



How to progress?

Start small and 'model' change

Challenge the concept of 'readiness'

Involve families and allies in a timely, respectful way and individually

Engage with stakeholders – 'no-one has a veto'

Provide relevant and practical training

Acknowledge that it takes time to do well

Focus on outcomes and monitor progress