

Disability Specific Services

The austerity period is characterised by severe cuts to disability services and supports

During the austerity years we have seen unprecedented cuts to supports that enable people to live independently in their communities. These include the Mobility Allowance, Motorised Transport Grant, disability/illness payments, medical cards, Personal Assistant service, Home Support service, and the Housing Adaptation Grant. At the same time, there is a considerable level of on-going unmet need for services and supports. In addition, mainstream health related cutbacks are damaging people's ability to live with good health and well-being. These include high costs of prescriptions charges, medicines, and hospital charges.

Growing waiting lists for treatments is a persistent feature of our health system, but people with disabilities also have a need for specific treatments relevant to their disability / illness

People with disabilities have the same general healthcare needs as everyone else but in April 2015, 21,821 people remained on waiting lists for speech and language assessments and interventions. More than 15,300 people were waiting for assessment by an occupational therapist, with 2,409 children waiting for over a year. 28,749 people were waiting for a physiotherapy assessment in April 2015.¹ There is also a growing waiting list for Personal Assistant services (207) and home help services (296).²

Austerity has left a crippling legacy not only on health and social services, but also on social inclusion and community development programmes and activities. These services

are vital to people with disabilities since to live as equal citizens in their communities, they must be able to engage in community life as well as availing of mainstream services and supports.

The budget for disability services has been reduced by €136 million or 8% since 2008³

It is fair to say that the quality of life for many people with disabilities has not been enhanced since this government's election in 2011.

A properly resourced primary and community care infrastructure is required to provide for people with disabilities' needs and to respond to the growing demand for services. The cumulative impact of successive austerity budgets, along with the gross under-resourcing of critical health services, has resulted in increasing delays in treatment, growing numbers of people on waiting lists, as well as persistent levels of unmet need.

On an individual basis, disability organisations have sustained cuts in excess of these amounts. Fundraised income was severely affected by the economic downturn.⁴ This has had a negative impact on both disability specific and mainstream health services including essential community-based services that support people's health and participation in their communities.

Voluntary disability organisations play a key role in supporting linkages and in acting as a bridge between individuals, their families, and their health professionals and also between health professionals in specialist and general healthcare settings. Furthermore, they provide a vital link in what is often a bewildering array of specialist and general services for a person with a chronic illness or disability. These organisations also play a vital part in educating and informing staff working in primary care and other non-specialist health services about the needs of people with specific health conditions.

¹ Figures are relevant as of April 2015 and were provided to Róisín Shortall TD through a Parliamentary Question (PQ Ref. No. 18511/15).

² HRB (2014) Table 3.4 Future Requirement for Personal Assistance and Support Services. These figures are an under-estimation of the true need of

services due to the voluntary nature of the database, and because need and future need is self-reported.

³ However, during this time it has seen cuts of up to 16%.

⁴ Research carried out by DFI in 2012 showed that over half of the organisations we sampled sustained an average drop of 17% in their fundraised income.

Timely Access to Quality Disability Services for all

Restore the budget for disability services to its former level prior to the recession by increasing it by €50m each year from 2016 as an initial measure

Invest in a Community Services and Self-Directed Living Supports approach to make the current disability services programme 'fit for purpose'⁵

Evidence consistently highlights that better outcomes can be achieved for people with disabilities when disability specific services, and community supports and services are provided when, where, and how they are needed.

People with disabilities need to be able to live in their communities and access a combination of disability specific and mainstream health services as required. They do not require a linear use of disability services. A Community Services Programme must be grounded in the principles of person centeredness, with flexible services that meet individual needs. It must be designed in such a way as to give control to the individuals and/or their families. Synergy is also required across the range of services under a shared service model that caters for all people with disabilities in the community, i.e. people born with intellectual disability or significant cognitive impairment, people acquiring a disability at working age (neurological etc), and people ageing with a disability.

Key to this is a strengths-based approach to needs assessment, focusing on supporting and enhancing ability to enable active community living.⁶ Any future commissioning model of disability services must prioritise the quality of the service, and its impact on the person.

⁵ A Self-directed Supports approach involves a significant shift for the whole system of health and social care. Supported people will be given a choice as to how much control they want to have over their budget as well as choice over how their support meets their individual outcomes. This creates opportunities for new ways of working and providing more innovative models of support, however, there are challenges in adapting culture, workforce and systems and managing this transition.

Meet the unmet need for the Personal Assistant Service by increasing the budget by over €7 million each year from 2016 -2019, and increase Home Support Services by almost €10m each year

Within the first year of government, undertake a review on establishing the Personal Assistance service on a statutory basis

The Personal Assistance Service is the cornerstone of the Community Services Programme. The service not only assists with tasks that the person with a disability cannot do by themselves, but also supports that person's efforts to engage fully in the community and enables them to live an independent life.

Legislating for a Personal Assistance service would provide a right to the service for people with disabilities who need it, in line with Article 19 (b) UN Convention on the Rights of Persons with Disabilities (UNCRPD).

While funding for healthcare is provided for services at their current levels there is little evidence of provision for demographic changes that will see a steady increase of people with disabilities.⁷

Access to Disability Services for All: Key Benefits

- ✓ People have more control in accessing services, and so have a greater degree of security, and sense of independence
- ✓ People can access services closer to their location in the community
- ✓ People can access seamless services whether that's disability specific or in the mainstream

⁶ DoH (2012) Future Health

⁷ Projections for 2016-2046 show that there will be 1.45 million people aged over 65 in 2046 compared with 532,000 in 2011: 22% of the population compared with 12%.
http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf
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