



## **Disability Federation of Ireland**

# **The Transfer of Specialist Community-Based Disability Services from Department of Health to Department of Children, Equality, Disability, Integration and Youth**

**25 March 2022**

## **Disability Capacity Review**

The transfer of funding responsibility means that DCEDIY will take over the disability health budget of €2.3 billion and oversee future investment in specialist disability services.

The [Disability Capacity Review to 2032- A Review of Social Care Demand and Capacity Requirements to 2032](#), published in 2021, quantifies and costs future need for disability services based on expected demographic changes, and current levels of unmet need.

An Action Plan is currently being developed to map out in detail how to implement the Capacity Review up until 2025. It is being prepared by a cross-Departmental group including Health; Children, Equality, Disability, Integration and Youth; Housing; Further and Higher Education; Social Protection; Public Expenditure and Reform; and the HSE.

The government must commit to providing funding in line with the findings of Disability Capacity Review, which shows significant levels of unmet need for services.

The Capacity Review also recommended multi-annual funding. This had also been recommended in the Catherine Day report in 2019, and was committed to in the HSE Corporate Plan. Multi-annual funding is essential so that services can be properly planned in advance. It would allow services to spend more effectively with a long term perspective as they would have certainty. It is essential that there is full commitment to this, including from the Department of Public Expenditure and Reform.

The Capacity Review speaks to a qualification of service demand and capacity requirement based on existing data. We know that the National Ability Supports System, NASS is not a comprehensive source of evidence to the depth of services required by people with disabilities and delivered by DFI member organisations. A key priority must be to improve the evidence base, particularly in relation to services that are currently underrepresented in the Capacity Review and in the current programme of HSE Specialist Community-Based Disability Services.

### **Link between specialist and mainstream services**

Over 90% of people with disabilities are not supported by specialist disability services, but rather are supported through general community health and social services.<sup>1</sup> All of these services will remain under the remit of the Department of Health when the transfer takes place. This encompasses a wide range of health services that are vital to the wellbeing of people with disabilities such as primary care services, mental health services, neurological services, acute hospital services etc.

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<sup>1</sup> Department of Health (2021). Disability Capacity Review to 2032- A Review of Social Care Demand and Capacity Requirements to 2032.

The Committee on the Future of Healthcare Sláintecare Report outlined the right of people with disabilities to “priority access to a range of community care services, such as public health nurses, home helps, personal assistance, psychological services, speech and language therapy, occupational therapy, social work services, physiotherapy, day care and respite care.” This mix encompasses a range of services, some of which will become the responsibility of Department of Children, Equality, Disability, Integration and Youth and some of which will remain under the remit of the Department of Health. It is essential that, for the individual, there is seamless integration between the services that they require.

The link between specialist disability services and mainstream health services, and between the two Departments (DCEDIY and Health) is crucial to ensure a coherent service for people. Navigating the “system” can already be very difficult for people. This is particularly true of people not already linked to the disability services programme, such as those who acquire disabilities, many people with neurological and/or rare conditions, people with different comorbidities etc. In the case of progressive conditions, people’s needs can change significantly over time and this should be recognised as well. A combination of specialist disability services and mainstream services is often needed. Ensuring integration between these services is important to allow people to have the services that they need in a timely fashion. A strong focus on this from both Departments with mechanisms put in place to ensure this integration will be needed when the transfer takes place.

## **Mental Health**

Mental health comes under the remit of the UN CRPD, which does not make a distinction between psychosocial disabilities, mental health conditions and other forms of disability. Mental health will remain under the remit of the Department of Health when the transfer takes place however. People experiencing mental health difficulties have a right to use the Convention to exercise their rights. As DCEDIY have primary responsibility in relation to the UN CRPD, ensuring the link between DCEDIY and Health on this is essential. People with other forms of disability may need to access mental health services at various points, and ensuring the integration between these services is of great importance.

## **Catherine Day Report/Dialogue Forum**

The Dialogue Forum was established as one of the recommendations of the [Report of the Independent Review Group examining the role of voluntary organisations in publicly funded health and social care services.](#)

The aim of the Forum is to build a stronger working relationship between the State and the voluntary healthcare sector, in line with the findings of the Review, for the

benefit of patients and service users.<sup>2</sup> It facilitates regular dialogue between the state and voluntary sector on future policy and strategic developments.

Voluntary disability organisations participated extensively in the review process, and are represented on the Dialogue Forum by DFI, the National Federation of Voluntary Service Providers and the National Disability Services Association. The Department of Health, HSE and HIQA are all represented on the Forum. It is important that when the transfer takes place, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) also be represented on the Forum as the lead Department responsible for specialist community-based disability services. Almost 70% of services are provided by voluntary organisations,<sup>3</sup> therefore a strong relationship between voluntary organisations and the new Department is essential. The implementation of the recommendations of the Catherine Day Report, and engaging with the representatives of the voluntary disability sector through the Dialogue Forum by DCEDIY are integral to this.

### **Section 39 Pay Parity**

The move to the new Department is an opportunity to re-examine and address longstanding issues affecting the delivery of services to people with disabilities. One crucial issue is pay parity for section 39 organisations.

The inequality in pay between section 39 staff and equivalent staff working for section 38 organisations and the HSE is making it increasingly difficult for section 39 organisations to recruit and retain staff, which is detrimental to the people these organisations support. This is despite the fact that in many cases section 39 are doing the exact same work as their section 38 and HSE colleagues. The high turnover in section 39 organisations as a result of this is detrimental to the important relationship between the adult or child with a disability and their support staff, which takes time to build up. It also leads to additional costs for service providers due to recruitment and training costs.

The transfer of functions, policy and funding responsibilities to a new Department is an opportunity to address this issue.

### **Re-imagining services in line with the UN CRPD**

A positive element of the transfer to DCEDIY is the aligning of disability policy with the Department with responsibility for 'equality.' DCEDIY is also the lead Department co-ordinating the state's implementation of the UN CRPD. Aligning responsibility for UN CRPD implementation and responsibility for specialist disability services in one Department presents a valuable opportunity to commit to investing in community-

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<sup>2</sup> See more here <https://www.gov.ie/en/publication/fda1d7-dialogue-forum-with-voluntary-organisations/>

<sup>3</sup> DOH. Disability Capacity Review.

based and person-centred services that enable people to live independently in their own homes.

This has long been an aspiration of the state, as expressed in policies such as 'Transforming Lives' and 'Time to Move on From Congregated Settings.' While some progress has been made, it is slow. The health disability funding has long been orientated towards the traditional models of service, yet only a small percentage of people with disabilities are supported by these services.

There is an opportunity to transform service delivery and invest in the types of services that support people to live independently in their own homes. These include Personal Assistance Services, PAS home support, respite, personalised budgets etc. It is time to consider new models, like local area co-ordination, as a way of supporting people to participate in their communities and access services and supports.



**DFI is about making Ireland fairer for people with disabilities.**

**We work to create an Ireland where everyone can thrive, where everyone is equally valued.**

**We do this by supporting people with disabilities and strengthening the disability movement.**

**There are over 120 member organisations in DFI. We also work with a growing number of other organisations that have a significant interest in people with disabilities.**

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**Disability is a societal issue and DFI works with Government, and across all the social and economic strands and interests of society.**

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