



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Home Sharing in Intellectual Disability Services in Ireland

Report of the National Expert Group

2016



National Home-sharing
& Short-breaks Network



Providing the *right services*
at the *right time* for families *in need*.

Foreword

Home Sharing in intellectual disability services has been established in Ireland for the last thirty years as an option to traditional residential and respite care models of support offered to people with intellectual disability and their families. The last ten years has seen further developments in Home Sharing as intellectual disability services providers in Ireland; with person centred planning at its core of service delivery; has offered people with intellectual disability and their family's alternatives to the traditional models of centre based respite and residential group home living. This change in the delivery of services offered has progressed HSE services and HSE funded organisations in the further development of this person centred and community model of service to people with intellectual disability.

As the programme for reform within disability services in Ireland progresses I am delighted that this person-centred and community inclusive model of service, which is embedded in the principles of normalisation, is available to people with intellectual disability and their families as part of the menu of support options on offer. The HSE has made provision in the National Service Plan (2016) for the further development of Home Sharing as a model of respite and full time support to people with intellectual disability. I am committed to ensuring the development of this service over the coming years and by also ensuring that safeguards are in place to protect people with intellectual disability who receive services either by the HSE or on behalf of the HSE.

The report of the National Expert Group encapsulates safeguarding as paramount in the delivery of Home Sharing to people with intellectual disability and a number of recommendations have been put forward by the Expert Group to enhance the current Home Sharing structure and for its further development. Enshrined in this, is the HSE Social Care Division (2016) values and ethos that people with intellectual disability *'achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring the voice of the service users and their family is heard'*.

I would like to take this opportunity to thank the National Expert Group for their expertise, time and commitment in researching and preparing this report which is based on national and international best practice for people with intellectual disability in need of support services. I would also like to thank all those working in disability services who have long believed in this model of support as an option for people with intellectual disability.

Mr Pat Healy, HSE National Director of Social Care

Executive Summary

The National Expert Group has prepared this report entitled *'Home Sharing in Intellectual Disability Services in Ireland'* at the request of Ms Marion Meany, HSE Head of Operations and Service Improvement – Disability Services. The report is divided into three sections. Section one (1) examines *'Home Sharing as a Model of Service Provision'* and makes a number of recommendations for the service as it (a) is currently managed and governed and, (b) for it to continue as a model of service on offer to people with intellectual disability and their families once adequately resourced. Section two (2) entitled *'HSE National Guidelines for Home Sharing'* provides a clear set of guidelines that service providers must follow and implement when offering Home Sharing to adults and children with intellectual disability and their families. Section three (3) entitled *'Guidance Document to Support Implementation'* provides a comprehensive pack to support and guide service providers in Home Sharing as a model of service. It also includes a training pack that service providers must adhere to and apply to the existing Home Sharing service and also with the implementation and further development of Home Sharing.

It is worth noting that Home Sharing has been in operation in Ireland since 1985. It has been developed primarily within the non-statutory organisations over the years in a piecemeal fashion in response to service need and demands. It was offered to people in crisis as a means to providing alternative forms of residential care and centre based respite for people with intellectual disability. There have been some further developments in Home Sharing within some intellectual disability service providers over the last thirty years; however, this is inconsistent nationally. In some community healthcare organisation (CHO) areas Home Sharing has developed positively over the last ten years as a response to service providers listening to and offering choice to people with intellectual disability in providing alternatives to the traditional models of centre based respite and residential group home living .

It is widely held internationally and indeed from the experience of intellectual disability service providers in Ireland that there are many advantages to Home Sharing as a model of service provision. It aims to have opportunities for self-expression in all aspects of the person's life. Home Sharing strives to empower people with intellectual disability to have dignifying relationships and to be included meaningfully in the life of their communities. The uniqueness of Home Sharing is that support is provided for individuals with intellectual disability by families in the community in their own homes. People enjoy the opportunity of developing new

relationships and being part of new communities whilst enjoying a short break or full time support.

Home Sharing as a model of support is sub-divided into three strands namely; a) short breaks, b) shared living and c) contract families in order to bring a consistent approach to the further development of the service from a national perspective. Home Sharing is internationally recognised as a model of support on offer to people with intellectual disability and their families as part of the continuum of services. In Ireland, as of the 31st March 2016, there were a total of 853 people with intellectual disability in receipt of Home Sharing (398 children and 455 adults). Home Sharing is operational in every community healthcare organisation (CHO) to a greater or lesser extent. CHO areas 2, 3, 8 and 9 combined represent 720 of the Home Sharing placements nationally or 84% of the total quantum of Home Sharing being delivered, supported by 9.84 WTEs. This finding is not in keeping with the HSE commitment (2015) to *'deliver person-centred community based services which support independence and choice for older people and people with disabilities'* and *'to provide fair and equitable and timely access to quality, safe health services that people need'* (HSE, 2015 pg 5-7).

While recognising the advantages of Home Sharing for people with intellectual disability there are however, strategic and operational challenges in the delivery of this model of support within an Irish context. There is no legal framework for the regulation of Home Sharing in Ireland which is urgently required to underpin the safe governance and management of this service. There is also an inequity in the protection afforded to children with intellectual disability who are in Home Sharing on a full time basis but are not under the protection of a care order. Children with intellectual disability who have been under the protection of a care order whilst living with a Home Sharing family or a Foster family and continue to reside in the care of that family once they become adults are vulnerable due to a lack of clear responsibility as to who should monitor the placement of the vulnerable adult once TUSLA has ceased involvement. At present there are a total of 15.64 WTEs dedicated to the delivery of Home Sharing nationally which equates to a staffing ratio of 1 WTE to 55 Home Sharing placements. This finding poses a serious risk to the management, governance and safeguarding of these 853 people in receipt of Home Sharing.

What has emerged over the life time of this project is that there is a very limited resource allocated to the monitoring and management of Home Sharing nationally and as such there remains a significant risk to the people with intellectual disability who are currently in receipt of this service. Notwithstanding these obstacles the National Expert Group advocate for statutory

recognition of Home Sharing and for the continued development of Home Sharing as a model of support on offer to people with intellectual disability and their families.

There is international and national evidence to support Home Sharing as an individualised, person-centred and inclusive model of support service as Home Sharing supports people with intellectual disability to receive support with families in the community. Nonetheless, Home Sharing in Ireland requires an investment and commitment by the HSE for it to continue as it (a) currently stands and (b) for its future development as part of the HSE service planning process on an incremental basis over the next five years. Home Sharing requires an urgent investment as recommended in chapter eight (8) of this report (see also figure 5) and a commitment by the HSE for its further development.

This report has identified both strategic and operational challenges for Home Sharing in Ireland while at the same time has provided the blueprint for resolving these issues and for further developing Home Sharing as a model of full time and respite support for people with intellectual disability based on their needs.

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Home Sharing in Intellectual Disability Services in Ireland

Section 1

Home Sharing as a Model of Service Provision

2016

1. Introduction to Home Sharing

Home Sharing is defined as the provision of care to people with intellectual disability in the Home Sharing family's home. The model of support provided can be short term (respite care) or long term (full time support) depending on need. There is national and international evidence to support this model of service provision to people with intellectual disability (Merriman *et al*, 2007; Oswin, M., 1984; Murphy, T., 2010). In 2012, the HSE published the '*Report of the Working Group on Respite/Residential Care with Host Families in Community Settings*' (HSE, 2012) recognising this model as a socially inclusive, high quality, community based and a cost efficient service for people with disabilities. The model of service is also congruent with the HSE's Vision, Mission and Values (HSE, 2015) and national policies embedded within this framework.

While recognising the advantages of this model of service there are however, strategic and operational challenges which are mainly due to the lack of a legal framework and regulations which are urgently required to underpin the safe governance and management of this service. This report aims to identify the strategic and operational challenges and provide the blueprint for resolving these issues and further developing this model of full time and respite support for people with intellectual disability in Ireland.

Home Sharing for people with an intellectual disability aims to have opportunities for self-expression in all aspects of their lives. Home Sharing strives to empower people with intellectual disability to have dignifying relationships and to be included meaningfully in the life of their communities. The uniqueness of Home Sharing is that support is provided for individuals by families in the community in their own homes. People enjoy the opportunity of developing new relationships and being part of new communities whilst enjoying a short break or full time support.

1.1 The aims and objectives of Home Sharing:

- To provide short breaks or full time support to adults and children with an intellectual disability.
- To provide a '*natural*' living option to adults and children with an intellectual disability.
- To respond to the needs of natural families.
- To strengthen family relationships.

- To give individuals and families greater control and choice in the support service they receive.
- To provide a break for the carer whilst being a positive experience for the person with intellectual disability.
- To give service providers the flexibility to deliver services in ways that respond to the needs of service users and their carers and families.

1.2 Home Sharing and the person with intellectual disability

With Home Sharing the person seeking the service is carefully matched with a family that often have common interests and hobbies. The person with intellectual disability is very much part of this process. The family of the person requesting Home Sharing meet and often build up relationships with the Home Sharing families. Breaks are planned and crisis breaks can be responded to quicker and more efficiently than more traditional ways of providing respite.

Home Sharing is a two way process in that the families who provide Home Sharing gain hugely from the experience of having a person with intellectual disability stay in their home. Sustainable and unique relationships can develop that will last for many years to come. Home Sharing is an essential way to support and expand the informal networks of families and to build on the capacity and strength of communities. Home Sharing arrangements are seen as the way forward nationally and internationally as a viable and more appropriate type of service provision for people with intellectual disabilities (HSE, 2012). People that avail of Home Sharing benefit from positive outcomes of having a bespoke, individualised form of service. Home Sharing is an inclusive way of responding to crisis needs. Creating individualised supports and services is evidently the way forward for service providers, individuals and their families. Home Sharing epitomises core values such as partnership, inclusion, enjoyment and normalisation.

All Home Sharing families are assessed, trained and supported by the relevant Home Sharing team. Each child or adult with intellectual disability is matched carefully to the Home Sharing family and strong relationships can and have developed. People availing of Home Sharing support can range in age from four (4) to seventy plus (70+) years of age. As well as having an intellectual disability some individuals have complex needs that include epilepsy, behaviour that challenges, physical disabilities, medical conditions and

mental health issues. Each person's needs are different and the support offered through Home Sharing can be altered to suit the individual and the family's needs.

Home Sharing families can consist of people from a wide range of backgrounds. Home Sharing families can be single, co-habiting, married, older, younger, working or retired. Formal qualifications are not necessary but it is desirable to have qualities such as common sense, warmth, patience and flexibility.

1.3 The impact of disability on a family

Having a family member with intellectual disability can have an effect on the entire family including parents, siblings, and extended family members. It is a unique shared experience for families and can affect all aspects of family functioning. On the positive side it can broaden horizons, increase family members' awareness of their inner strength, enhance family cohesion, and encourage connections to community. On the other hand, the time and financial costs, physical and emotional demands, and logistical complexities associated with caring for a child or adult with intellectual disability can have far-reaching effects. The impacts for a family will depend on the severity and diagnosis of their child's disability, as well as the physical, emotional, and financial wherewithal of the family and the resources that are available.

For families, caring for a family member with intellectual disability may increase stress, take a toll on mental and physical health, make it difficult to find appropriate and affordable child care, and affect decisions about work, education/training, having additional children, and relying on public support. It may be associated with guilt, blame, or reduced self-esteem. It may divert attention from other aspects of family functioning. The out-of-pocket costs of medical care and other services may be enormous. All of these potential effects could have repercussions for the quality of the relationship between family members, their living arrangements, and future relationships and family structure.

Families are advising service providers that one of the supports that they need to enable them to continue to care for their family member at home is short breaks. Short breaks give them a break from their role as carer and also provide their family member an opportunity to be with others and benefit from new experiences. In research carried out by UCC Science Shops (2011) parents spoke about the pressure on them as carers.

'I just felt that there was a lot of pressure on us'.

'it is hard going like it is hard caring and you need a break for your own sanity'.

'If we didn't have respite first and foremost I don't think our marriage would have lasted'.

***'I think if we hadn't had respite....certainly at this stage of life I would have thought of
having [family member] put in somewhere Monday to Friday'.***

Families who avail of Home Sharing have reported that close and trusting relationships have developed between them as carers, their family members and their Home Sharing families.

' Our [Home Sharing family's] been with us so long, like [our daughter] would be very close to her Home Sharing family like her parents, her aunts ,uncles ,nieces and nephews , she knows them all!'

'It makes him more independent and used to other people'.

'The community learn an awful lot about disabilities and the more we separate people with disabilities from society the less people have contact with it and they don't know how to handle it or behave around it, but also they miss out on the beauty of the contact'.

Siun

Siun is a sixteen (16) year old girl who has cerebral palsy, a profound intellectual and physical disability. Siun is extremely medically frail. Attendance at school is sporadic due to poor health and frequent hospitalisations. Siun requires twenty four (24) hour care and receives all her nutrition through a peg tube. Her natural family are overwhelmed and exhausted with this relentless cycle of caring for their daughter. A Home Sharing family provides two (2) overnight breaks per week to Siun. Her natural family have described this support *'as a lifeline to them'*. To ensure a safe respite placement significant training was provided to the Home Sharing family by the clinical nurse specialist with the support of the paediatric hospital. Regular contact is maintained with the Home Sharing family by the clinical nurse manager and the social work team leader.

2. Defining Home Sharing as a support model

In line with current national terminology, all placements are collectively referred to as 'Home Sharing' placements. A 'Home Sharing Family' refers to any household which is providing short breaks or full time support to a person with an intellectual disability in their own home.

2.1 Home Sharing 'Short Breaks' families

Home Sharing 'Short Breaks' involves a Home Sharing family in the community offering a placement to a person with an intellectual disability in their home for short breaks and caring for that person as a member of their family. Home Sharing short breaks arrangements are based on the Home Sharing family's availability around work and other caring commitments as this is not generally the Home Sharing family's primary occupation. An allowance is usually paid per break provided. All families commence Home Sharing on a Home Sharing 'short breaks' basis initially. Home Sharing short breaks families usually provide support to one or two guests separately for one or a number of short breaks per month.

2.2 Home Sharing 'Contract' families

The physical, behavioural or healthcare needs of some children and adults with intellectual disability are complex and more challenging. In recognition of this, some Home Sharing schemes recruit a number of 'Contract Families' (specialist carers) from their existing pool of approved Home Sharing families. A contract family is contracted by the service provider and offers regular short breaks to children and adults with complex support needs. They are expected to be available for a substantial number of nights such as ten (10), sixteen (16) or twenty (20) per month. With this option, a retainer is paid to the contract family and an allowance is paid per session of support provided.

2.3 Home Sharing 'Shared living' families

A Home Sharing 'Shared Living' family is a family that provides full-time care to a person with intellectual disability similar to a fostering placement. The shared living family make their home available to a person with intellectual disability to share their home on a full-time basis as a member of their family. The person may spend some time during the month with their own family or with another Home Sharing family but their main residence is with the shared living family under this arrangement. With this option, an allowance is paid either monthly or weekly to the shared living family. Some schemes pay a retainer to the family and an allowance per night of support provided.

3. Membership of the National Expert Group

A commitment to develop Home Sharing is included in the HSE National Service Plan (2016) as an added alternative to the existing model of respite and residential service. In order to explore Home Sharing as a support option available to people with intellectual disability and their families Ms Marion Meany, Head of Operations and Service Improvement – Disability Services, HSE Social Care Division, established a National Expert Group to review Home Sharing nationally and report on the way forward for its future development in Ireland.

This report was prepared by the National Expert Group which included Clinicians and other healthcare professionals, representatives from the HSE, TUSLA, Federation of Voluntary Bodies, CEOs from the non statutory service providers and members from the National Home Sharing and Short Breaks Network. The members of the National Expert Group are as follows:

- Ms Cathy Byrne, Social Worker, Brothers of Charity Services Galway (BOCS) and Author of the Good Practice Guidelines for Home Sharing Galway, National Home-sharing and Short-breaks Network (NHSN).
- Ms Grainne Collins, Policy Advisor for Alternative Care, TUSLA, Child and Family Agency, Dublin.
- Ms Breda Crehan-Roche, Chief Executive Officer, Ability West, Galway and Federation of Voluntary Bodies representative.
- Dr Bernie Fay, Head Social Worker, Muiriosa Foundation and National Home-sharing and Short-breaks Network (NHSN) representative.
- Dr Donal Fitzsimons, National Disability Specialist, HSE Social Care Division and Chairperson of the National Expert Group.
- Ms Anne Geraghty, Director of Services, Brothers of Charity Services Galway and Federation of Voluntary Bodies representative.
- Ms Fidelma Kelly, Social Work Team Leader, St Michael's House and National Home-sharing and Short-breaks Network (NHSN) representative.
- Mr Kieran Keon, Social Worker, Ability West and Chairperson of the National Home-sharing and Short-breaks Network (NHSN).
- Ms Emma O'Sullivan, Social Worker, Co-Action, Cork and National Home-sharing and Short-breaks Network (NHSN) representative.
- Mr Jim McDonnell, HSE Manager of Disability Services Waterford, CHO Area 5.
- Ms Anne Wall, Principal Social Worker, HSE National Safeguarding Office.

4. Terms of Reference

The National Expert Group was provided with terms of reference as follows:

- a. To review Home Sharing as a model of service provision to adults and children with intellectual disability nationally.
- b. To review the HSE (2012) *'Host Family Support Model of Service Provision – Governance/Guidance Document to Support Implementation'* and align it to both the HSE and non-statutory sector.
- c. In line with the HSE National Service Plan 2016 agree targets for the nine (9) community health organisations (CHO) to extend the service and work closely with relevant stakeholders to ensure the national co-ordination, management and governance of this service.
- d. Produce a report for the future provision of Home Sharing for approval to the Head of Operations and Service Improvement – Disabilities Services.

5. Current Situation Nationally

In order to establish the numbers of people availing of Home Sharing the HSE National Director for Social Care submitted a questionnaire and covering letter in 2015 to each of the nine (9) Chief Officers (CO) of the Community Healthcare Organisations (CHO). A further analysis and update of the numbers availing of the service was carried out in February 2016 and are outlined in table 1 below.

Table 1 – Home Sharing by CHO Area

CHO Area	Home Sharing Arrangement in Place Yes/No	Full Time Home Sharing Family Support (Adults & Children)	Respite Support (Adults & Children)	Adults	Children	Total
Area 1	Yes	1	8	8	1	9
Area 2	Yes	13	182	136	59	195
Area 3	Yes	22	91	60	53	113
Area 4	Yes	0	62	15	47	62
Area 5	Yes	0	13	9	4	13
Area 6	Yes	0	7	6	1	7
Area 7	Yes	0	42	11	31	42
Area 8	Yes	30	301	174	157	331
Area 9	Yes	0	81	36	45	81
Total		66	787	455	398	853

* Figures presented dated 31st March 2016.

Fig 1

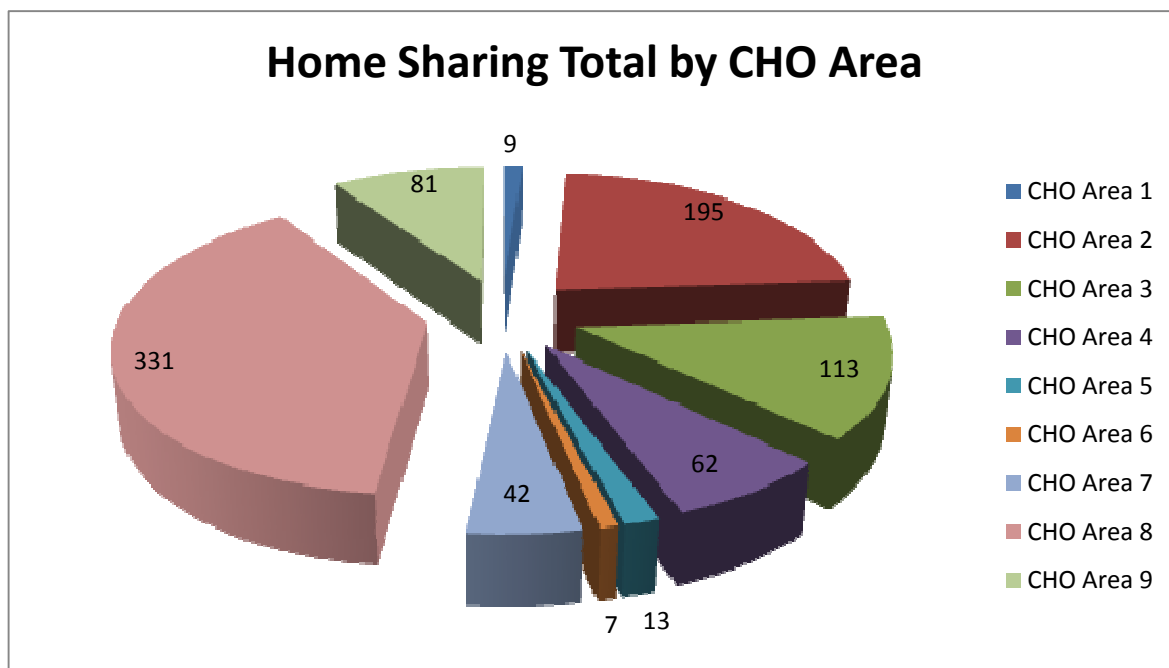


Fig 2

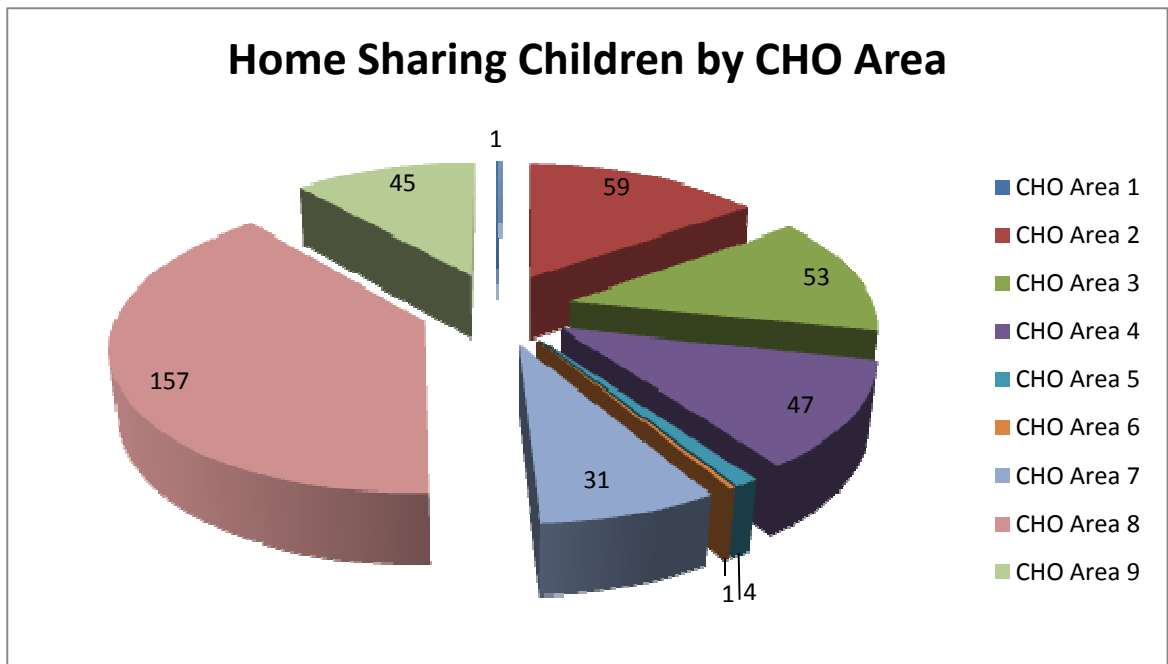
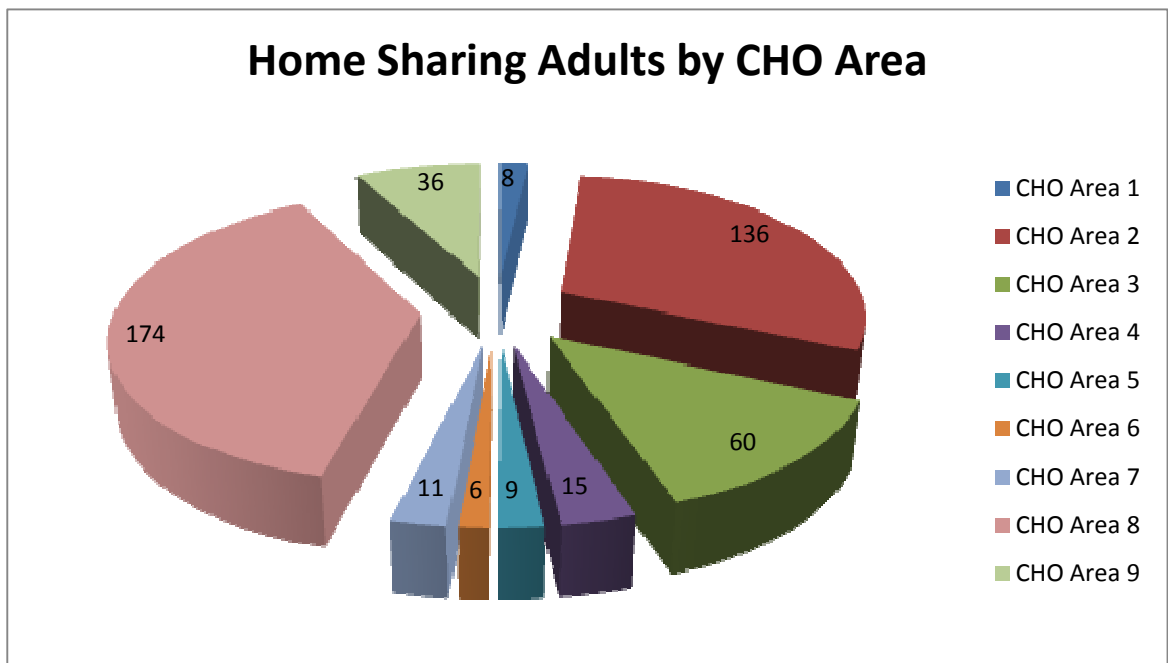


Fig 3



As of the 31st March 2016 there are a total of 853 people with intellectual disability (455 adults and 398 children) availing of Home Sharing nationally. It is evident that there are geographical variations in Ireland in the quantum of provision of this model of service. CHO Area 2, 3, 8 and 9 combined represent 720 of the number of placements or 84% of the total quantum of Home

Sharing. This finding indicates that there is potential to develop this service further in areas where it is underrepresented. The CHO areas where the service is more developed is accounted for by pioneers within the non-statutory sector, the support of management within these service providers and support from local HSE management to this model. This work has been further developed and fostered by the National Home-Sharing and Short-Breaks Network (NHSN) which was established in 2003 to promote uniformity and high standards amongst organisations throughout Ireland that offer Home Sharing. The NHSN aims to promote the development of good practice in the field of Home Sharing and also to support those who directly offer support in their homes to people with disabilities (www.nhsn.ie).

There are currently a total of twenty one (21) Home Sharing schemes operating in Ireland. They are primarily funded by the HSE and three (3) of the HSE community healthcare organisations directly provide Home Sharing. Eighteen (18) of the Home Sharing schemes are co-ordinated, governed and managed by non-statutory service providers. A breakdown of the organisations providing Home Sharing is outlined in the table 2 below.

Table 2

HSE and non statutory service providers currently proving Home Sharing

No	Location	No	Location
1	HSE CHO Area 1	12	Brothers of Charity South East Services
2	HSE CHO Area 3	13	Cheshire Ireland
3	HSE CHO Area 8	14	Brothers of Charity Services Cork
4	Ard Aoibhinn Wexford	15	KARE
5	Western Care Mayo	16	St Michaels House
6	Brothers of Charity Services Roscommon	17	Cope Foundation
7	Brothers of Charity Services Clare	18	Sunbeam House
8	Daughters of Charity Services Limerick & Roscrea	19	Co-Action Cork
9	Muiriosa Foundation Kildare/West Wicklow & the Midlands Area.	20	St John of God Carmona & North East Services.
10	Home Share Galway <ul style="list-style-type: none"> • Ability West • Brothers of Charity Services Galway 	21	St Joseph's Foundation Cork
11	SOS Kilkenny		

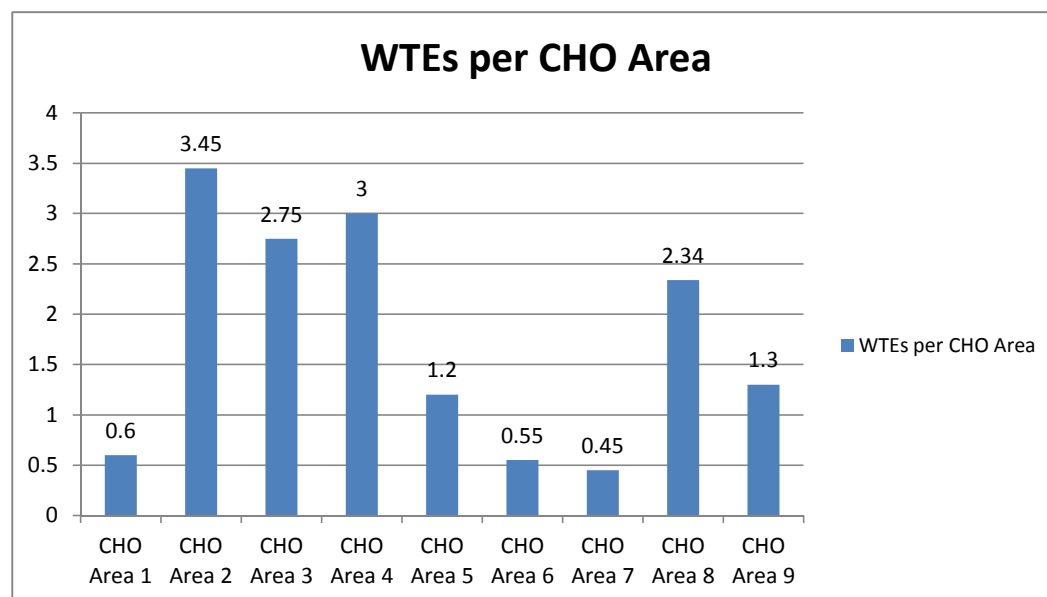
Table 3

Whole Time Equivalent (WTE) *Allocated Responsibility to Home Sharing per CHO

Community HealthCare Organisation	Whole Time Equivalents (WTE) allocated responsibility to Home Sharing	Total number of people in Home Sharing support
CHO Area 1	0.60 WTE	9
CHO Area 2	3.45 WTE	195
CHO Area 3	2.75 WTE	113
CHO Area 4	3.00 WTE	62
CHO Area 5	1.20 WTE	13
CHO Area 6	0.55 WTE	7
CHO Area 7	0.45 WTE	42
CHO Area 8	2.34 WTE	331
CHO Area 9	1.30 WTE	81
Total	15.64 WTE	853
	1WTE	54.54

*Allocated responsibility with no dedicated funding to support the model.

Fig 4



The geographical gaps in the quantum of service provided is due to vested interest, the lack of a national infrastructure (legal and regularity framework) and the lack of appropriately funded and resourced governance arrangements. It is worth noting that Home Sharing in Ireland is being delivered to 853 people with 15.64 WTE resource allocated (1 WTE to 54.54 people) to support and safeguard people in such arrangements. There was a total of 75,672 overnight respite

breaks provided to people with intellectual disability through Home Sharing for the period 1st January 2015 to 31st December 2015. This represents an average of 88 bed nights per year per person with intellectual disability availing of Home Sharing. In addition, a total of 12,962 day sessions (up to four hours) were provided for people with intellectual disability through Home Sharing for the same period. A total of €3,041,965.60 (see table 6, page 27) of allowances was paid to Home Sharing families for the period 1st January 2015 to 31st December 2015. This represents an average cost of €3,545 per person in receipt of Home Sharing for this period.

It is worth noting that there are there are 317 people with intellectual disability being supported in Home Sharing by the Muiriosa Foundation with 1.2 WTE supporting this arrangement. Similarly, there are 73 people being supported in Home Sharing in Ability West, Galway with 0.6 WTE social work support involved in supporting these arrangements and there are 83 people being supported in Home Sharing with the Brothers of Charity Services Galway with 1.5 WTE social work support involved. This equates to 3.3 WTE supporting 473 people in Home Sharing arrangements which is 55% of the total number of people with intellectual disability in Home Sharing arrangements in Ireland. ***The National Expert Group would have grave concerns for this under resourced service and recommend that immediate action is taken to remedy Home Sharing in these areas.***

5.1 Risks Associated with limited social work resource

Home Sharing families require ongoing support to maintain structure in the planning of placements, to ensure the ongoing quality of the placement and to maintain links to the person(s) family and multi-disciplinary team. Time must be given to matching the person with intellectual disability and that all necessary information is gathered prior to the commencement of a Home Sharing placement. In order for a new placement to be successful, a consistent social work link must be available to facilitate introductions and to establish a formal link for families. Home Sharing families must be facilitated to interpret the organisation's standards, policies and procedures for their role in providing care in their own home on behalf of the services.

Home Sharing families can fall into a situation whereby they feel they are fully responsible for the placement and begin to make decisions on behalf of the person as they would their own child and in ways that suit themselves and possibly not the person placed or his/her family. This happens in the absence of a strong supportive and supervisory role. This is inappropriate and extremely risky especially if the Home Sharing family is

experiencing strain. Many practical risk situations are averted by working through the details of care arrangements with both families during the initial stages of placement and during reviews.

While the social worker facilitates and encourages a positive working relationship between the Home Sharing family and the natural family, at no time is it appropriate for Home Sharing families to be guided solely by practices of a parent or family member. As such the social worker must ensure that the Home Sharing family has grounding in safe practice before supporting the child or adult in their own home and the social worker must also ensure that they have received professional advice specific to the person's care in tandem to the information provided by the family. This is an ongoing learning process with items often not raised until the social worker explores safe practice during supervision.

Home Sharing families often refrain from sharing concerns over risk until the opportunity is provided during a direct contact home visit. For this reason, regular visits are important for the safety and success of placements in order to pinpoint potential risks and concerns before becoming a crisis situation. In times of crisis or emergency Home Sharing families must have access to their link social worker to ensure that the organisation's policies and procedures are followed and adhered to. Home Sharing families do not have the facilities offered by a work place nor a line management system to access; they are solely reliant on the link provided by their named social worker.

Home Sharing placements must be reviewed regularly to ensure that placements are safe and continue to meet the person's needs and outcomes. As many individuals are currently without an allocated social worker or key worker it is often necessary to maintain a level of direct contact with the person and natural family to ensure that a quality service is maintained.

5.2 Allowances paid

The *'Report of the Working Group on Respite/Residential Care with Host Families in Community Settings'* (HSE, 2012) acknowledges that this model of service provision for both respite and full time Home Sharing support can be provided in a cost effective manner. Allowances paid for full time Home Sharing and respite should be aligned

(depending on support needs) to the foster care allowance which requires strict approval based on agreed national thresholds following an assessment and approvals process.

For example the allowance paid by the Muiriosa Foundation to the full time Home Sharing family supporting an adult with medium support needs is €5,500 per year. In addition, the person with disability also pays a contribution of €90 per week directly to the Home Sharing family in this organisation. This equates to a full year cost of €10,180. In St Michaels House the allowances paid to full time shared living family is in the region of €18,000 per annum with no contribution paid by the person with disability. This compares to Ability West where the allowance paid by the commissioning organisation to a full time shared living family to support an adult with similar needs costs €20,437 per year. With this arrangement the person with intellectual disability does not pay a contribution to the Home Sharing family but rather pays a contribution of €12.50 per night to the local service provider. See table 4 below for comparative figures.

Table 4

Example of annual allowances paid to a Home Sharing shared living family (moderate level of support)			
	Ability West	Muiriosa Foundation	St Michaels House
Paid by Service	€25,000	€5,500	€18,000
Paid by Client	€-4,563 (to service provider)	€4,680 (paid to Home Sharing family)	€0
Total	€20,437	€10,180	€18,000

It is acknowledged however; that the allowances paid by CHO Area 2 is more in line with the foster care enhanced payment which takes account of the additional needs of caring for a person with intellectual disability. This is recommended in the *'Report of the Working Group on Respite/Residential Care with Host Families in Community Settings'* (HSE, 2012). It is worth noting that the national average of a medium support residential placement in a traditional community house is circa €80,000 – 100,000 per year.

As demonstrated in table 1 on page 16 above there are currently 69 people with intellectual disability in full time care arrangements with Home Sharing shared living families nationally. By taking this number of people it would cost approximately €6m to provide the traditional community house model of support for this cohort compared to

€1.7m of allowances paid to shared living families. An additional €400k of staffing costs would be required to adequately support these full time shared living placements. Therefore, Home Sharing as a model if resourced appropriately from a financial perspective is €4m more cost effective than the traditional community house model for these 69 people.

Home Sharing within the context of respite is also a cost effective model of support. This is evident within CHO Area 8, Midlands under the Muiriosa Foundation's *Share-a-Break Scheme*. This scheme facilitates short term respite for children and adults in the Home Sharing family's home. The standard cost for a person with high dependency (PEG feeding, behaviours that challenge, non-ambulant, etc) is €60 per overnight stay. This compares favourably in economic terms with the cost of centre-based respite within the same geographical area per night being €325.92 (Finance dept of Muiriosa Foundation, 2016). In 2015, the total number of Home Sharing sessions of respite provided through Muiriosa Foundation was 5,739 sessions to children and 6,682 sessions to adults at a total cost of €340,302. The total equivalent cost of providing centre based respite for the same cohort is €4,048,251.

Thomas

Thomas is a 63 year old man who enjoys the outdoor life and is particularly fond of working with small animals and doing gardening. Six years ago, due to challenges pertaining to his family, Thomas ended up living in a large residential centre. Those who were living there had needs which were greater than those being experienced by Thomas. He became depressed and withdrawn. It was agreed that his quality of life was being compromised by living there. He started going to a Home Sharing family for weekends and very much enjoyed this. His mood changed and it was decided that he would go to live on a full-time basis with this family. He lives happily with his new family and enjoys time spent with their dogs and loves the work in their extensive gardens. Thomas enjoys going to football matches with the family and likes the peace and tranquillity of the countryside. Thomas also attends a day service and likes the time he spends there interacting with friends.

5.2.1 Home Sharing short breaks allowance

There are different rates of allowances paid throughout the country for Home Sharing short breaks. The rate of allowances per session provided by the short breaks family for a person with intellectual disability varies per organisation from between €20 - €50 per week night and short day session. Rates of allowances paid for weekends and holiday periods vary between €40 - €70 per 24 hour session.

Recommendation

Given the anomalies and differences in allowances paid by service providers throughout the country the National Expert Group recommend that allowances paid to Home Sharing families for Home Sharing short breaks be in keeping with the HSE (2012) report and fostering allowances as follows:

- | | |
|---|-----|
| • Short day break (up to 4 hours) | €30 |
| • Long day break (5-8 hours) | €40 |
| • Midweek overnight | €40 |
| • Weekend (24 hour) and holiday periods | €70 |

5.2.2 Home Sharing contract family allowance

Contract families are contracted to provide a number of sessions per month where they offer respite to children or adults in their own home and a retainer is usually paid. A contract family providing ten (10) to fifteen (15) sessions per month is usually paid a retainer of €5,000 per year or €416 per month. A contract family providing between sixteen (16) and twenty (20) sessions per month is usually paid a retainer of €8,000 per year or €666 per month. Similarly where a contract family provides over twenty (20) sessions per month a retainer of €10,000 per year or €833 per month is usually paid to the family. An allowance is paid per each session provided based on the level of need of each guest. This is based on three levels as follows:

Level 1

Rates of allowances per session provided by the contract family for a person with low/moderate support needs are **€20** per week night session and **€35** per 24 hour weekend and holiday periods. This would typically be for a person with mild/moderate intellectual disability with low/moderate support needs.

Level 2

Rates of allowances per session provided by the contract family for a person with moderate/high support needs are **€40** per week night session and **€75** per 24 hour weekend and holiday periods. This would be typically for a person with moderate to severe intellectual disability.

Level 3

Rates of allowances per session provided by the contract family for a person with significant dependency and support needs are **€70** per week night and **€125** per 24 hour weekend and holiday periods. This would be typically for a person with severe/profound intellectual disability and/or a physical disability and/or high medical needs and/or behaviours that challenge.

5.2.3 Home Sharing shared living allowance

There are differences throughout the country in allowances paid to Home Sharing shared living placements. In some areas a retainer of €10,000 per annum is paid to Home Sharing families providing all levels of shared living placements and in other areas there is no retainer paid to families.

Recommendation

The National Expert Group recommend that a retainer of €10,000 be paid to shared living families providing full time support to a person with intellectual disability. In addition, the following levels sets out the rate of allowances paid to Home Sharing families providing shared living:

Level 1

Rates of allowances per session provided by the shared living family for a person with low/moderate support needs are **€20** per week night session and **€35** per 24 hour weekend and holiday periods. This would typically be for a person with mild/moderate intellectual disability with low/moderate support needs.

Level 2

Rates of allowances per session provided by the shared living family for a person with moderate/high support needs are **€45** per week night session and **€65** per 24 hour weekend and holiday periods. This would be typically for a person with moderate to severe intellectual disability.

Level 3

Rates of allowances per session provided by the shared living family for a person with significant dependency and support needs are **€85** per week night and **€100** per 24 hour weekend and holiday periods. This would be typically for a person with severe/profound

intellectual disability and/or a physical disability and/or high medical needs and/or behaviours that challenge.

Table 5

Home Sharing Shared Living Comparisons per Annum

Home Sharing Shared Living		
Level 1	Level 2	Level 3
€17,000	€25,000	€35,000

In summary, a shared living family providing **Level 1** support to a person with intellectual disability would receive approximately €17,000 per annum in allowances. A shared living family providing **Level 2** support to a person with intellectual disability would receive approximately €25,000 per annum while a shared living family providing **Level 3** support would receive approximately €35.000 per annum.

Table 6

Allowances Paid to Home Sharing families for the Period 1st January 2015 – 31st December 2015

Organisation	Allowances paid 2015	WTE	No of People in Home Sharing
Western Care	€217,270.00	0.40	30
Mo Shaol	€85,481.70	1.00	12
SJOG Carmona	€2,807.41	0.10	2
St Michael's House	€166,667.14	1.30	81
DOC Limerick	€34,429.00	0.90	19
Ability West	€320,000.00	0.60	73
BOC Galway	€397,653.00	1.50	83
BOC Roscommon	€11,908.57	0.95	9
DOC Roscrea	€8,260	0.10	3
BOC Clare	€205,000	1.50	75
HSE Limerick	€248,900	0.25	16
St Joseph's Foundation	€32,570	0.40	19
Cope Foundation	€88.80	0.50	1
CoAction	€2,700	0.30	10
SOS Kilkenny	€1,000	0.10	1
BOCSSE (Waterford & South Tipperary)	€2,372	1.00	9
Ard Aoibhinn Wexford	€4,106	0.10	3
Sunbeam House	€630	0.35	2
Cheshire Wicklow	€1,500	0.10	3
KARE	€13,360.00	0.25	10
Muiriosa Foundation	€795,691.50	1.20	317
SJOG North East	€39,915	0.34	26
HSE Meath	€98,425.60	0.003	8
HSE Donegal	€14,430	0.10	1
HSE Sligo/Leitrim/West Cavan	€36,800	0.50	8
BOC Cork	€300,000	1.80	32
Total	€3,041,965.60	15.64	853

The National Expert Group while acknowledging the value for money aspect of the Home Sharing model also recognises the value and necessity of other residential and respite models for a small cohort of people with intellectual disability.

5.3 Quality of Home Sharing

It is widely held that Home Sharing has two specific objectives in mind, namely; (a) to support individual choice and (b) to support mainstreaming for the person with intellectual disability. It is widely held within services that assessing and maintaining Home Sharing is a complex process. Recruiting suitable families for this type of care will continue to be very time consuming and labour intensive, particularly at social work level

and back-up administrative support. Where Home Sharing families come forward and are approved, it has and will create the need to find, assess, train and approve replacement families, so as to maintain and develop the current level of service within Home Sharing.

There is no doubt that families place a high value on the need for, and use of different forms of support. National and international childcare best practice advocated for many years that care should be provided through family and foster care services, rather than institutional residential services (Murphy, 2010). While family carers are consistently positive about respite care, they are using and value short breaks with Home Sharing families more and more. There is growing evidence for the effectiveness of short breaks with Home Sharing families on the well being of the person with disability and their families.

Merriman & Canavan (2007) purport that respite should be designed to facilitate the person with disability in building relationships within the community. There is also strong evidence for the importance of providing short breaks that include greater community participation and more socially inclusive activities as part of a menu of service provision to families (HSE, 2012).

Isaac

Isaac is a twenty (20) year old gentleman who has Down syndrome and a moderate intellectual disability. Due to significant concerns in relation to Isaac's well being and his family situation at home, Isaac began to avail of Home Sharing Monday-Friday three times a month with a Home Sharing family. Since availing of Home Sharing, colleagues have noted an improvement in Isaac's disposition, and confidence. Isaac's expressed wish is to move independently into an apartment. Currently, the Home Sharing family, in partnership with Isaac's day service are mentoring and supporting Isaac to learn new skills, in order to become more independent.

Home Sharing as a model of service provision to people with intellectual disability is a service that has responded to the challenges faced by family carers including feelings of guilt, loss and concerns about safety by increasing diversity of services on offer, with less reliance on the traditional overnight placement where it is not always necessary (HSE,

2012). Studies carried out on traditional models of respite compared to Home Sharing alternatives, show positive outcomes and preferences for the latter with high levels of parental satisfaction (Merriman *et al*, 2007, Murphy, T., 2010).

In the United Kingdom, Home Sharing is regarded by parents as a critical service in supporting families within their community. Families receiving Home Sharing place more of an emphasis on the relation of trust, rapport with the person with disability, when a match works and when it stops looking like a service and starts to feel like a life.

The principles and values of equity, diversity and inclusion as reflected in universally recognised charters (UN Convention on Rights of Persons with Disabilities) have the potential to become tangible experiences for the individuals who avail of Home Sharing. The values underpinning Home Sharing provision are delivered in a person centred way, reflect the broad principles outlined within International Charters of Human Rights, the Government Health Strategy, Disability Strategy and the Health Service Executives Corporate Plan, among others.

Home Sharing as a model of respite and full time care provision to people with intellectual disability has been found to be most beneficial for all the stakeholders especially for the person with intellectual disability. There is no doubt that Home Sharing as a model is certainly suitable for the vast majority of people with intellectual disability. However, Home Sharing should be offered as a part of a menu of support service and only then after *'careful assessment of individual needs'* (HSE, 2012, pg 27).

Sonia

Sonia is a young lady who was requiring a home with a Home Sharing family. She has a moderate level of intellectual disability, Autism and anxiety issues. Sonia is a warm, pleasant, fun loving thirty year old. She is very sociable, loves chatting and having a bit of *banter* with people she meets.

Background:

For Sonia, living in a group home was stressful, she became more obsessed with the lives and behaviours of her peers and this acted as a stressor for her on a day to day basis. Sonia was demonstrating through behaviours of concern and verbally that she wanted to live with a family and she identified this as one of her life goals. When Sonia was living in the group home and when on her own with one to one staffing her true self would shine. She has a great sense of humour and she responded well to one to one attention. She would talk quite openly about what kind of environment she would ideally live in. When her co-residents would return to the house her personality would instantly change and she was consumed by stress and worry. The busy pace and the unpredictable nature of a group home didn't meet Sonia's needs and she struggled to engage positively with her peers. She preferred to talk to staff and she appeared to relate more to individuals who did not have a disability. Behavioural incidents were recorded on a daily basis and she often absconded from the group home. There were regular incidents of physical and verbal abuse from Sonia towards her peers and staff. It was evident that she could not cope well in a group living arrangement.

Sonia as a person:

Sonia is very sociable and can be shy at first. A firm but loving approach works best with her, she needs a stable and consistent approach from those who are supporting her. She loves going on days out, going for walks in the woods and walking the dog.

Sonia needs consistent support with her routine to keep her mood stable. She is independent in many ways and is very capable with many household chores and activities of daily living. Sonia loves joking and messing around for example she had great fun doing the ice bucket challenge. She is an outdoors type of person she loves going for walks in the woods.

Sonia sleeps well in her own room. She might request to have the door open but she is probably better off with it closed as she is a light sleeper and as soon as she hears any activity she will get up. The light is left off at night. Sonia loves going on days out either in the car, bus or train. She loves music, cinema, dancing, going to Mass and shopping.

It is essential to set boundaries from the outset so Sonia is aware of what the expectations are of her. She has great understanding of what is acceptable and what is not but she can be challenging and very wilful at times. It is very important that boundaries are agreed and discussed with her in advance of a social outing or activity. If she is having an '*off moment*' humour works best to get her back on track. On the regular occasion where she acts in an unacceptable manner, it is usually very short lived and she is quick to apologise. She needs a stable and consistent approach. Exercise gives her a great release when she is anxious, a short walk can work wonders.

She likes nothing better than to relax in a bubble bath, she needs some supervision to ensure shampoo is rinsed out properly and that she has brushed her teeth properly. She loves to relax in front of the fire and watch TV. If she is left to have her way she will watch children's TV and listen to nursery rhymes but if discouraged from this she will choose to listen to more age appropriate music and she loves the soaps especially Coronation Street.

Journey to Home Sharing:

Sonia started Home Sharing on a part time basis for one weekend per month with her first Home Sharing family. It was quickly realised that this was a very positive placement as the level of behavioural incidents was significantly reduced and Sonia was very enthusiastic about it. It was agreed by her support team that Sonia would be ideally placed with a Home Sharing family on a full time basis. A specific advertisement was created where a family came forward. They were trained, assessed and vetted over a number of months.

When the opportunity came to live with a Home Sharing family, Sonia grasped it with huge enthusiasm. The transition was gradual and naturally she was nervous as her whole life was about to change. She approached the opportunity with a nervous excitement and there were times where her anxiety would hold her back from making this life changing move. In her heart she knew this was the right move for her, with a lot of support she grew as a person and she began to build confidence and bridges with her Home Sharing family. The Home Sharing family were also supported by their link social worker to gradually get to know Sonia and build up their relationship. The Home Sharing link social worker worked very closely with Sonia's social worker and Key worker to ensure that as much support was available as required.

Perspective of the Home Sharing family:

She settled into our home very quickly, at first she was very attached to me but this changed as she got to know my husband better and they have developed a great relationship. She has become one of the family and my extended family have embraced her as one of our own. There has been a huge reduction in her old behaviours and those that we did see were very minor

in severity. These were mainly in the early days usually when there was some change or upset in her life and over the past year they have completely diminished making a huge difference to her quality of life.

We have a casual routine that we tend to follow. On Fridays we usually go to the cinema, shopping and home for dinner. On Saturday we usually go on an outing e.g. we have gone to see Big Maggie in the Gaiety, the zoo in Dublin, visits to see my family, walks in the park and to the beach. She loves visiting family and friends and will often request to go see my Mum. On Sundays we tend to go out for dinner and generally try to get a walk in. She loves baking and is very competent at it. She loves a relaxing bath at night time and will curl up on the sofa in front of the fire.

Sonia is a bright, fun loving person and she brings a life to our home. She is chatty and vibrant. She needs prompting to tidy up after herself as she tends to be a bit 'relaxed' in this regard and would let you do everything for her if let away with it. She is very good at feeding the dogs. We have had our challenges in getting to where we are now but Sonia is well settled living with us and she is part of our family.

Sonia today

Sonia is now living full time with her Home Sharing family for almost a year. She also receives respite one weekend per month with a second Home Sharing family. She has more regular and positive contact with her mother and siblings who meet up with her on a weekly basis. Sonia's home life is now fully inclusive within a family environment in the community.

There are little or no incidents of behaviours of concern. Sonia is eating healthier, her mood is stable and she is very involved in her new local community.

6. Challenges

The National Expert Group acknowledges that there are a significant number of challenges to the optimum running of the Home Sharing service. People with intellectual disability who are in Foster Care and, if they remain with these Foster Care families after reaching eighteen years of age; having transferred to the HSE have no legal framework to protect them. Equally, where an adult with intellectual disability is placed in Home Sharing there is no legal or regulatory basis underpinning this arrangement. Where adults with intellectual disability are placed in full time care arrangements under Home Sharing some of these people contribute significant amounts of their monies to the Home Sharing families in some schemes. There is no legal basis underpinning this arrangement. The State was found to be acting illegally in allowing people in care situations to be funding their own care arrangements (Finance Act, 2005). The HSE and service providers offering Home Sharing to people with intellectual disability do so in the absence of Laws protecting the service, and in the absence of legislation and regulation, professionals are also vulnerable in relation to the monitoring and safeguarding of people in these arrangements.

6.1 No Legislation underpinning Home Sharing

When children who are in the care of the State for child protection and welfare reasons are placed within a statutory framework the following is a list of the various legislation that underpin these arrangements:

- The 1991 Child Care Act,
- The Placement of Children in Foster Care Regulations 1995,
- The Placement of Children with Relatives, 1995
- The Placement of Children in Residential Care Regulations 1995.

National Standards provide a governance framework for best practice for all these placement types. When children (who are not in care under the above legislation) or adults with intellectual disability are placed in Home Sharing arrangements, whether it is for very short and irregular breaks or longer and more frequent breaks, they are not protected by any specific legislation in relation to their care under Home Sharing, or by any consistent standards to be applied.

Some Children with intellectual disability are taken into care for welfare and protection reasons under this legal framework; however evidence would suggest that this is not the

case for all children with intellectual disability where there are welfare and protection issues. Case examples from service providers working with children with intellectual disability would demonstrate that Services have experienced welfare and protection cases that were not addressed under Children First and service providers providing services to children with intellectual disability have on occasions placed children in disability arrangements without any legal framework. **This practice is of great concern to disability service providers as these children are not under the legal protection of a care order.**

Notwithstanding the current National Guidelines for Home Sharing from the National Home Sharing and Short Breaks Network (NHSN) these guidelines need a statutory basis that service providers offering Home Sharing must adhere to (see section two of this report for the HSE National Guidelines on Home Sharing in Ireland for People with Intellectual Disability).

Home Sharing as a model of service provision is becoming increasingly popular with natural families and Home Sharing families both nationally and internationally. Service providers in the disability sector in Ireland have been developing Home Sharing as a much needed model of support for people with intellectual disability since the 1980s. They are however, conscious that they are doing so in a legislative and regulatory vacuum. Currently service providers funded by the HSE operate in accordance with their individual service arrangements (SA) with the HSE. While each SA may include varying levels of information about the Home Sharing support model, and in this way forms part of the contract between the disability service provider and the HSE, nonetheless all parties; the HSE, the service provider, the service user, natural families, and the Home Sharing families are vulnerable as a consequence of operating in an unregulated system not supported by specific legislation.

The lack of regulation and legislation has been demonstrated in recent cases whereby there were no legal safeguards in place to protect vulnerable people with significant intellectual disability from potential abuse. This also highlights the existence of challenges pertaining to people with intellectual disability who are in Foster Care and after reaching eighteen (18) years of age have no legal framework to protect them when they remain with these Foster Care families.

Legislation is urgently required for the regulation of the Home Sharing model of support for people with intellectual disability in Ireland. The legislation should include the process for the selection of Home Sharing families, training assessment, vetting and matching the person with intellectual disability with the family. In addition, the legislation should include:

- a. The relationship with the person with intellectual disability, their family and the Home Sharing family.
- b. The relationship with the service provider and the Home Sharing family.
- c. The relationship with the Home Sharing family and the natural family of the person.
- d. The relationship between the Home Sharing family and any other people providing support services to the individual.
- e. The monitoring and supervision of placements.
- f. The payment of allowances to the Home Sharing family.
- g. Taxation.
- h. Insurance.
- i. The provision of equipment including training and maintenance/servicing of equipment in accordance with manufacturers recommendations.
- j. Transport.
- k. Safeguarding/Child Protection.
- l. Respite for the Home Sharing family.

In order for the Home Sharing model of support to continue and develop the National Expert Group have drafted proposed legislation and regulations (see appendix I) for consideration and approval at Government level. ***This needs to be enacted as a matter of urgency.***

At present, people with intellectual disability are experiencing an inequity as these Home Sharing arrangements do not have the same protections as that of those providing Foster Care. The Finance Act (2005) Section 192 (b) acknowledges the role of Foster Carers and provides them with exemptions from income tax from allowances within the Foster Care placements. *‘Payments to which this section applies are exempt from income tax and shall not be taken into account when computing total income for the purposes of the Income Tax Acts’.* Also in respect of the Student Universal Support Ireland (SUSI) grant

applications made by children in care and those who have left care; any allowance made in respect of the child/young adult is exempt from means testing an arrangement between SUSI and TUSLA.

A further anomaly within this is whereby a Foster Care family in receipt of a foster allowance for a child with intellectual disability upon reaching eighteen (18) years of age is exempt if the now adult remains living with the same family. If the person with intellectual disability upon reaching eighteen (18) years of age moves to live within a Home Sharing shared living arrangement it is not clear that the Home Sharing family is exempt from tax.

Recommendation

The National Expert Group recommends that Section 192 (b) of the Finance Act (2005) be amended to reflect the equivalent protection to the Home Sharing scheme (see appendix II).

6.2 No National uniformity of Home Sharing

While there is evidence of good practice in most of the Community Healthcare Organisations (CHO) there is no uniformity or mandatory standards in relation to the recruitment, training, assessment and monitoring of Home Sharing placements. There has been however, significant guidance provided to Home Sharing from the National Home-sharing and Short-breaks Network (NHSN). While many agencies involved in Home Sharing have developed their own guidelines of selection, training, supervision and monitoring there is no consistency nationally and in the absence of legislation and regulation all participants in the process, including the staff who operate Home Sharing are vulnerable in relation to the monitoring and safeguarding of people in these arrangements.

Lack of legislation in particular leads to challenges for service providers to ensure governance that is appropriate and nationally consistent. There is an urgent need for legislation that is specific to this model and for the development of national guidelines that will eventually lead to regulation and inspection. While legislation and consistency are required, by its very nature this model also requires flexibility, so any future legislation and regulation will require recognition of this, and not be so rigid as to prohibit the ability to respond to individual need, or to deter future Home Sharing families from participating

in such a model. Legislation and regulation must allow for the Home Sharing family's home to remain primarily as a regular home – to do otherwise would defeat the purpose.

Billy

Hi my name is Billy. I'm 28. I was born in Galway hospital and lived in ** Park with my Mammy and Daddy and my sister Tracey. When I was five years old my mum had twin girls and we named them Diana and Rachel. Then we moved to ** in Galway. Then Joey was born in 96 and then in 1998 Anthony arrived. I went to *** primary school. My best friend was Keith and he lived three doors up (from) me. We started smoking at the age of ten then we started drinking at age 15. Then Keith went to M. secondary school in Galway and I went to Presentation [secondary School]. Then we both dropped out in second year at age 16 and we got in a lot of trouble with the Gardaí [for] shop lifting, {burglaries} assault and drink.

Then at 17 I went to a high support unit in Monaghan and after a couple months I got a weekend home. I was in court over the couple months and several times before I went there. Then a weekend home and I got a number of new charges for court so I ran to England so I won't be in jail for my 18 birthday and I stayed in England for a year and was homeless over there. Then I started taking xtc, heroin, speed and valium. I was using drugs for several years to cover up my mental health. When I came back after my 18 birthday I got court on bench warrants and went to prison for 3 months. I got released two months later then moved to Dublin because drugs were too much in Galway and hard to find. Then I was smoking heroin and coke for a couple months then I started injecting heroin, coke and taking a mix of drugs for a couple years. Then I had a high court case [of] aggravated burglary and I had to keep [the] peace for a year after release. I did my time and got out and in 2005 started methadone and counselling and went good for a couple months. Then my four friends died from

overdose[s] Keith, Christy, Kevin and Gareth, one from up north and the other three from Galway. I started drugs again then in 2007.

My ankles locked when I injected heroin. Dad and [my] counsellor Hilary [helped me] in Galway. It was very hard the first couple of months. I was in pain getting sick, not talking, and not eating. All I did was sleep as much as I could. I was hearing voices in my head, now I am paranoid from the stuff. I am on [methadone] for that and now I have a place to live as well. I have a TV a laptop and I am very happy. I have had no more trouble with the law since 2007.

Now I am a better man today I won't be touching that stuff with the help of my dad and Hilary. My mum is living in *** (separately). I was left with a mental health problem of paranoid disorder. I have been in sike [psychiatric Unit] three times now and I hope to get better. Me and my friend Sheila broke out for Halloween we went drinking and we smoked a few joints. We then went back to the hospital and I got fed and Sheila was put on level three. But we made a promise that we're going to be good and try and stay away from drugs because they keep messing my life. I have eight friends and a girlfriend [who] died. Rest in peace all my friends [who] died.

Just when I lost all hope I found family support, the lovely staff up there said to me they find a home share family and I said you won't find one. Then they told me they got one, their names are Liam and Tara. They were only a year in Ireland when I met them. I went to *** town every two weeks to meet them. We went fishing, play station, walking and shopping up north and then Tara got a place in Sligo College. I got the bus up there (to stay with them) for three years. Then they moved back down when she finished. She got very sick and

starting [now] to get better and stronger every day. They had to take time out then they got me another {Home Share} family in *** with Brian. I had a breakdown and end up spending six months [in psychiatric unit] and I met lots of friends in hospital.

Now I go to work one day a week at family support and play golf and I'd like to say to all young people don't think they're hard 'cos they do drink and drugs and get into trouble with the law. I picked up [several charges] and ran to England. I waited two weeks then left and came back to Galway and stayed on drink and drugs. Then got [Methadone] 69mls daily then was good for two years then went back to Dublin. I [tried] to kill myself with an overdose and a nurse [brought] me to the train station. Then the story of 1999 to 2007 is finished. This is a true story. I don't do drink or drugs or in trouble with Gardaí. I'd like to take a second to remember my friends that Died.

(Billy wrote this himself, minor corrections were made with his consent to help the reader to understand-all names have been changed).

Although his sister and younger brother had Home Sharing placements, Billy never thought he could have a Home Sharing placement with all the difficulties he had. We encouraged him to fill in the application form and he did indeed find a Home Sharing

family who because of their experience of raising children in an English city understood the difficulties he faced and got to know the true Billy. They've become great friends and a couple who Billy can call if he or any of his family need a bit of advice. He can leave the city, enjoy a break in 'the middle of nowhere' and know he is safe. This is also an important break for his dad, who is supporting six children alone, four of whom have learning disabilities. Since his Home Sharer was diagnosed with cancer he is without a placement but looking forward to resuming his visits to them when she has recovered from her treatment. It has been suggested to Billy that he needs a residential placement in the meantime. He very clearly has asked for an alternative Home Sharing placement and knows that time away from his family home, in a rural setting, is good for him and his family and also allows him to continue living at home which is very important to him. He does not want to be in a group residential setting. Billy has recently started Home Sharing again with a new family, Alice and Seamus. He and his family are very excited and he is delighted to have a new focus in his life.

Billy is very passionate about his aim to thwart young people from the life he led for many years.

6.3 Governance

Governance refers to the existence of appropriate policies, procedures and systems, with clear responsibilities and accountabilities, detailed in a transparent way that is communicated to all stakeholders and ensures that services are provided in a way that achieves optimal outcomes for individuals while being compliant with corporate, financial and legislative obligations. Clinical governance is described as the system through which healthcare teams are accountable for the quality, safety and experience of patients (clients/service users) in the care they have delivered. In the delivery of the Home Sharing model of support the two forms of governance are inextricably interlinked.

The literature review in the HSE report *Respite/Residential Care with Host Families in Community Settings* (2012) demonstrated that the Home Sharing model of service provision is very beneficial to the person with intellectual disability and their family. It provides service users with opportunities for improved quality of life and social integration into the community, a widened range of activities and increased independence. It also impacts significantly on the quality of family life by reducing stress and pressure. This finding is also in keeping with the service provider's description of the type of service being provided by Home Sharing families in their respective areas. This model of service provision is in line with national and international trends towards meeting the needs of people with intellectual disability in more appropriate inclusive settings and offering greater choice and more person centred services.

The Guidance document on respite provision for children with life-limiting conditions and their families by the Irish Hospice Foundation and Children's Sunshine Home, in describing the importance of clinical governance in children's respite care services, states that the over-arching purpose of introducing a clinical governance framework is to support the creation of an open and participative environment where a commitment to high-quality, safe, holistic, child and family-centred clinical care and support is shared by all professionals delivering, coordinating and managing respite supports.

The importance of strong governance in the Home Sharing support service to people with intellectual disability cannot be overstated for a number of reasons. People who are the recipients of this model of support are by definition some of the most vulnerable people in the community and many of whom cannot speak for themselves; the people who become Home Sharing families are usually ordinary families who may not have professional qualifications in the care of people with intellectual disability, and the Home Sharing model is always by its nature at a distance from the service provider who contracts the service.

Currently there is no consistent system of governance for this model of support that is underpinned by legislation or regulation. The service providers who have developed Home Sharing have put in place systems of selection, training, supervision and monitoring. However, each service provider would say that there are significant challenges in adequately and effectively supporting, supervising and monitoring the service due to inadequate funding, staffing levels and lack of cohesive guidelines at a national level. In

order to continue to sustain the current level of Home Sharing and to further develop the model it is vital that the funding is put in place to support the existing infrastructure otherwise the governance, in particular the selection, matching, training, supervision, mentoring and support systems will not be adequate or appropriate. The consequences of this will be that the model will not be sustainable and/or there could be major safeguarding issues for some participants.

In this regard the National Expert Group has drafted HSE National Guidelines for Home Sharing (section 2 of this report) and, as per the terms of reference the National Expert Group has also reviewed the HSE (2012) *'Host Family Support Model of Service Provision – Governance/Guidance Document to Support Implementation'* and an amended version of the governance framework for the future provision of Home Sharing is available in section three (3) of this report. The governance framework includes:

- Clear policies and procedures in relation to assessment, training, supervision/support and monitoring of Home Sharing.
- Consent.
- Systems to provide information to support the natural family/individual to make informed choices regarding support options.
- Standardised approaches to determining the suitability of a particular model for the family/individual i.e. matching.
- Standardised assessment systems for Home Sharing families in relation to their suitability and competence to provide the service.
- Standardised contract templates at a national level and service level agreements (SLAs) for the various agencies.
- Systems, policies, procedures and requirements in relation to safeguarding and protection from abuse.
- Standardised systems in relation to care plans/placement plans for adults and children with intellectual disability and how they relate to Home Sharing family support.
- Communication channels between respite providers, Home Sharing families and the HSE.
- Communication channels between Home Sharing families and the natural families.
- Clear systems of record keeping.

- Consistent mandatory training and refresher training.
- Systems of supervision and monitoring placements.
- System for monitoring services.
- System for monitoring SLA's.
- Garda vetting and disclosures.
- Clarity in relation to insurance and insurance responsibilities.
- The provision and maintenance of equipment.
- The management of complaints.
- Systems of 'out of hours' or emergency support.

6.4 Geographical gaps in Home Sharing

The current inequity in the provision of this service is not in keeping with the HSE's Vision, mission, values and goals in terms of equity and access to the service to *'provide fair, equitable and timely access to quality, safe health services that people need'* (HSE, 2015, pg 5). Currently 84% of the total quantum of service is provided in community healthcare organisation (CHO) areas 2, 3, 8 and 9. The HSE has committed to *'deliver person-centred community based services which support independence and choice for older people and people with disabilities'* (HSE, 2015, pg 7).

The HSE in its corporate plan has committed that *'for users of our disability services, we will provide integrated services that meet the highest standards, where possible are treated with respect and dignity and can live as independently as possible'* (HSE, 2015, pg 8). The HSE in order to implement its corporate plan has committed to developing services for people with disability so that they are supported to participate in society and reach their full potential. With this in mind the HSE has through the National Service Plan 2016 committed to the expansion of respite beds with a particular emphasis on targeting alternative models such as Home Sharing (HSE, 2016).

6.5 No dedicated funding/budget for the effective running of Home Sharing

Informal arrangements existed in Ireland in relation to Home Sharing prior to it being formalised in the early 1980s. People with intellectual disability were sometimes facilitated to have a break from institutional care during key holiday periods by accompanying staff members in their own homes. In other situations, families in the community were recruited specifically for the purpose of providing holiday breaks during the summer. In recognition of the risks associated with such practices, those families

involved in such arrangements were encouraged to apply through Home Sharing schemes in order to formalise arrangements. In some areas, and especially if families were reluctant to undergo the assessment process required, these arrangements were discontinued. Geographically, there are marked differences in the level of interest in Home Sharing, often depending on the level of employment in the area or the efforts of service providers to promote the attractiveness of Home Sharing as an option for families. As a result, there are some pockets of the country that have very well established Home Sharing or similarly named schemes while other areas struggle to recruit families.

In 2007, Pobal launched the *Enhancing Disability Scheme* which made funds available on a two-year programme to establish innovative projects around the country that would offer a choice of supports to people with intellectual disability. Family-based models of respite or short breaks matched the criteria very well, and organisations attracted funding where the primary focus of the fund was to pilot projects for people with intellectual disability that were different from traditional supports and likely to be mainstreamed thereafter. Many Home Sharing schemes owe their development, if not their creation to this initiative. This fund also facilitated some schemes to pilot 'Contract Families' whereby Home Sharing schemes could facilitate placements for people with intellectual disability previously precluded from availing of Home Sharing because of their high support needs. By enhancing the payment system, the Home Sharing service could draw on experienced people to consider this as an alternative to employment outside the home, usually in nursing or similarly supportive roles. The funding served to raise the profile of Home Sharing throughout the country as a possible respite and full time support option for many more than previously thought.

While the Pobal funding, and later Genio, allowed development and set up costs, including the purchase of necessary equipment, it was then up to the relevant organisation to channel funding to the continuation of placements at the end of the two-year cycle. Some organisations managed to do this while others struggled. Further opportunities to enhance services were presented by Genio (2009) and funded by Atlantic Philanthropies. Initially, funding, streamed over three years, facilitated Home Sharing to focus on individuals in receipt of respite in a congregated or a group setting and to replace this with family-based short breaks. This model was challenging for families who enjoyed the sense of security that a staffed service presented, and who were concerned about what would happen if the new model broke down, or if the Home Sharing family decided

not to continue. But with the time allowed (3 years) together with back-up reassurances from the organisation, services had the opportunity to find more appropriate placements for people and, for children, placements which could continue into adulthood. Genio (2012) later funded organisations to replicate this for those in full-time residential placements by creating shared living situations for people. This, although only a one-year project enjoyed some success and served to raise the profile of the possibility of full-time family-based care, of which, many already existed on a shoestring.

As Home Sharing has developed piecemeal, with some schemes being fortunate to secure external seed funding and others struggling on tiny budgets, and as identified earlier different rates of allowances are paid throughout the country. Home Sharing has not yet had formal recognition as a model of service and as such has not had dedicated budgets or resources for its development. ***All of the existing schemes are under-resourced and there are significant risks associated with them in terms of the provision of adequate levels of support and monitoring of Home Sharing families.*** A further area of concern is the provision and, in particular, the maintenance of aids and appliances in Home Sharing families homes for people with high support needs. These schemes are now also facing rapidly growing demands to create respite and/or full-time care packages for people while struggling to support existing placements.

6.6 Safeguarding Vulnerable Persons

In December 2014, the HSE launched a national policy for Safeguarding Vulnerable Persons at Risk of Abuse (incorporating services for elder abuse and for persons with a disability). ***'Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures'*** (HSE, 2014). This Policy now provides one overarching policy on safeguarding for older persons and persons with disability. It outlines a number of principles which support the rights of people in receipt of services and, through the promotion of those principles, promote the welfare of vulnerable adults and helps safeguard them from abuse.

6.6.1 Definition of vulnerable person:

The HSE, Social Care Division, for the purposes of this policy and procedures document, considers a Vulnerable Person as an *'adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation'*.

Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances (p3 Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures). It is reasonable to consider that an individual availing of a placement with a Home Sharing family is a vulnerable person, as per the above definition.

6.6.2 Scope of Policy:

The policy document includes alternative family placements, defined as *‘across all service settings, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport) are also included’* (Pg 6 Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures). It is clear therefore, that any concerns of abuse arising in relation to a person availing of a Home Sharing arrangement need to be referred and progressed using the process outlined in this national policy.

6.6.3 Training Requirements:

Safeguarding Awareness Programme should form part of the training delivered as part of preparatory training to Home Sharing host families. The purpose of this training would be to:

- Discuss and define ‘abuse’ in the context of vulnerable persons.
- Examine the different types of abuse and indicators of each.
- Understand how to recognise when abuse may be taking place.
- Be aware of the relevant service’s Safeguarding Policy and know how and where to report concerns of abuse.

7. Home Sharing Training (for Home Sharing families)

Research was conducted by the National Expert Group in order to explore and map what training is currently provided nationally to all Home Sharing schemes. The information gathered was then used as a tool to glean what training was being provided to Home Sharing families, and to further make recommendations on what training was required as the Home Sharing model of service develops and further expands.

7.1 Methodology

A questionnaire was sent to all the organisations registered with the National Home Sharing & Short Breaks Network (NHSN) in order to examine what training was currently being providing to Home Sharing families. The following information was sought:

- Identify the training subject provided.
- The duration of the training subject.
- Identify if the training subject was mandatory.
- Identify who facilitated the training.
- Identify how often the subject was retrained.
- Identify when the training was provided – prior to placement commenced/during placement.
- Identify where was the training information was sourced.

7.2 Findings

Fourteen questionnaires were completed and the findings are from the analysis of the data received. There was a variation in the overall training topics, duration and retraining provided by organisations. The most prevalent training subjects that are delivered to Home Sharing families are:

- Safeguarding/Abuse Prevention.
- Behavioural Support/Management.
- Introduction to Disability.
- Manual Handling.

There was significant dissimilarity between organisations regarding the mandatory requirement of training subjects. Some organisations enforced all training topics as a requirement while other organisations identified that a training topic was offered to Home Sharing families therefore it is unknown as to the percentage of Home Sharing families being trained on these topics. One organisation identified *'if a training need is identified, that is not compulsory training, we strive to accommodate that training'*.

Other training subjects that are provided by organisations included:

- Epilepsy Awareness and Rescue Medication.
- PEG Feeding Training.

- Fire Safety.
- ISL Training (Irish Sign Language).
- Working with Deaf Blind people.
- Autism Awareness.
- Health and Safety.
- Hand Hygiene.
- Records/Complaints/Confidentiality/ Complaints.
- LAMH/PECS.
- Observation Visits/Mentoring.
- Driving Skills.
- Money Management.

There are wide geographical variations across the country in terms of resources allocated to training in Home Sharing. Hours dedicated to training ranges from six (6) hours in total, up to a maximum of nine (9) days if one was to avail of every course offered by an organisation. The national average appears to be three (3) full training days. There are a wide number of professionals involved in training across service providers including social work, psychology, experienced host families, nursing, psychology, physiotherapy, occupational therapy, manual handling instructors, LAMH trainers, to external agencies such as TUSLA, the Jack & Jill Foundation, open training colleges, health & safety officers, private companies that facilitate training such as first aid and hospital professionals.

It is noteworthy to mention that training is facilitated primarily in group sessions but smaller schemes tend to provide individualised training on site. The social worker involved in Home Sharing tends to be the person who co-ordinates the training module.

7.3 Requirements

(a) Mandatory training:

A Foundation course to be established for potential Home Sharing families, to be conducted prior to Home Sharing placements commencing. In case of a joint application (i.e. more than one applicant per household) both applicants must attend all sessions. Full details of course topics can be found in section three (3) of this report.

(b) Individualised training

There is a need for more specific training pertaining to guest needs and should be provided on an individualised basis, either on a one to one basis or with the organisation’s staff training.

(c) Reviews

During the review process with the Home Sharing family they should receive any additional training that would benefit their role and should be discussed. It is important that Home Sharing families be up skilled on an ongoing basis.

(d) Refresher Training

Safeguarding people with intellectual disability refresher training (Children’s First refresher training and Safeguarding Vulnerable Persons refresher training) to include information on Intimate Care Best Practice and should be carried out every three years. Manual and Patient Handling refresher training should be carried out every three years. Updating skills and knowledge of the area of disability, policy changes and national culture changes should be carried out every year.

Table 7

Organisations that completed questionnaires	
Home Share Galway <ul style="list-style-type: none">• Ability West• Brothers of Charity Services Galway	Brothers of Charity Services Cork
Brother of Charity Services Clare	Co-Action
Brothers of Charity Services Roscommon	Muiriosa Foundation
DeafHear	St John Of God North East
Daughters of Charity Services Limerick	Western Care Association
St Michaels House	KARE Kildare
Brothers of Charity Services South East	

8. Recommended case load for Home Sharing

Home Sharing as a model of respite and full time support is available to people with intellectual disability currently delivered through twenty one (21) service providers across Ireland with approximately €3m (for the period 1st January 2015 – 31st December 2015) paid in allowances to Home Sharing families (excluding staff costs and contributions paid by the person with intellectual disability). ***The quantum of service being delivered nationally for the same period (1st January 2015 – 31st December 2015) for the allowances paid is 12,962 day sessions and 75,672 overnight stays.***

There are anomalies throughout the country in terms of how this service has developed over the years. In some of the CHO areas there are dedicated resources responsible for the management and governance of such arrangements while in other CHO areas the management and governance of the service is an add on to the role and responsibilities of existing staff. The HSE (2012) report '*Respite/Residential Care with Host Families in Community Settings*' and the experience of the service providers offers the evidence to support this. Given the scale and geographical spread of this service it is not adequately resourced to meet the current and projected demand for the service and this needs significant investment. Therefore, the National Expert Group proposes the following structure as an appropriate infrastructure to support the existing service and to also serve as a blueprint for Home Sharing to further develop in line with national and international best practice.

There is a considerable resource required in the setting up of placements with a Home Sharing family. There is also a significant amount of contact and liaising between both the natural family and the Home Sharing family including information sharing, facilitating introductory visits and ensuring for example that all equipment is in place in advance of the placement proceeding. Prior to this stage, it is important to note the background work that is required to get Home Sharing families ready and approved to facilitate placements such as completing the training and assessment processes.

The WTE staff resources required to support placements is based on already established placements. Any commissioning organisation will need to front load resources to achieve this level of service as it will take time to build up to their required level of service. An example being that any commissioning organisation or Home Sharing service aiming to set up fifty (50) Home Sharing short breaks placements when they have twenty (20) already established will still need to frontload the WTE recommended resources of 1 WTE Social Work, 0.5 WTE Co-ordinator

and 0.5 WTE administrative assistant in order to achieve the desired fifty (50) placements. This is essential in order to ensure all safeguarding, reviews and national standards are adhered to and achieved on the journey to the desired level of fifty (50) placements (see appendix III for job descriptions).

The social work post in certain Home Sharing schemes will need to be set at a Team Leader grade when the social worker is responsible for a large number of Home Sharing families. A senior grade is essential considering the level of responsibility and risk associated with overseeing community based services such as Home Sharing. It is also required that if the scheme has more than 1 WTE social work post the Team Leader grade will be required to provide appropriate clinical supervision of the other basic grade Social Work post(s) within the scheme which is required under CORU, the Health & Social Care Professionals Council.

Home Sharing Short Breaks families are home sharing families that provide placements to one or more individuals for day, evening and overnight breaks. They provide placements to a variety of individuals from one day, evening or night every second month up to 6-8 per month. It is a very flexible arrangement. Although the family have a general agreement or contract with the commissioning organisation, they are not under a formal contract to provide a particular amount of sessions per month. A Home Sharing scheme of only short breaks is recommended as having a minimum of 1 WTE social Worker, 0.5 WTE co-ordinator and 0.5 WTE administrative assistant to manage, supervise and coordinate up to fifty (50) placements.

Home Sharing Contract Families are contracted by the commissioning organisation to provide a set number of sessions per month to a number of individuals with higher levels of need for up to 10|16|20 nights or sessions per month. Contract family placements require a considerable amount of support and organising due to the level of needs of the guests, in particular the Level 2 and 3 guests which are usually the majority of the placements matched with contract families. It is recommended that Home Sharing of only the contract families strand have a minimum of 1 WTE social worker, 0.5 WTE co-ordinator and 0.5 WTE administrative assistant to manage, supervise and coordinate up to twenty five (25) placements.

Home Sharing Shared Living families provide a full-time placement to the person with intellectual disability. These placements require considerable support, supervision and contact with the commissioning organisation as the person with intellectual disability is living with them on a full time basis. Shared living families take responsibility for the person's needs in addition

to their daily living and care needs e.g. medical appointments and attending reviews and care plans. The commissioning organisation of the Home Sharing shared living strand should have a minimum of 1 WTE social work, 0.5 WTE co-ordinator and 0.5 WTE administrative assistant to manage, supervise and coordinate up to twenty (20) placements.

If a scheme develops and expands to more than one of the three types of Home Sharing (Short Breaks / Contract Families / Shared Living) such as in the example given in Figure 5, an overall Manager/Principal Social Worker or equivalent will need to be appointed to have an overall collective accountability for the scheme and the substantial amount of Home Sharing and full time placements that are being provided for.

The Home Sharing team provides the majority of support to Home Sharing families via the Home Sharing link social worker and the co-ordinator with the support of the clerical administrative role. The co-ordinator will have regular contact with Home Sharing families regarding training, scheduling and allowance payments. The link social worker will be in contact with the Home Sharing family on a regular basis to supervise and provide support for placements in addition to assessing the Home Sharing family's capacity for Home Sharing on an ongoing basis. This involves regular phone contact and home visits. The work involved in a Home Sharing service requires staff to be able to work flexibly and be able to respond to crisis needs on a regular basis.

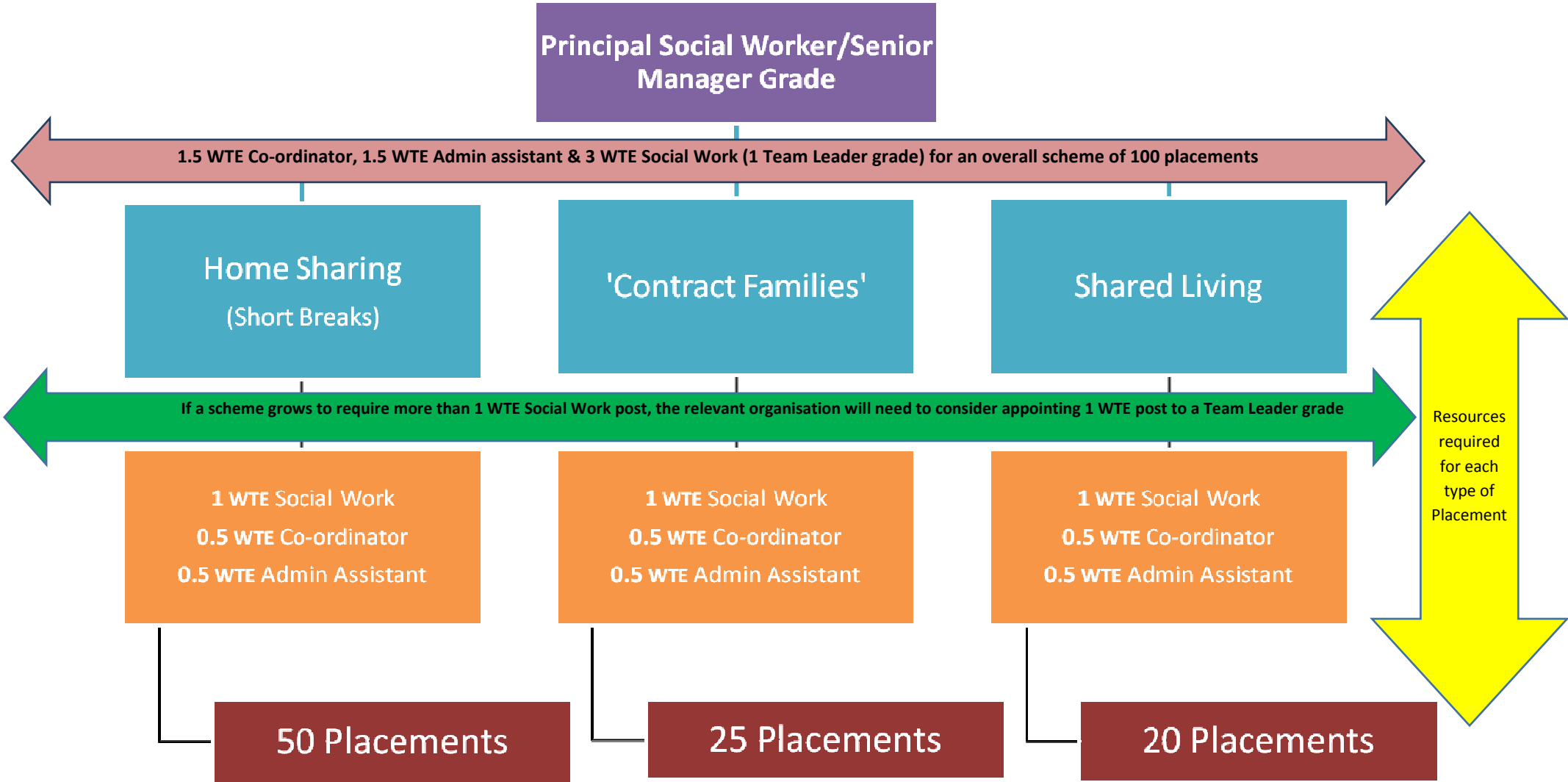
Appropriate WTEs and staffing structures are essential to Home Sharing services as they are being provided to people with an intellectual disability in people's own homes in the community. It is vital to ensure that safeguarding children and vulnerable adults within Home Sharing services are managed appropriately and overseen by appropriately qualified and trained staff. Staff working as part of a Home Sharing service needs to be flexible to meet the needs of the service. For example, the majority of home visits as part of a Home Sharing assessment will need to be conducted in the potential Home Sharing family's home during the evening time. The Home Sharing training course will also need to be delivered during evenings and weekends to accommodate families. Flexibility and crisis intervention models of working will be required of staff in ensuring that needs are met in the event of emergencies and unplanned eventualities with placements. It is imperative that safeguarding is an underlying theme throughout all areas of Home Sharing services.

The information in [Figure 5](#) is based on information gathered from schemes throughout Ireland by the National Home Sharing and Short Breaks Network (NHSN), information gathered in the

2012 report on Respite/Residential Care with Host Families in Community Settings and information gathered from Fostering services. Figure 5 does not include the resource required organisationally from Key workers, casework social workers and other relevant staff members such as multi-disciplinary teams, day service staff and others as required.

Figure 5:

Staff Resources required for the functioning of Home Sharing Schemes



Sean

Sean is a 14 year old boy who avails of Home Sharing with two families. Sean commenced Home Sharing in 2011 when he was 8 years old. In total, Sean avails of 16 nights per month Home Sharing - eight nights with a Home Sharing family and eight nights with a contract family. Sean lives at home with his mother and his younger sibling. Dad is not involved with Sean and does not provide any support to the family. Mum has very little social or family support and she has a diagnosis of depression and anxiety. Mum says Home Sharing is vital in allowing her to continue caring for her son. Mum describes both Home Sharing families as her 'rocks' and she does not know what she would do without them. Without the support she and her son receive from Home Sharing Mum acknowledges that she would be unable to manage and Sean would most likely be in a full time residential placement. Mum has built up a wonderful relationship with both Home Sharing families and they are very supportive towards her. Both Home Sharing families often go above and beyond what is expected of them in terms of Home Sharing. They are flexible in terms of their scheduling and have often provided Home Sharing for Sean when he is quite ill and mum is unable to care for him or at very short notice if mum is feeling unwell. Both Home Sharing families have needed to seek medical care and attention for Sean on occasions and have stayed with him overnight if admitted to hospital and they have often provided 24 hour sessions during the week if Sean is too unwell to attend school.

Sean has a number of medical conditions and diagnoses of intellectual disability, cerebral palsy, ASD, OP Dysphasia and Epilepsy. Sean is prescribed various medications and both his Home Sharing families are kept up to date regarding changes to his medications or dosages. Sean is non-verbal, experiences sensory difficulties, allergies and reflux. Sean is nil by mouth and he is PEG fed. Sean also experiences seizures and he is prescribed Buccal Midazolam which is medication to be administered in the

event of Sean experiencing a prolonged seizure. Sean requires assistance with all aspects of his personal care and is doubly incontinent. Most recently, there has been a noticeable decline in Sean's mobility since his last stay in hospital where Sean became very unwell and needed to be placed on life support.

Sean's health can deteriorate quite rapidly and he requires round the clock supervision and monitoring regarding his health care needs. Despite Sean's complex needs, both Home Sharing families really enjoy their Home Sharing experience and are happy to support Sean in any way they can. They have built up a great relationship with Sean and his family and their own children are very fond of him and look forward to his Home Sharing visits. They often refer to Sean as '*part of the family*'. Sean receives an individualised service through Home Sharing as both Home Sharing families are very attuned and vigilant regarding Sean's health care needs and support Sean in doing the activities which he enjoys for example- going out for walks, going to the woods, watching his favourite DVDs and reading. Sean is very much included in all family activities and social activities by both Home Sharing families. All feedback from the natural family and both Home Sharing families indicate that Sean seems very happy with his Home Sharing placements and he has settled in very well with both Home Sharing families. Over the years, the number of Home Sharing sessions has increased in response to the changing needs of Sean and his family. The level and type of individualised support provided through Home Sharing is just right for Sean and his family. The flexibility of Home Sharing allows us to be more responsive to Sean and his family's needs when necessary.

9. Conclusion

Home Sharing as a model of service provision to people with intellectual disability has been in operation in Ireland since the mid 1980s. The service has developed over the years in response to alternatives to centre based respite and residential care (community and institutional). There have been developments in Home Sharing within some intellectual disability organisations however, this is inconsistent nationally. In some areas Home Sharing has developed positively over the last ten years in response to service providers offering alternatives to traditional models of centre based respite and residential group home living for people with intellectual disability.

While acknowledging Home Sharing as a progressive model of support there is however, no current legislation underpinning the regulation of Home Sharing in Ireland. This is essential in supporting a consistent level of service and standards nationally. There is an inequity in the protection afforded to children with intellectual disability who are in Home Sharing arrangements on a full time basis but are not under the protection of a care order. Children with intellectual disability who have been under the protection of a care order whilst living with a Home Sharing family or a Foster Care family and continue to reside in the care of that family once they become adults are vulnerable due to a lack of clear responsibility as to who should monitor the placement of the vulnerable adult once TUSLA has ceased involvement.

What has emerged over the life time of this working project on Home Sharing in Ireland is that there is a very limited monitoring and management resource allocated to Home Sharing nationally and as such there remains a significant risk to the 853 people who are currently in receipt of this service. Significant gaps remain throughout Ireland in terms of access to the service with 84% of the service being delivered through CHO areas 2, 3, 8 and 9 which is not in line with the HSE National Service Plan (NSP) 2016. The HSE NSP (2016) states that the overall vision is access to fair, equitable, timely, quality and safe health.

Notwithstanding these obstacles the **National Expert Group advocates for the continued development of Home Sharing services** as the evidence both nationally and internationally shows that this type of service provision is an individualised, person-centred and inclusive model of service as it supports people with intellectual disability to receive support with regular families in the community. Nonetheless, Home Sharing requires a significant investment and commitment by the

HSE for it to continue as it (a) currently stands and (b) for its future development. To support the HSE with the implementation of Home Sharing and its further development, the National Expert Group has made a number of recommendations for approval by the HSE Senior Management Team.

10. Recommendations

Recommendations 1-8 below requires a commitment and follow up from the HSE Social Care division in order to implement the structure required to manage, monitor and safeguard the existing Home Sharing service in existence in Ireland. A commitment is also required to further develop Home Sharing in line with chapter eight (8) of this report. Recommendation 8 and 9 requires follow up from the HSE Social Care Division with the Department of Health and the Department of Finance respectively in order to progress the necessary amendments required to the legislation in order to safeguard and protect people with intellectual disability in current Home Sharing arrangements and for safeguarding further developments in this area. Recommendations 10 and 11 require follow up with both the HSE and TUSLA in order to establish clear pathways for people with intellectual disability in receipt of services and not protected by a care order. This also includes people with intellectual disability who are in State care and are reaching adulthood and require Home Sharing.

1. An appropriately resourced staffing infrastructure to be put in place with immediate effect to manage, monitor and safeguard the current Home Sharing placements that are in operation throughout Ireland in line with **Figure 5** contained in this report. This should include a multi-annual investment until the existing quantum of Home Sharing service provision is appropriately resourced.
2. Further investment in Home Sharing in the form of staff resources and allowances paid to Home Sharing families should continue and be further developed in line with the HSE Service Planning process.
3. Allowances paid to Home Sharing families should be standardised and in keeping with the HSE (2012) report, fostering allowances and also as documented in chapter 5 of this report, sub section 5.2 '*Allowances paid*'. In addition, a standardised retainer allowance

of €10,000 per annum to be paid to Home Sharing 'Shared Living' families providing full time support to a person with intellectual disability. For Home Sharing 'Contract' families a pro rata retainer allowance to be paid as outlined in section 5.2.2 '*Home Sharing contract family allowance*'.

4. The HSE to appoint a National Lead with expertise in Home Sharing to support the implementation of this report. Based on the HSE National Guidelines the HSE national lead will monitor Home Sharing, provide support and guidance to the existing and new Home Sharing schemes as the model roles out across the nine CHO areas. The national lead will inform the service planning process and progress with the further development of Home Sharing services in Ireland.
5. The term 'Home Sharing' to be the recognised umbrella term nationally when referring to people with intellectual disability in Home Sharing arrangements. Home Sharing to be subdivided into three categories of 'Short Breaks', 'Contract Families' and 'Shared Living'.
6. National key performance indicator (KPI) collection data tools to be amended to take account of Home Sharing as a standalone non centre based service. In addition, service arrangements (SA) to be amended to take account of this change.
7. The HSE National Guidelines for Home Sharing (section 2 of this report) to be adopted by the HSE and implemented nationally to ensure best practice for the operation of Home Sharing within intellectual disability services in Ireland. These include detailed guidance on training, safeguarding, vetting and assessments of Home Sharing families in addition to providing clear guidance on the processes required for efficient, effective and safe practice.
8. Given the anomalies and differences in allowances paid by service providers throughout the country the National Expert Group recommends that allowances paid to Home Sharing families for Home Sharing are in keeping with Chapter 5 of this report.

9. Existing Irish legislation needs to be amended to include Home Sharing as a model of service provision to people with intellectual disability. The Health Act (2005) should be amended to incorporate regulations for the safe and proper discharge of Home Sharing.
10. Section 192 (b) of the Finance Act (2005) to be amended to reflect the equivalent protection to the Home Sharing scheme as provided for Foster Carers in relation to fostering allowances. During the interim, the National Home-sharing and Short-breaks Network (NHSN) guidance on tax issues should be utilised by Home Sharing families.
11. The HSE and TUSLA to establish a working group to clarify the position of each agency with regard to children with intellectual disability who are in the care of Services on a full-time basis but do not have the protection of a care order.
12. The HSE and TUSLA need to ensure that a clear pathway of responsibility is agreed as to who should monitor the placement of the person with intellectual disability who has been in State care once TUSLA has ceased involvement with the individual. This needs to be agreed between TUSLA, the HSE and the relevant service provider prior to the child leaving the care of TUSLA. If the Foster Care family are no longer a foster family with TUSLA but continue to provide a placement to the person with intellectual disability, the family and placement needs to be supervised by the HSE or relevant service provider with the support of appropriate regulations.

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www.nhsn.ie

12. Appendices

12.1 Appendix I

Draft Legislation and Regulations.

Home Sharing Regulations for People with Intellectual Disability

Part 1 – Preliminary Provisions

The Minister for Health, in exercise of the powers conferred on him/her by Section 10 (2) of the Health (Nursing Homes) Act, 1990 (No. 23 of 1990) hereby makes the following Regulations:-

Citation.

1. These Regulations may be cited as the Home Sharing Regulations for People with Intellectual Disability.

Commencement.

2. These Regulations shall come into operation on the first day of 2016

Interpretation.

3. In these Regulations:—

"the Act" means the [Health \(Nursing Homes\) Act, 1990](#) (No. 23 of 1990),

"designated officer" means an officer designated by the Health Service Executive, its servants or agents to carry out functions under these Regulations,

"dwelling" means the house where the person is cared for,

"host carer" means a person or persons who, on behalf of the Health Service Executive(HSE), its servants or agents takes care of a person with an intellectual disability in the host carer's home,

"the Home Sharing" scheme for people with intellectual disability means a scheme whereby host carers provide care in the host's home to people with intellectual disability. This may be on a temporary or permanent basis,

"Disability" has the meaning assigned to it in the Disability Act 2005,

"medical practitioner" means a person registered in the general register of medical practitioners established under [Section 26](#) of the [Medical Practitioners Act, 1978](#) (No. 4 of 1978),

"The Minister" means the Minister for Health & Children,

"person" means a person with an intellectual disability who, in the opinion of the HSE, its servants or agents, would benefit from being placed with a host carer,

"servants or agents" are those Voluntary Agencies who have a service agreement with The HSE or its servants or agents are funded under Section 38 and Section 39 of the Finance Act 2004.

"record" means any record kept or retained in pursuance of article 13 of these Regulations including any book, card, form, tape, computerised record, film or notes,

"relative" means a spouse, parent, parent-in-law, stepfather, stepmother, child, stepchild, grandchild, brother, stepbrother, sister, stepsister, uncle, aunt, niece, nephew.

Part II Promotion of Welfare of the Person

Welfare of the person

4. In any matter relating to-

- (a) the placing of a person in a host carers home,
- (b) the review of the case of the person placed,
- (c) the removal of person from Home Sharing in accordance with these Regulations,

The HSE or its servants or agents shall, having regard to the rights and duties of persons under the Constitution or otherwise-

- (i) regard the welfare of the person as the first and paramount consideration, and
- (ii) in so far as is practicable, give due consideration, having regard to his or her age and understanding, to the wishes of person

Part III Pre-Placement Procedures

Assessment of Host Carers

A person will not be placed unless:

- (1) (a) the host carers have furnished to The HSE or its servants or agents
 - (i) a written report by a registered medical practitioner on their state of health,
 - (ii) the names and addresses of two referees who are not related to them and whom The HSE or its servants or agents may consult as to their suitability to act as host carers
 - (iii) all necessary authorizations to enable the board to obtain a statement from the Garda Síochana as to whether any convictions have been recorded against them, or against other relevant members of their household, and
 - (iv) such other information as the HSE may reasonably require;
 - (v) TUSLA background checks to ensure applicant is not known for child protection reasons.
- (b) an assessment of the suitability of those persons and their home has been carried out by an authorised person;
- (c) a report in writing of the assessment has been considered by a committee established under sub-article (3) of this article and the committee is satisfied, having regard to the said report and the information furnished to or obtained by the board pursuant to this sub-article, that they are suitable persons to act as host carers on behalf of

the HSE and its servants or agents.

(d) Those host carers have received appropriate advice, guidance and training in relation to care of people with an intellectual disability.

(2) The HSE or its servants or agents shall establish one or more committees to examine applications from persons wishing to be placed on a panel.

(3) A committee established by the HSE or its servants or agents shall be composed of people with expertise in matters affecting the welfare of persons.

(4) Potential host carers who apply to the HSE or its servants or agents to be placed on a panel maintained by the HSE or its servants or agents under sub-article (1) of this article shall be informed in writing by HSE or its servants or agents of the outcome of their application.

Assessment of circumstances of person.

(5) (1) Subject to sub-article (1) of this article, the HSE or its servants or agents before placing a person with host carers, carry out an assessment of the persons circumstances.

(6) Where a person is placed with host carers in an emergency, the HSE or its servants or agents carry out an assessment of the persons circumstances as soon as practicable.

Contract and Terms of Service Agreement

(7) The HSE or its servants or agents shall enter into a contract with host carers in respect of any person placed in accordance with these Regulations.

Information on Person.

(8) (1) The HSE or its servants or agents before placing a person with host carers shall

furnish them with such of the particulars set out in the Second Schedule to these Regulations.

(9) The HSE or its servants or agents may take available additional information on the person to the host carers to enable them to take care of the person.

Care plan.

(10) (1) The HSE or its servants or agents before placing a person with host carers prepare a plan for the care of the person which among other matters will deal with –

- a. the aims and objectives of the placement,
- b. the support to be provided to the person and the host carers,
- c. the arrangements for access to the person by a parent, relative or other named person,
- d. the arrangements for the review of the plan.

(2) Where a person is placed with host carers in an emergency, the HSE or its servants or agents shall prepare the said plan as soon as practicable.

Part IV Monitoring of Placements

Maintenance of register.

(11) (1) The HSE or its servants or agents or its servants or agents shall establish and keep one or more registers in which shall be entered particulars in relation to people placed with host carers.

(2) An entry in the register with respect to a person shall include such of the following particulars as are available.

- (a) the name, sex and date of birth of the person,
- (b) the names and addresses of the relatives,
- (c) the names and addresses of the host carers with whom the person has been placed,
- (d) the date of placement, and
- (e) where the person ceases to be placed with those host carers the date on which the placement ceased.

Support Services for Host Carers

(12) The HSE or its servants or agents its servants or agents shall subject to any general directions given by the Minister, make available to host carers such support services, including advice, guidance and training as considers necessary to enable them to provide appropriate support to persons placed with them by the HSE or its servants or agents.

Duties of Host Carers.

(13) (1) It shall be the duty of host carers who are taking care of a person in Accordance with the Regulations to take all reasonable measures to promote the Person's health, development and welfare.

(2) Without prejudice to the generality of sub-article (1) of this article, host carers

shall in particular-

- (a) permit any person so authorised by the HSE or its servants or agents to see the person and visit the home from time to time as may be necessary in the interest of the person,
- (b) co-operate with a person so authorised and furnish that person with such information as the person may reasonably require,

- (c) ensure that any information relating to the persons or the persons family is treated confidentially.
- (d) seek appropriate medical aid for the person who suffers from illness or injury,
- (e) inform the HSE or its servants or agents as soon as practicable of any significant event affecting the person,
- (f) inform the HSE or its servants or agents of any change in their circumstances which might affect their ability to care for the person.
- (g) co-operate with HSE or its servants or agents in facilitating access to the person by a parent or other person who is allowed such access,
- (h) give the HSE or its servants or agents at least twenty-eight days' notice of any intended change in their normal place of residence,
- (i) give the HSE or its servants or agents prior notice of any such absence the duration of which is likely to exceed seventy-two hours.

Supervision and visiting of persons placed.

(14) (1) A person who has been placed with host carers by the HSE or its agents shall be visited by an authorised person as often as the HSE or its servants or agents considers necessary, having regard to the plan for the care prepared by the HSE or its servants or agents.

- (a) at intervals not exceeding three months during the period of two years commencing on the date on which the person is placed with the host carers, the first visit being within one month of that date, and
- (b) thereafter at intervals not exceeding six months.

(2) Where, following a visit to a person in host care the HSE or its servants or agents is of the opinion that any matter relating to the persons placement is not in compliance with these Regulations, the HSE or its servants or agents shall take appropriate action to ensure compliance with these Regulations, the HSE or its servants or agents shall take appropriate action to ensure compliance with these Regulations.

(3) A note of every visit to a person with host carers in accordance with this article shall be entered in the case record related to the person together with particulars of any action taken as a result of such visit.

(15) In reviewing the case of a person placed with host carers shall, having regard to the HSE or its servants or agents –

- (a) any views or information furnished by the person, relatives of the person, the host carers and any other person whom the board has consulted in relation to the review,
- (b) a report of a visit to the person in accordance with these Regulations,
- (c) any other information which in the opinion of the HSE or its servants or agents is relevant to the case of the person,

consider-

- (i) whether all reasonable measures are being taken to promote the welfare Of the person.
- (ii) whether the care/support being provided for the person continues to be suitable to the persons needs.

(4) Decisions taken by the HSE or its servants or agents as a result of a review under this article shall be made known by the host carers where practicable, to the person.

Proposed Dwelling.

5. (1) The HSE or its servants or agents shall satisfy itself that a proposed host carer is a fit person and that a proposed dwelling is suitable for the person to be living in. This will involve an assessment of the host carer.

(2) Where it is proposed that a dwelling would be used under these Regulations, the person who proposes to become the host carer shall permit a designated officer to enter and

inspect the dwelling and meet all persons normally resident in the dwelling and shall afford the said officer such facilities and information as required for this purpose. The designated officer will ensure that a Garda clearance is procured on the host carer and all other residents over 18 years in the dwelling.

Maintenance, Care and Welfare.

6. The host carer shall provide the following for a person in his or her care:—

(a) suitable and sufficient care having regard to the needs, welfare and well-being and reasonable wishes of the person;

(b) suitable, sufficient, nutritious and varied food, properly prepared, cooked and served;

(c) adequate supervision by the host carer having regard to the needs of the person;

(d) adequate attendance by another suitable person during any period of absence of the host carer.

Privacy.

7. The host carer shall ensure that the privacy of the person being cared for shall be respected.

Number to be Accommodated.

8. (1) The maximum number of persons at any one time to be cared for in the dwelling shall not exceed three persons and the maximum number of persons to be accommodated in shared bedrooms in the dwelling shall not exceed two persons.

(2) Where the host carer enters into an arrangement with the HSE or its servants or agents to care for a person, the host carer shall not maintain in the dwelling any other person, excluding a relative, for whom a payment is made.

Accommodation.

9. The host carer shall provide:—

- (a) suitable and sufficient single and shared bedrooms;
- (b) suitable and sufficient insulation, lighting and ventilation, including natural light and ventilation;
- (c) adequate heating in bedrooms and day rooms, occupied by the person being cared for;
- (d) a sufficient supply of piped hot and cold water;
- (e) adequate bathroom facilities;
- (f) adequate arrangements for the laundering of linen, clothes and other articles belonging to or used by the person being cared for;
- (g) access to a telephone.

Cleanliness.

10. The host carer shall ensure that the dwelling is maintained:—

- (a) in a proper state of repair, and
- (b) in a clean and hygienic condition.

Safety.

11. The host carer shall ensure that:—

- (a) there is a safe floor covering;
- (b) precautions are taken against the risk of accidents to any person being cared for in the dwelling;

(c) a designated officer is informed of any accident, involving the person being cared for within forty-eight hours of the event.

Personal Possessions.

12. The host carer shall ensure that:—

(a) adequate space is provided for a reasonable number of personal possessions;

(b) the personal belongings of the person being cared for are kept in a safe place.

Visits.

13. The host carer shall encourage the person being cared for to maintain contact with anyone of his or her choosing and shall enable the person to receive visitors in private at all reasonable times.

(2) The HSE or its servants or agents shall maintain a list of host carers which shall be made available to members of the public.

Death of a person being cared for.

14. If a person dies the householder shall:—

(a) notify immediately the individual nominated under article 13 (b) to act on behalf of the person being cared for;

(b) notify in writing a designated officer in whose functional area the person resides of the death within forty-eight hours.

Complaints.

15. (1) A person living in a dwelling or an individual acting on his or her behalf may make a complaint to the chief executive officer or a designated officer of the HSE or its servants or agents.

(2) A complaint shall be made in writing, save as provided in article

(3) The HSE or its servants or agents may cause a verbal complaint to be considered and investigated, where they are satisfied that it is not possible to make a written complaint and that the complainant is acting in good faith.

(4) A complaint may be made in relation to any matter concerning the dwelling or the maintenance, care and welfare of a person being cared for.

(5) The HSE or its servants or agents shall cause a designated officer to consider and investigate any complaint made by or on behalf of a person.

(6) The HSE or its servants or agents shall cause a designated officer to inform the host carer that a complaint is investigated.

(7) Where a complaint is upheld following consideration and investigation, the HSE, its servants or agents may issue a direction to the host carer concerned, requiring him/her to take specified action in relation to the matter complained of.

(8) A host carer shall comply with a direction of the HSE or its servants or agents under this article.

(9) The HSE or its servants or agents following consideration and examination of a complaint under this article shall inform the complainant of the outcome of the consideration and investigation.

Payments.

16. (1) The total amount paid to the host carer will be equivalent to that paid to foster parents under the Placement of Children in Foster Care Regulations 1995. Where an adult is placed on a long term basis he or she will pay an amount agreed with the host from his/her Disability Allowance towards the cost of his/her care.

Confidentiality

During the course of his or her work the host carer will have access to confidential information concerning the personal and medical affairs of the person placed in his or her care. The host carer shall not use or communicate to any person any confidential information except in the

proper course of their duty, as required by law or as authorized by the scheme, or the appropriate organisation.

17. The householder shall not administer medication prescribed for the person, unless agreed in writing with the person's medical practitioner.

Termination of Placement.

18. (1) The HSE or its servants or agents may terminate an arrangement with a host carer at any time, following consultation with the person or his/her guardian/next of kin.

(2) A host carer may terminate an arrangement with the HSE, subject to giving the HSE or its servants or agents twenty-eight days notice in writing of the proposed termination.

(3) A person or his/her guardian/next of kin may terminate an arrangement, subject to giving the host carer and the HSE or its servants or agents twenty-eight days notice in writing of the proposed termination.

(4) An agreement may be terminated in an emergency situation by a host carer or person being cared for, without the notice required by articles 20 (2) and (3) being given, provided that the HSE or its servants or agents has been informed by the host carer or the person being cared for prior to the termination of the arrangement.

Insurance.

19. The host carer shall ensure that persons in his or her care are adequately insured against injury while resident in the dwelling.

Enforcement.

20. These Regulations shall be enforced and executed in the functional area of the HSE or its servants or agents.

12.2 Appendix II

Foster care payments etc. **11.**—The Principal Act is amended in Chapter 1 of Part 7 by inserting the following after section 192A (inserted by [the Finance Act 2004](#)):

“192B.—(1) In this section—

‘carer’ means an individual who is or was a foster parent, **host carer** or relative or who takes care of an individual on behalf of the Health Service Executive; **its servants or agents;**

‘foster parent’ has the meaning assigned to it in the Child Care (Placement of Children in Foster Care) Regulations 1995 ([S.I. No. 260 of 1995](#));

‘host carer’ means a person or persons who, on behalf of the Health Service Executive, its servants or agents, takes care of an individual with an intellectual disability and/or Autism in the host carers home and host carer shall be construed accordingly. (The Host Caring Regulations of Adults with an Intellectual Disability 2010)

‘disability’ has the meaning assigned to it in the Disability Act 2005.

‘relative’ has the meaning assigned to it in the Child Care (Placement of Children with Relatives) Regulations 1995 ([S.I. No. 261 of 1995](#)).

(2) This section applies to payments made—

(a) to a carer by the Health Service Executive in accordance with—

(i) article 14 of the Child Care (Placement of Children in Foster Care) Regulations 1995, or

(ii) article 14 of the Child Care (Placement of Children with Relatives) Regulations 1995,

(b) at the discretion of the Health Service Executive to a carer in respect of an individual—

(i) who had been in the care of a carer until attaining the age of 18 years,

(ii) in respect of whom a payment referred to in paragraph (a) had been paid until the individual attained the age of 18 years,

(iii) who since attaining the age of 18 years continues to reside with a carer, and

(iv) who has not attained the age of 21 years or where the person has attained such age, a disability or is in receipt of full-time instruction at any university, college, school or other educational establishment and such disability or instruction commenced before the person attained the age of 21 years,

or

(c) in accordance with the law of any other Member State of the European Communities which corresponds to the payments referred to in paragraph (a) or (b).

or

(d) at the discretion of the Health Service Executive, its servants or agents, to a carer who takes care of an individual who suffers from a disability and/or Autism, whether or not on a regular basis.

(3) Payments to which this section applies are exempt from income tax and shall not be taken into account in computing total income for the purposes of the Income Tax Acts.”.

12.3 Appendix III

Job Descriptions to Support Home Sharing

Link Social Worker in Home Sharing

The social worker post will be governed by the general job description for social work for the commissioning organisation. In addition, the standard roles and responsibilities for social workers within the commissioning organisation and under CORU, the Home Sharing social worker will be involved in all aspects of the recruitment, training, assessments, support and supervision of Home Sharing and will include the following:

- The link social worker will participate, facilitate and train Home Sharing families in line with the HSE National Guidelines for Home Sharing in Ireland.
- The link social worker will familiarise themselves with the protocols, standards, and the guidelines of the National Standards for Foster Care.
- The link social worker will be responsible for ongoing training of Home Sharing families.
- The link social worker will provide regular supervision and support to Home Sharing families and their families.
- The link social worker will ensure that the Home Sharing families understand, accept and operate within all relevant standards, policies and procedures of the commissioning organisation and that of the HSE and TUSLA.
- The link social worker will ensure that Home Sharing families receive all relevant information and advice about the service users including background history, health, education, cultural, religious, sexual development issues and any vulnerabilities and risks.
- The link social worker will provide Home Sharing families with specific written information about the commissioning organisations policies and procedures.
- The link social worker will provide Home Sharing families with the relevant information regarding complaints or allegations made against them and the supports available in such an event.
- Meet with Home Sharing families on a regular basis and assess their homes in line with Health and Safety Guidelines and in line with the changing needs of their placement(s).
- The link social worker will organise and facilitate Home Sharing family support meetings.

- The link social worker will meet with the service users' social worker/Key worker and visit the Home Sharing family's home together to make arrangements for any new placement, and draw up a Placement Agreement.
- The link social worker will maintain up to date records of all contacts and meetings with the Home Sharing families, to include issues discussed, requests for additional support and responses to these requests.
- The link social worker will ensure that Home Sharing families are informed of their rights of access to records pertaining to them.
- The link social worker will ensure that there are supports in place for Home Sharing families which should include supports from multi disciplinary teams as required.
- The link social worker will work in partnership with the Home Sharing co-ordinator to effectively manage and develop Home Sharing.
- The link social worker will assist the Home Sharing co-ordinator with the recording of placements provided for the purposes of Key Performance Indicators (KPI's).

The following are additional responsibilities that are required from the link social worker in relation to 'Contract Families' and 'Shared living' Families:

- Due to the nature and intensity of the placements being provided by Contract Families and Shared Living Families the link social worker will maintaining regular contact and provide regular and ongoing support and supervision as per the HSE National Guidelines for Home Sharing in Ireland (2016).
- The link social worker will liaise with the Home Sharing co-ordinator regarding the coordinating, assessing and servicing of equipment/adaptations and the relevant training required by Contract Families and Shared Living Families regarding equipment in addition to addressing any transport issues and requirements.
- The link social worker will ensure contract families are adequately informed regarding medical needs and changing needs of their guests.
- The link social worker will liaise with relevant others (service managers, respite managers, etc) regarding the scheduling of placements and to ensure that all relevant parties are notified particularly if the person with intellectual disability receives other forms of respite support.

- The link social worker will ensure that all contract families and their placements are reviewed on an annual basis by the link social worker.
- The link social worker will ensure that all contracts are renewed on an annual basis based on the above reviews and to ensure that all parties are included in the process.

Administrative Position for Home Sharing Grade III (Clerical Officer)

Duties and Responsibilities include:

- Maintaining up-to-date records, files and KPI's of all Home Sharing placements.
- Administering payments and allowances. Keep up-to-date budgetary analysis for Home Sharing as directed by the co-ordinator and the link social worker.
- Ascertain training needs in partnership with the co-ordinator, link social worker and service manager and to assist in the development of specific training programmes.
- Accessing up-to-date Home Sharing information.
- Attend, take minutes and keep records of meetings.
- Develop and maintain a database for all active Home Sharing families, people in receipt of the service, training needs, reviews, etc.
- Assist with the recruitment, training and assessments of Home Sharing families.
- Typing of assessment reports from written and audio sources.

Home Sharing Co-ordinator (CNM II/Grade VI)

- Develop Home Sharing by working in partnership with people with intellectual disability, their families or significant others, the service providers, the link social worker(s) and the multi- disciplinary teams, ensuring good communication and coordination of supports.
- Link with Home Sharing families on a regular basis as part of the overall support to the Home Sharing family in partnership with the link social worker.
- Work in partnership with the centre based respite co-ordinator, The Home Sharing link social worker, the community/family support co-ordinator and other relevant staff in identifying the service needs and to coordinate existing service provision and future planning.
- Work with the centre based respite co-ordinator in planning and scheduling of all forms of respite provision to ensure a quality service and to avoid duplication for individuals and families.
- Work with the Home Sharing team to prioritise respite applications.
- Schedule all Home Sharing family placements for individuals in the services by contacting Home Sharing families and others, each month, to schedule services for the coming month.
- To assist the link social worker to liaise with all relevant services i.e. respite and residential services for children and adults, managers, team leaders, social workers, key Workers, transport personnel and others to ensure good communication and coordination of supports for the individuals availing of Home Sharing placements under all strands of the scheme.
- Arrange and facilitate support meetings for Home Sharing families in partnership with the link social worker.

- Oversee the updating and review of files generally and in line with the Home Sharing panel decisions.
- Direct and supervise administrative support to the Home Sharing service.
- Ensure placement review updates are completed to include medical records of the Home Sharing guest.
- Assist with Home Sharing family reviews and coordinate the completion of Garda Clearance, TUSLA vetting, medical checks and references of each Home Sharing family as per HSE National Guidelines for Home Sharing.
- Work in partnership with the service manager to ensure that services are delivered in accordance with the agreed budget, which includes monitoring and authorising payments to Home Sharing families and contract obligations. Liaise with the team regarding relevant resource matters and with Home Sharing families regarding the payment of allowances.
- Maintain a record of placements provided and maintain KPI (Key Performance Indicator) records and to liaise with the HSE as necessary.
- To respond appropriately to crisis situations and manage appropriately with colleagues.
- Review and organise training needs and support the implementation and delivery of training.
- Support the development of Home Sharing as a viable sustainable support option for individuals across the services.
- To perform other duties assigned from time to time by the Home Sharing team leader or service manager. All duties must be carried out in person at all times.

- The role of the post holder will not be limited by reference to this job description. It would be expected that the role will evolve as professional, structural and service user demands and the post holder will be expected to demonstrate flexibility skills that will facilitate this.

Home Sharing in Intellectual Disability Services in Ireland

Section 2

HSE National Guidelines for Home Sharing

For the Operation of Home Sharing within Intellectual Disability Services in Ireland

2016

Foreword

Good Practice Guidelines for the Operation of Home Share have been developed by the Brothers of Charity Services Galway and adopted by the National Home-sharing and Short-breaks Network (NHSN) as National Guidelines for Home Sharing. Significant time and effort has been afforded to these guidelines with the support from the Brothers of Charity Services Galway and in particular Ms Cathy Byrne, Social Worker, Brothers of Charity Services. In addition, members of the Approvals Panel of Home Share Galway considered each item carefully and agreed to ratify the guidelines for Home Share Galway confident that the document was that of a very high quality.

The National Expert Group for Home Sharing in Ireland in recognition and appreciation of the work already undertaken by Home Share Galway has agreed to adopt these National Guidelines and they will be referred to as the ***HSE National Guidelines for the Operation of Home Sharing in Intellectual Disability Services in Ireland.***

I would like to take this opportunity to thank Ms Cathy Byrne and the Brothers of Charity Services for allowing these guidelines to be further developed and used for Home Sharing in Intellectual Disability Services in Ireland.

Dr Donal Fitzsimons

National Disability Specialist, HSE Social Care Division & Chairperson of the National Expert Group on Home Sharing in Ireland.

1. Introduction

Children and adults with intellectual disability often require the support of a number of services to enhance their health, well-being, and quality of life and those of their families. As a society, the supports provided for people with intellectual disability are driven by the values of equality, the rights of individuals to be part of the community, to plan for their own lives and make their own choices; and to get the personal supports they need for their independence, including short breaks. It is well documented that respite care and shared care is a vital part of the continuum of services for persons with intellectual disability and their families. It helps prevent out of home placements, preserves the family unit and supports family stability.

Home Sharing is a service for a child or adult with intellectual disability, whereby he/she is offered a short break/holiday/full-time placement with another person/family in the community. It links the person to another local family or individual carer who is specifically recruited and trained for this purpose. The underlying goal of Home Sharing is to provide a positive experience for the person with intellectual disability, the carer and other family members so that in the long term, their relationships are supported. Inclusion Ireland defines respite as *'planned breaks for children/adults from their parents or main care giver at a time that is suitable to that family'* (Inclusion Ireland, 2009). This highlights the importance of flexibility and responsiveness to the identified needs of parents/care givers but not to the detriment of the person's enjoyment and wellbeing. Nor should respite breaks be allowed to become residential provision (a more full-time, long-term arrangement, i.e. more than 104 days per annum) without advance planning and agreement. The National Intellectual Disability Database (NIDD Guidelines, 2010) recommends that people requiring breaks on a more frequent basis of more than 104 days should be recorded as requiring a part-time residential service. Trends from the NIDD show that there is a growing need for the provision of residential options and home support options for individuals with intellectual disability. Current service providers of Home Sharing have identified many benefits of this type of service (HSE, 2012).

Home Sharing has developed *piecemeal* in Ireland over the last three decades and is a support service that provides respite and full time support to adults and children with intellectual disability. Home Sharing is an added support service offered to people with an intellectual disability and their families as part of a continuum of service throughout the life of the person with intellectual disability. Home Sharing facilitates people with intellectual disability to spend time away from their

own home and to be supported by individuals and families in the community. People enjoy the opportunity of developing new relationships and being part of new communities whilst enjoying a short break.

Home Sharing was first established as a service option in Ireland in 1985 by Ability West (formerly The Galway Association), Brother of Charity Services Galway and the Muiriosa Foundation (formerly the Sisters of Charity Jesus and Mary Services) to provide summer holiday and short breaks to children and adults with intellectual disability. Home Sharing has developed over the past three decades and facilitates home from home placements for children and adults with intellectual disability throughout the year. Children and adults with disability are matched with an approved Home Sharing family in the community to whom they will visit for short breaks, normally on a planned basis. In recent years Home Sharing has been successful in securing funding from Pobal Enhancing Disability Services Programme (2007) to pilot a contract families project which would serve to offer the same opportunity for short breaks to children and adults with high support needs and to focus on creating a family based alternative to children availing of residential respite in group settings (Genio 2010). These pilot projects have continued to develop nationally and to date there are 858 people with intellectual disability receiving support through Home Sharing (as of 31st March 2016). Most recently, the scheme has moved to develop a Shared Care model with the support of Genio. With this model, part-time and full-time support with Home Sharing families continues to be developed for adults and young people with intellectual disability in a family setting.

1.1 Aims and objectives of Home Sharing

The aims and objectives of Home Sharing are:

- To provide full time support and short breaks to adults and children with intellectual disability.
- To give individuals with intellectual disability and their families greater control and choice in the support service they receive.
- To provide a positive and beneficial living experience for children and adults with intellectual disability in a home environment.
- To provide for socially inclusive participation in the community.
- To strengthen family relationships.

- To respond to the needs of families by offering the family of the person with intellectual disability a break from their routine of giving continual care and the opportunity for them to enjoy their own interests and space.
- To give local communities the opportunity to actively support people with intellectual disability and to create greater awareness of their needs and lifestyle.
- To give service providers the flexibility to deliver services in ways that respond to the needs of respite users and their carers and families.

1.2 Ethos of Home Sharing

Home Sharing is based on the ethos that children and adults with intellectual disability have equal rights as all citizens. Each person has the right to enjoy the same type of experiences, lifestyle and environment and to be appropriately supported to lead a fulfilled life according to his/her wishes.

1.3 Definitions

1.3.1 The Person

For the purposes of this document, the person refers to any child or adult with intellectual disability availing of Home Sharing.

1.3.2 Intellectual Disability

A disability is a substantial restriction in the capacity of the person to participate in economic, social or cultural life.

1.3.3 The Scheme

The scheme refers to Home Sharing.

1.3.4 Placement

The placement is the arrangement between the scheme, the person and/or parent/guardian and the Home Sharing family. It also describes where the person stays for short break or full time support.

1.3.5 Respite/Short Breaks

Respite/short break care, provided to a child or adult in order to support the child/adult, his parent(s)/guardian/main carer by providing a break for the child/adult and his/her primary caregivers. Short Breaks/respite refers to regular breaks away from home but not more than 104 nights per annum. A respite/short break placement may be provided in a group or centre-based setting or with a family as in Home Sharing.

1.3.6 Residential care

Residential care refers to the provision of supported accommodation and care away from the person's home for more than 104 nights per year. A person may be provided with full-time or part-time residential care and represents a permanent long-term arrangement for the person. A residential placement may be provided in a group or centre-based setting or with a family as in Home Sharing.

1.3.7 Host Family

A Host Family refers to any household which is providing Home Sharing to a person in their own home. While a Home Sharing family may very well be a single-person household, the term also implies that the person's extended family may be involved in creating a positive experience for the person coming to stay. Also, extended family may be a source of practical support for the host family, as will be agreed at the early stages of the placement.

1.3.8 Home Sharing

In line with current national terminology, all placements are collectively referred to as 'Home Sharing' placements. A '*Home Sharing Family*' refers to a family who is providing breaks or full time support to a person with intellectual disability in their own home. Home Sharing involves a family in the community agreeing to offer a placement to a person with intellectual disability in their home for full time support or short breaks and caring for that person as a member of their family. Home Sharing arrangements are based on the family's availability around work and other caring commitments as this is not generally the family's primary occupation. Expenses are paid per session offered.

There are three strands to home sharing namely:

a) Home Sharing short breaks families

Home Sharing short breaks involves a family in the community offering a placement to a person with intellectual disability in their home for short breaks and caring for that person as a member of their family. Home Sharing short breaks arrangements are based on the family's availability around work and other caring commitments as this is not generally the family's primary occupation. An allowance is usually paid per break provided. Home Sharing short breaks families usually support one or two guests separately for one or a number of short breaks per month.

b) Home Sharing contract families

The physical, behavioural or healthcare needs of some children/adults with intellectual disability are complex and more challenging. In recognition of this, Home Sharing schemes recruit a number of contract families (specialist carers) from their existing pool of approved Home Sharing families. A contract family is contracted by the service provider and offers regular short breaks to children and adults with complex support needs. They are expected to be available for a substantial number of nights such as ten (10), sixteen (16) or twenty (20) per month. With this option, a retainer is usually paid to the contract family and an allowance is paid per session of support provided.

c) Home Sharing shared living families

A Home Sharing shared living family is a family that provides full-time care to a person with intellectual disability similar to a fostering placement. The Home Sharing shared living family make their home available to a person with intellectual disability to share their home on a full-time basis as a member of their family. The person may spend some time during the month with their own family or with another family but their main residence is with the Home Sharing shared living family under this arrangement. With this option, an allowance is paid either monthly or weekly to the Home Sharing shared living family. Some schemes pay a retainer to the family and an allowance per night of support provided.

2. The person with intellectual disability using Home Sharing as a service

2.1 Standards

All Irish residential services for children, including fostering, and those for adults are governed by standards set by the Health Information and Quality Authority (HIQA) (Health Information and Quality Authority, 2011). These standards are compatible with the ethos of Home Sharing and as a participant of Home Sharing; a person shall expect the following:

2.1.1 Quality of Life

- To be supported to exercise choice and control in his/her life and over his/her contribution to his/her community (e.g. choices regarding the placement, before, during and at the end).
- To have his/her privacy respected.
- To have his/her daily life structured according to his/her preferences and needs.
- To be supported to develop and maintain personal relationships.
- To be supported to develop and maintain links with the community according to his/her wishes.

2.1.2 Support

- To receive personalised and sensitive support in accordance with his/her wishes.
- To receive adequate support from suitable people.

2.1.3 Protection

- To be safe and protected from abuse.
- Support to manage his/her behaviour.
- To have appropriate supports to control his/her money.

2.1.4 Development and Health

- To plan his/her personal life.
- To have the best possible health, support to live a healthy life and access to healthcare as required.

2.1.5 Citizenship Rights

- To have information which is understandable and helps he/she make decisions.
- To have his/her right to make decisions respected and their informed consent sought in accordance with legislation and best practice.
- To be facilitated and supported to exercise his/her civil and political rights as citizens.
- To have their application considered on the basis of fair and transparent criteria and to be party to a clear placement agreement.
- To be facilitated to make a complaint, to be listened to and to have the complaint acted upon quickly.

2.1.6 Environment

- To stay/live in a place which is homely and accessible with people who are respectful.
- To be allowed to live a good quality life in a healthy and safe environment.

2.1.7 Governance

- To be involved in a scheme which is governed and managed properly and focused on promoting and developing person-centred services?
- To be involved in a scheme that is clear about its purpose and function.
- To have appropriate records kept about his/her placement for the purpose of ensuring his/her placement is a good placement which is properly supported and supervised.

2.2 Promoting Quality Services

Disability services in Ireland operate person-centred services. The National Disability Authority (NDA) in their report *'Person Centred Planning in the Provision of Services for People with Disabilities in Ireland'*, defines person centred planning (PCP) as a way of 'discovering how a person wants to live their life and what is required to make that possible' (NDA, 2005). Disability service organisations in Ireland use PCP as a model to promote and maintain quality services for people with intellectual disability. Person centred planning (PCP) is also a model used to ensure that the person's needs and goals are the central focus to the development of his/her service. The person's key worker facilitates this process for and behalf of the person with intellectual disability. Some organisations use personal outcome measures (POM's) to measure twenty three (23) outcomes of what people with intellectual disabilities want from their supports or services. These outcomes

form the basis of the quality enhancement and measurement system that emphasises responsiveness to individual needs.

2.2.1 Key worker system

The key worker role in supporting a person with intellectual disability is used where the person has difficulties in communicating their wishes or making informed decisions. These standards place an obligation on service providers to work in close collaboration with the individual's representative. This person will, in many instances, be a family member and can also be a friend, independent advocate, guardian, legal advisor or staff member (HIQA, 2011). A key worker, who can also be a member of staff within an organisation, supports the person with intellectual disability in the development of his/her PCP. The key worker endeavours to ensure that the services are tailor-made to meet the person's needs according to his/her PCP.

The key worker may be located within the person's day service or centre-based residential service. However, in the role of key worker he/she will support the person independent of the service area. In order to adequately support the person and to represent the person's needs and wishes they must be afforded time together on a one-to-one basis to build a working relationship and to allow the key worker to find out what really matters for the person. The key worker shall be familiar with all facets of the person's life and have an understanding of the person's wishes, likes and dislikes and goals for the future.

The key worker plays an intrinsic part in ensuring that the service is catered to the person according to his/her wishes, and that the person has a good quality of life in whatever manner that service is provided. He/she will use established systems to communicate the person's needs and personal goals to management and liaise with multi-disciplinary staff as required.

2.2.2 Social Worker

The role of the social worker in disability services is to support people with intellectual disability and their families and to offer a range of therapeutic interventions to assist people with intellectual disability to have choices and make informed decisions in their lives. They

are often the first point of contact to an organisation for individuals and families in particular. Social workers in intellectual disability services work with individuals with intellectual disability and their families to find solutions when experiencing difficulties in their lives. While safeguarding people with intellectual disability is everyone's responsibility social workers play an important role in ensuring that individuals are protected from abuse and supported if they have been abused with full cognisance of their legal rights and entitlements.

Social workers also support people with intellectual disability by linking them with appropriate agencies in the community and ancillary services within the respective organisation including respite both centre-based and family-based, and family support services. Social workers play a key role in advocating for such services for individuals and prioritising services for those who need it most.

To help ensure an appropriate Home Sharing placement for the person with intellectual disability, it is important that the person's social worker and/or key worker is in a position to support the person in the application and planning of the placement and continues contact with the person to ensure that the placement continues to meet his/her needs according to his/her wishes. The social worker and/or key worker will be expected to support the person in the placement review process by supporting the person to give feedback about the placement.

The social worker is employed by the organisation and linked to the Home Sharing family partaking in Home Sharing. He/she has a specific role in supporting and supervising the Home Sharing family with the primary aim of ensuring the continuity of quality placements that meet each person's needs.

2.3 Planning for placement

2.3.1 The Application Process

Applications are received for children and adults with a diagnosis of intellectual disability. Children (0-5) with a diagnosis of intellectual disability may be referred through the Early Intervention Service. Older children (6-18) with a diagnosis of intellectual disability may be referred through the children's school age team. A child's parents can apply for Home Sharing with the support of the child's social worker or key worker. An adult can apply for Home Sharing with the support of his/her social worker or Key worker. In cases where an individual or family make an application directly, the application will be referred back to the relevant team. The team social worker may be asked to make an assessment of the person's support needs, and respite needs, in particular.

All applications must be submitted on the standard Home Sharing application form. The person's social worker/Key worker may submit an application for Home Sharing on their behalf once the person with intellectual disability and/or his/her family has been consulted and in favour of the application for Home Sharing. Applications for Home Sharing must be signed by the person, their main carer or a person nominated by the person/main carer. Applications are considered by the relevant service provider once they have been formally accepted by the social worker as a suitable referral. The relevant service provider will acknowledge receipt of the application form in writing. Waiting times may vary depending on the availability of a suitable match for the person. Applications are considered by a Matching Panel. Each application is considered by the matching panel in terms of:

- I. Urgency of placement need.
- II. Availability of current Home Sharing families.
- III. The suitability of available Home Sharing families.
- IV. Funding.

The matching panel endeavours to review applications regularly. The person's social worker/Key worker will be updated each time the application is reviewed. Social workers/key workers are asked to pass on updates to the person and/or his/her

parent/guardian/family representative. The matching panel should be notified of any significant changes for the person with intellectual disability.

2.3.2 Record Keeping

Signed consent is sought from the person/parent/guardian to enter the application on a database for the purpose of tracking progress. Basic details (name, DOB, geographical area) are entered onto a waiting list held by the social worker. Once a placement has been established, basic details as well as the agreed frequency of visits are entered into the placements database. The information contained in the application form may be shared with a prospective Home Sharing family as a preliminary to the setting up of a suitable placement. The relevant organisation opens a file for the person once a suitable match has been found and the preliminary introductions commence. The purpose of the file is:

1. To store documentation relating to the placement.
2. To record all contact and correspondence with the person and family.
3. Maintaining quality placements by tracking reviews and follow-up recommendations.
4. To help plan services for the future.
5. To facilitate the person to access information relating to the placement at any time.

2.4 The Matching Panel

The purpose of the matching panel is to provide structure and criteria for matching a person with intellectual disability with a suitable Home Sharing family. The matching panel ensures a good match between each person (and his/her family) and the Home Sharing family. They also ensure that those whose needs are considered greatest are given priority. They also ensure that each match is agreed by the Home Sharing matching panel while at the same time ensuring that professional judgement is guided by a set of relevant conditions (see below).

2.4.1 Procedure

The matching panel consists of the Home Sharing social worker, a TUSLA fostering social worker, a representative from the HSE at case manager/liaison officer level or above and other members of the multi-disciplinary team as appropriate. The matching panel meet

regularly (monthly/bi-monthly) to consider the availability of newly approved Home Sharing families and existing families/carers. The matching panel considers applications for Home Sharing family placements. The matching panel refers to the following sources for information before considering a possible match:

- ✚ Placement application form.
- ✚ The person's assessment of need (AON) report.
- ✚ Clinical reports (if available).
- ✚ Informal information from the person/ person's family/support team.
- ✚ The Home Sharing family assessment form and social work report.
- ✚ Approval panel's recommendations.
- ✚ Feedback from Home Sharing training (e.g. attendance and participation by new Home Sharing families).

Consideration is also given by the matching panel to the following conditions when arriving at a suitable match:

- 1. Type of placement being sought:** The person's (and his/her family's) requirements in terms of frequency and duration of breaks and the likely availability of any prospective Home Sharing family.
- 2. Specific request:** Special consideration will be given to the preferences of both the person seeking a placement and a potential Home Sharing family if either express a preference for a particular arrangement with specific person/family.
- 3. Practical:** Type of accommodation, facilities, safety, location, distance from person's home/day service, practical constraints such as availability of equipment and transport.
- 4. Relationships:** The type of relationship/support the person requires/wants and what the Home Sharing family can offer.
- 5. Expectations:** The person's expectations of Home Sharing and how these match the expectations of a potential Home Sharing family taking into account the motivation/concerns/doubts of the person, his/her family and those of the potential Home Sharing family.

- 6. Personalities:** the likelihood that the person and a potential Home Sharing family will be compatible. It is important to consider any behaviour or personality traits which might give rise to conflict.
- 7. Lifestyles:** Is a potential Home Sharing family's lifestyle compatible with the person's own lifestyle choices and interests. Is a difference in lifestyles likely to constitute a problem, e.g. bedtimes, smoking, socialising, etc?
- 8. Activities:** The range on offer by a Home Sharing family and the likelihood that these will be of interest/benefit to the person with intellectual disability.
- 9. Spiritual Needs:** the Home Sharing family should be willing to respect the person's religious beliefs and to support any associated requirements.
- 10. Racial and cultural factors:** whether the person requires a Home Sharing family with the same racial and cultural background. If not, will the potential Home Sharing family be willing to learn about and respect the cultural traditions of the person.
- 11. Socio-economic factors:** whether there may be any problem linking the person with a Home Sharing family that has a more or less affluent lifestyle.
- 12. Family members and close friends:** the attitudes of those people close to the person and the Home Sharing family. The composition of the person's own household and the type of household composition best suited to the person. (E.g. presence of young children etc.)
- 13. Health and Safety:** Any special interventions or therapies needed by the person and the likelihood that these services could be carried out at the required frequency either locally or by the potential Home Sharing family.
- 14. Support needs of the person:** The person's level of disability together with any medical/mental health conditions and the Home Sharing family's confidence to meet these needs with reference to their skills, experience and knowledge. The person's sense of danger and an assessment of the risks involved should the person be matched with a potential Home Sharing family.
- 15. Health, educational and developmental considerations:** whether there are any programmes essential to maintain the person's welfare and development which should be upheld during placement.
- 16. Priority:** Each person should be allocated a priority weighting according to their needs. Applications are prioritised by the social work departments and service managers through the respective residential and respite committees of each organisation.

2.4.2 The Matching Process

The matching panel lists all applications according to their priority/urgency of need. The needs of the person with the highest priority will be considered having regard to the most suitable Home Sharing families available. Each possible match between the person and any available Home Sharing family is considered and deemed 'suitable', 'unsuitable' or 'inconclusive'. Should the team match the person with intellectual disability with more than one possible Home Sharing family, each match is ranked according to suitability from most suitable to least suitable. Where no "suitable" match exists the team must address the reasons for any inconclusive match and either consider such a match as possible or deem it "unsuitable". This procedure is repeated for the person with the next highest priority rating until each person has been matched with a Home Sharing family or has been considered and found not to have a suitable match.

A provisional decision will be made about each match. The team then reviews all the suggested matches and how they might impact on each other (e.g. if more than one possible match is made for a person or more than one person is matched to the same Home Sharing family) before deciding to proceed with a particular match. A plan is made for the necessary follow-up for each agreed match by the Home Sharing family's link social worker.

In the event that funding acts as a barrier for proceeding with a suitable match for a person with a prioritised need, a submission must be made through the social worker or directly to management before deciding whether a match can/cannot proceed for this reason. The deliberations of the matching panel are recorded as is each matching decision. The progress of each match is reviewed at the next matching panel meeting and recorded. The panel should review all applications on a six-monthly basis.

2.5 Home Sharing Placements

2.5.1 Introductions and establishment of placements

The Home Sharing family is appointed a link social worker on their first placement match. If a possible match is agreed by the matching panel, this option is explored further with the person or the person's parent/guardian/family representative. The person's social

worker/key worker is contacted and they make contact with the person. Basic information about the potential Home Sharing family is shared with the person, including a photo if available. Once the person/ person's family are content to proceed, the link social worker meets with the Home Sharing family to discuss the possibility of a match for their family. Some relevant information as contained in the placement application, including a pen picture and photo of the person if available, is shared with the potential Home Sharing family with a view to setting up an introduction.

A process of information exchange occurs between the link social worker and the person's social worker/Key worker in preparing both families for their first introduction. An introductory meeting occurs, in the Home Sharer's home, and with the support of the link social worker. The person's key worker/social worker should also be present to support the meeting. A series of visits may occur until the person is comfortable to stay without the support of their family member/key worker. Once it is found that this is a worthwhile option for the person, the Home Sharing family will need to receive any necessary instruction from the relevant medical (see below) and/or multi-disciplinary team.

Before the person with intellectual disability stays alone with the Home Sharing family, a Placement Agreement is drawn up, outlining the plan for placement and signed by all three parties, the person and/or his/her parent/guardian family representative, the Home Sharing family and the commissioning organisation. A review date is set (within six months). Further reviews are at intervals as agreed by all parties (not more than two years).

2.5.2 The Placement Agreement

Once it is established that the proposed Home Sharing family is a good match for the person the details of the placement are discussed and a Placement Agreement is drawn up according to the person's wishes and goals. In planning breaks for children and/or vulnerable adults, the person together with the person's parents/guardian/advocate/key worker will be central to the development of the placement plan.

2.5.3 Emergency placements

From time to time, it is necessary to find a placement for a child or adult on an emergency basis whereby the person's parents/guardians are not in a position to support the person through the introductory phase nor are they available to enter into a Placement Agreement. For children, this will be referred to TUSLA, the agency with the primary responsibility for the protection and welfare of children in Ireland. Any child or adult placed with a Home Sharing family on an emergency basis must be supported by a social worker who is in a position to assess this as the most appropriate option for the child/adult at this time. The Home Sharing family must be furnished with sufficient information and training about the person's needs as well as a contact list of relevant family members and support personnel, including that of the person's General Practitioner.

2.5.4 Aims of the placement

The overall aim of any Home Sharing placement is to promote the person's quality of life. The person with intellectual disability chooses the Home Sharing family placement and can choose to leave should the placement become unsuitable. The placement is secure at all times and the person and his/her family can reasonably expect that this placement, once it is established and proven positive, will be protected. In addition, the placement offers the person with intellectual disability opportunities to have relationships, participate in daily life and in community life according to his/her wishes. The Placement Agreement should clearly outline the specific aims of the placement for the person.

2.5.5 Frequency and duration

Home Sharing family sessions are planned in advance according to the person's needs and wishes. It may be decided to commence with short sessions before proceeding to overnights. The dates are arranged in advance. Special requests for extra placements must be directed through the person's social worker/key worker and not to the Home Sharing family directly. However, in case of emergencies, the Home Sharing family may agree to accommodate a special request at short notice. In these circumstances, the Home Sharing family is obliged to notify the commissioning organisation of such unplanned sessions.

2.5.6 Cancellations

Should the person with intellectual disability be unable to avail of their Home Sharing break, every effort should be made to reschedule the placement. However, if the Home Sharing family is not given 24 hours notice, it may not be possible to reschedule. In turn, the Home Sharing family is expected to give as much notice as possible of a cancellation to the person and his/her family and to offer an alternative date. In some cases, it may be necessary and possible to provide the break with an alternate Home Sharing family.

2.5.7 Transport

It is expected that the person will have his/her own transport to/from placement at the agreed times. The person may be in a position to use public transport. If this is not an option he/she is supported by the person's parent/guardian/family member to get to/from the Home Sharing family's residence. For children availing of school transport, it may be possible for a child to be facilitated by their school transport should the Home Sharing family reside on the child's normal bus route. The person's day service may also be in a position to facilitate transport to/from placement.

In circumstances where a suitable Home Sharing family is located off the person's bus route and the person's family are not in a position to facilitate all trips to/from the Home Sharing family, the Home Sharing family may be requested by the commissioning organisation to facilitate some or all of the necessary transport in order for the placement to take place. Travel expenses at a standard rate are paid to Home Sharing families in such circumstances. Home Sharing families are not paid travel expenses for trips during placement for the purpose of social/community participation.

The commissioning organisation may be in a position to support a Home Sharing family in their purchase of an adapted vehicle if they are deemed by the matching panel that this will be necessary for the person to participate in community life and that the Home Sharing family is providing sufficient sessions to person(s) with a physical disability to warrant such a purchase (usually the Home Sharing family will be a member of either the contract family or shared living schemes).

2.5.8 Accommodation

The Home Sharing family's accommodation will be of an acceptable standard for a family home and all efforts will be made to address general safety hazards. However, during the introductions, the person, together with his/her parents and/or key worker will be asked to make a specific assessment of the home for potential hazards for the person and whether these can be addressed to ensure the person's safety without imposing undue restrictions. In cases of serious risk of harm for the person and/or family members, it will be necessary to follow the risk assessment procedure of the relevant organisation to ensure all appropriate measures are taken to limit risk while allowing the person to lead a fulfilling life.

It will be necessary for the Home Sharing family to attend for specific training in order to be fully prepared to support the person's physical or emotional needs. The person with intellectual disability will have their own room unless an alternative arrangement is preferable and more appropriate for the person. The person's privacy and space requirements will be discussed as part of the placement plan.

2.5.9 Support needs

It is important that the Home Sharing family is fully briefed on the person's support needs. The person may require support with some or all aspects of daily life in the home and out in the community. The placement plan should outline the level of support the person requires and who is the appropriate person within the Home Sharing family to provide said support in each area. Home Sharing family members will need specific training in order to support the person, e.g. using a hoist, supporting the person to manage his/her behaviour, PEG feeding, etc. Home Sharing families will refer to the commissioning organisation's intimate care guidelines.

2.5.10 Managing Money

The person with intellectual disability will be expected to have their own spending money for community and social outings and for any personal purchases while on placement. A clear agreement will be made at this stage as to how the person is supported to manage his/her own money while ensuring his/her money and personal assets are protected, in keeping with the policy of the relevant organisation. In the case of Home Sharing shared

living, whereby the person resides on a full-time basis with the Home Sharing family, the Home Sharing family may be nominated by the commissioning organisation to oversee and manage the person's funds and personal property should he/she require this level of support. This arrangement will be carefully outlined in the Shared Living Contract and regularly reviewed by the link social worker.

2.5.11 Confidentiality

Any information written or verbal will be treated with the utmost respect at all times. Home Sharing families may become aware of private information relating to the person and/or his/her family and vice versa. While it may be necessary for the person/family member/Home Sharing family member to discuss such information with a social worker or the person's key worker, it is important that any private information is not discussed publicly. Any sharing of information outside of this is only acceptable if this is part of the agreed plan concerning the child/adult and if there is parental consent i.e. in the event of an emergency. The right to confidentiality may be overridden in circumstances of suspected abuse or neglect or where there is evidence of a child/ adult self harming or harming others.

2.5.12 Emergencies

A protocol will be agreed in the event of an emergency e.g. bereavement or accident, in the Home Sharing family's home while the person is on placement. A contact list will be drawn up providing contact details of the person, his/her family members and support network as well as relevant contact numbers of personnel within the relevant organisation who can be contacted to support the person in the event of an emergency for the Home Sharing family. Individuals within the Home Sharing family's support network or an alternative Home Sharing family may also be identified to support the person for a short time should the Home Sharing family be unable to continue the placement. It is the responsibility of the Home Sharing family to contact the person's parent(s)/ next of kin and the commissioning organisation to inform them of any emergency and any alternative arrangements made, however temporary.

Should the person with intellectual disability become ill or sustain an injury during his/her time with the Home Sharing family, the person's parent(s)/family member must be

informed and appropriate medical attention sought for the person from his/her GP or nominated out-of-hours service. Home Sharing families are permitted to seek medical attention for the person only in cases of emergency and for children, with prior written consent from his/her parent(s). In case of an accident/incident involving or affecting the person, the Home Sharing family must inform the commissioning organisation. An Incident Report Form must be completed and returned to the commissioning organisation.

2.5.13 Safeguarding and Client Protection

Any commissioning organisation of Home Sharing is guided by *Children's First* and the HSE *Safeguarding Vulnerable Adults from Abuse* to protect children and vulnerable adults from harm. All Home Sharing families must participate in client protection training as part of their Home Sharing training course. They must also take part in specific client protection training every three years thereafter.

It is important in the planning stage of the placement that the person, his/her family and the Home Sharing family understand what to do if they have a concern about the person's safety. All involved in the setting up of the placement will have access to a named social worker should they have a concern about the person's safety or wellbeing and each person involved has the responsibility to share their concerns promptly. The contact numbers of the appropriate social worker(s) will be listed on the person's contact list. In cases of immediate risk of harm to the person, it may be necessary to contact the emergency services, including TUSLA and/or the Gardaí.

2.5.14 Complaints

It is important to outline at the placement planning stage how and to whom the person may make complaint about the placement in line with the commissioning organisations complaints policy. This will be recorded on the Placement Agreement Form together with the relevant contact numbers.

2.5.15 Termination of placement

Placements may come to an end for various reasons and these will be outlined at the placement agreement stage. The placement may be agreed for a fixed period or fixed

purpose after which the placement will come to an end. Placements can also be terminated during review of the placement, if it becomes apparent that the placement no longer meets the person's needs and all parties agree to bring the placement to a close. The commissioning organisations approval's panel may deem it in the person's best interests to terminate the placement. In the event of immediate risk of harm, the person/ person's parents authorise the commissioning organisation to remove the person from the home and to make alternative arrangements for the person. While every effort is made to sustain quality placements for individuals, placements may be reduced or terminated as a result of a reduced funding. The commissioning organisation shall give three months notice to the person, the person's family and the relevant service of any plans to terminate a placement for this reason.

2.5.16 Insurance

All persons availing of Home Sharing are covered by the public liability insurance of the relevant commissioning organisation. Home Sharing families are treated by agencies in a similar manner to volunteers and staff, who are covered as such under the insurance policies of the agency. It is essential that the Home Sharing family has the necessary training and equipment to support the person in their home and in their car and that all necessary risk assessments have been conducted. Home Sharing families are advised to inform their home and motor insurance providers of their involvement with Home Sharing, describing the nature of their involvement and the use of their own vehicle. All Home Sharing families are required to have public liability insurance on their home insurance. Written confirmation from the motor insurance company and home insurance company may be sought by the commissioning organisation. It is the responsibility of the Home Sharing family to ensure the correct safety belts, car seats and equipment are used at all times.

2.6 Administration of medication and medical/special care needs

2.6.1 Medication

The general health and medical needs of the person with intellectual disability will be included on the *Placement Application: Information for the Home Sharing Family* and shall be updated and clarified during the introductory phase. The person's medication needs will be

discussed and an agreement made for the administration of medications before placement commences. In the case of adults living independently, they will be responsible for their own medication with support from the Home Sharing family as agreed and appropriate. They will inform the commissioning organisation or the Home Sharing family directly of any changes with supporting documentation from the person's GP. Otherwise, it will be assumed that an adult has the capacity to consent to the administration of his/her medication by the Home Sharing family. His/her signature/mark should be witnessed by his/her parent/family member together with supporting documentation from his/her GP.

The Parent/Guardian signs a consent form for the administration of medication by the Home Sharing family, including any agreed pain-relief and supplements. This applies to all children up to the age of eighteen years and vulnerable adults who have a legally appointed guardian. While pain relief and supplements may be given with the person's/parental consent based on GP consultation, all other medications must be prescribed by the person's GP. All medication must be clearly labelled by the pharmacy to include the person's name, dosage and specific instruction regarding administration. If the person is on regular medication the parent/key worker/GP may be asked to complete a *Home Sharing/Contract family Medication Record Sheet*, listing all medications. The Home Sharing family must use this form to record the administration of medication. A *Record of Medical/Special Care Needs* is required for individuals with complex medical or special care needs. The person and/or his/her parent(s), together with a medical person familiar with the person's needs are convened to advise the Home Sharing family of the person's medical/special care needs and any specific procedures required by the person. This format is used, for examples, to outline the person's PEG feeding routine and the procedure to be followed if any problems arise or the procedure to be followed if the person has a prolonged epileptic seizure. A *Record of Medical Special Care Needs* is completed and signed by all three parties to reflect the joint responsibility to understand and comply with the procedures relating to the person's medical and special care needs. It is the responsibility of the parent/nominated support person to advise the commissioning organisation and Home Sharing family of any changes to the dosage or nature of a child/vulnerable adult's medical/special care needs.

The person's medical needs shall be reviewed as part of the overall placement review. In the event of the scheme being notified of changes, it shall endeavour to have the medical information updated by the GP/appropriate medical person.

2.6.2` The administration of medication/medical care to persons on emergency placements

For emergency placements, signed consent for the administration of medication may not be possible in which case a list of all medications, prescribed and non-prescribed, will be acquired from the person's GP before the placement commences. In the event of the person becoming unwell, the Home Sharing family will contact the person's GP for advice before administering any unlisted medication. The Home Sharing family may have to seek emergency medical assistance from an A&E dept in cases of a medical emergency. The Home Sharing family will be deemed to be acting in 'good faith' in the absence of parental consent.

2.7 Placement reviews

All Home Sharing placements are formally reviewed within the first six months of commencement date of placement and yearly thereafter. The Home Sharing family's link social worker is responsible for initiating this process. At the initiation of a review, all efforts shall be made to seek feedback on the placement from the person with intellectual disability, his/her parent(s), Home Sharing family and the person's social worker/Key worker. Each person is invited to be heard in person at the review or is otherwise consulted prior to the review. Evaluation forms are to be provided for all involved in Home Sharing. In the course of the review the commissioning organisation shall have regard to the views and information provided by each party. The commissioning organisation shall consider, in particular, the feedback from the person and/or parent. The commissioning organisation will consider feedback from the child's/adults school/day service if appropriate. The commissioning organisation will consider feedback from the person's multi-disciplinary team and any other relevant information.

Review meetings are held in the Home Sharing family's home. The review is facilitated and recorded by the link social worker and attended by the Home Sharing family, the person

with intellectual disability, his/her parents and the person's social worker/key worker. Others may be invited as appropriate. All aspects of the Placement Plan will be reviewed; in particular, the person's *Record of Medical/Special Care Needs* will be checked for continuing accuracy and relevance. Following the initial six-monthly review, the placement will be reviewed, following the same process, on an annual basis. Every effort will be made to tie the placement review in with the person's annual case reviews should this be deemed appropriate. Prior to a planned transition, the placement will be reviewed prior to moving team.

3. Home Sharing families

As relationships are often key to the success of any Home Sharing placement or support service, the commissioning organisation does not seek any particular 'type' of person or family for the purpose of Home Sharing. In fact, the variety of household arrangements and experiences that Home Sharing families offer allows the commissioning organisations to find suitable matches for individuals based on their personalities and interests and thus enriching the experience for the person and the Home Sharing family. Any individual/family may become involved in Home Sharing once they have satisfied the commissioning organisation that they are suitable for the role of a Home Sharing family. Before joining Home Sharing, those interested must first go through the following pre-placement procedures:

- Application.
- Attend Home Sharing Training.
- Social Work Assessment.
- Approval.
- Matching.

Applicants must be formally approved by the commissioning organisation's Approval Panel prior to any child or adult being placed with them. Following approval, it is essential that Home Sharing families attend training in first aid, manual handling, behaviour management, client protection (Safeguarding Vulnerable Adults from Abuse and Children First). The commissioning organisation will prioritise Home Sharing families for places on training days based on the person's needs.

Following approval Home Sharing families must adhere to the policies and procedures of the commissioning organisation.

3.1 Applying for Home Sharing

Enquiries are made to the social work office of the commissioning organisation. Enquiries will be recorded (Enquiry form). An application form together with a brief explanation of the scheme if requested will be forwarded at this stage by the social worker. Details of those who enquire or apply will be held by the commissioning organisation. Applicants for Home Sharing must submit their applications on the commissioning organisation's standard application form. Application forms may be submitted before or after attending the mandatory Home Sharing training course. The application form must be completed fully and includes:

- Basic details of all household members.
- Reasons for application.
- Two suitable referees who know the applicant(s) for at least three years and who are in a position to comment on their suitability.
- Contact details of Local HSE Community Care office.
- Contact details of local Garda station.

3.2 Record Keeping and Files

Information relating to Home Sharing applicants will be held by the commissioning organisation. It is necessary to have access to some information relating to applicants and approved Home Sharing families while also respecting the privacy of individuals and families. It is necessary for the commission organisation to record contact with members of the community who express an interest in providing Home Sharing for a person with an intellectual disability for a number of reasons:

- To plan induction training and inform those interested.
- To track attendance of applicants at induction training (minimum requirement).
- To plan assessments according to priority (application form).
- To ensure that only suitable Home Sharing families are approved for the scheme.

- To track progress of individual Home Sharing families.
- To plan the development of services into the future.

The commissioning organisation also holds confidential information in a safe place and for as long as it will be required. Such information includes contact details of those who enquire about Home Sharing and this information is kept in a '*Persons Interested*' file until they can be notified of Home Sharing induction training. These details are not kept after this stage unless they attend training or express an interest in attending future training. Those who attend training are asked to sign the attendance log at each training session. Attendance is tracked as this is a minimum requirement. Those who submit an *Application Form* are asked to sign consent to having information kept on file as part of their application process. Assessments do not proceed without receipt of the application form and attendance at induction training at the required level. Once an application has been received and the applicants have attended training, their names are entered into the *Panel Register* and their assessment status is recorded from this point. If applicants do not proceed to the assessment stage, their names remain on the register under '*on hold or not proceeding*' until the *Approval Panel* deems it appropriate to remove the names. Their status moves to not proceeding after one year and their application form is destroyed. Names may remain on the register for up to eight years unless the Approvals Panel specifically decide otherwise.

All information relating to assessments including all background documents received are kept on file for all applicants who commence the assessment process whether or not they proceed to the approvals stage. Inactive files are held by the commissioning organisation for up to eight years in secure filing cabinets unless the Approvals Panel specifically instruct otherwise. All information relating to an assessment is the responsibility of the assessing social worker until the applicant has been approved. The file is kept in the offices of the assessing social worker. All information relating to approvals is kept on the applicant's file. For applicants not approved for Home Sharing, the reasons are recorded on the file and the Panel Register under *not approved*. The details are kept on file and the Register for a period of eight years unless the Approvals Panel specifically instruct otherwise.

On approval, the applicants file is held in the offices of the assessing social worker, who will be responsible for gathering the information required for presentation to the Approval's Panel and the secure storage of the file. On the appointment of a link social worker, the file is held in the offices of the link social worker, who will be responsible for the ongoing maintenance of the file and the secure storage of the file.

The approved Home Sharing family's basic details remain on the Panel Register under *Approved Home Sharing Families*. The Register will indicate the Home Sharing family's link social worker and, hence, the location of their file. The location of the file is also specified on the caseload database of each link social worker. When Home Sharing families withdraw from the scheme, either prior to or post approval, the reasons are clearly documented on the file and dated. This file is labelled **inactive** and kept for a period of eight years unless the Approvals Panel specifically instruct otherwise. Advice is sought from Approvals Panel before a file is destroyed.

3.3 Home Sharing Training Course

All Home Sharing applicants must first attend the entire Home Sharing training course. In the case of a joint application (i.e. more than one applicant per household) all applicants must attend all training sessions. Through a combination of lectures and group participation, the training sessions covers the following areas:

- Introduction to Home Sharing.
- Awareness of impact disability on individuals/labelling.
- Skills and responsibilities of caring.
- Understanding and coping with difficult behaviour.
- Client protection awareness and procedures.
- By hearing of the experiences of those already involved in Home Sharing on the family day, applicants are made aware of the issues faced by both natural families and Home Sharing families.
- The children's sessions aims to raise awareness of children of prospective Home Sharing families to the impact of disability on children and adults.

3.4 Home Sharing Social Work Assessment

3.4.1 Prioritising Home Sharing Assessments

The decision to proceed with an assessment of a potential Home Sharing family is taken by the Home Sharing team and based on the following conditions:

- Receipt of completed application form.
- Attendance by applicant at the training sessions.
- Expressed readiness by applicant(s) to proceed with the assessment process.
- Availability of assessing social worker.
- In the event of restricted availability of social work time, assessments will be prioritised based on the need for Home Sharing families' in particular geographic areas.

3.4.2 The Purpose of a Home Sharing Assessment

The purpose of a Home Sharing assessment is to ascertain the suitability of applicant(s) for Home Sharing and to ascertain the potential of applicant(s). The assessment is also used to establish the motivation of applicant(s) and their predisposition to the role of Home Sharer. The assessment also finds out about attitudes to childcare and/or supporting a disabled person and working with families. It also establishes skills, knowledge and experience of applicant(s) while at the same time finding out about family lifestyle, including background, hobbies and interests of household members. Home Sharing assessments guides the commissioning organisation in matching the applicant(s) with a prospective person with intellectual disability. It also allows for the sharing of information with potential Home Sharing families, and allows for follow-up on issues raised in the induction training and to answer questions. It also informs family availability for Home Sharing.

3.4.3 Requirements of a Home Sharing Assessment

All Home Sharing assessment meetings will be conducted in the applicant(s) home by a qualified social worker. The social worker makes contact with the Home Sharing family and arranges an initial visit with a view to commencing the assessment process. During the initial visit, the process is outlined for the family and there is a preliminary investigation of

their motivation, suitability and expectations. At this stage, if it is deemed appropriate, the family are given the assessment form and asked to start to work through the sections on the form. During this meeting, the social worker clarifies with the family that the chosen referees are in a position to comment on their suitability to support children and adults with intellectual disability in their home. Follow up assessment visits are scheduled to suit the family and this can involve evening and weekend assessment visits.

Also on the first visit the applicants nominated referees will be checked with the applicant(s) to confirm their suitability i.e., that they know both applicants in the case of a joint application, have known them for at least three years, and have spent time in the home. Additional employer references may be sought if the applicant's employment is thought to be directly relevant to the role of Home Sharer. At least **three** visits will be arranged and, depending on the number of household members and the matters raised up to six home visits may be scheduled. Assessment meetings are scheduled to cover the following areas:

- Personal profile of the applicant(s).
- Personal history and experience of applicant(s).
- Current circumstances.
- Motivation and attitude to Home Sharing and the assessment process.
- The applicant's expectations of Home Sharing.
- The applicant's lifestyle.
- Previous experience and skills.
- Availability.
- Accommodation and local facilities.
- The likely support needs.

In cases of more than one applicant the assessments meetings are planned to include:

- at least one session with applicants together.
- At least one session with each applicant alone.
- If applicable, one session or part of a session with the applicants' children.

During assessment visits, Garda Clearance Forms are completed and applicants are asked to bring their medical forms to their own GP who is in a position to comment on their suitability for Home Sharing. It is recommended that a cover letter accompanies the medical report form, explaining the reasons for the medical report. The medical report is reviewed with each applicant before submitting to the Approval's Panel. The assessing social worker makes contact with each referee by letter and follows up with at least one referee by phone. The HSE enquiry form is sent to local office.

3.4.4 Presenting to the Approvals Panel

The social worker compiles a report which outlines the social work assessment of the potential Home Sharing family, including suitability for Home Sharing and recommendations. The social worker may seek direction from the Approvals Panel before this stage if there are questions regarding an applicant's suitability. All documentation must be presented for approval to the Approvals Panel. The Approvals Panel's decision is final and the applicants are informed in writing of the Approval Panel's decision.

3.4.5 New/Updated Assessment Reports on Existing Home Sharing Families

New/Updated Assessment Reports on existing approved Home Sharing families are required in the following circumstances:

- Where a Home Sharing family member is in a new permanent relationship, a new application must be made and a new assessment and checks must be done i.e. Garda clearance, HSE checks, references, medicals.
- Previously approved Home Sharing families who wish to be considered as a *Contract Family* must apply to become a *Contract Family*, participate in an assessment and attend *Contract Family* training as soon as it can be arranged by the scheme.
- If approval was granted previously to an applicant who was since absent from the Home Sharing scheme, the original assessment report plus an addendum will be accepted by the *Approvals Panel* for consideration.

- Garda clearances are required for all adult family members and regular overnight visitors and must be submitted if more than one year has elapsed since first obtained.
- New medicals should be submitted if more than two years have elapsed.
- Three new written references are required. In addition, a reference may be sought from an applicant's employer/line manager should the employment be deemed relevant to the role of Home Sharing.
- The social worker is required to interview referees by phone as in the previous assessment.

3.4.6 Supports to a Home Sharing Families

While the success of Home Sharing placements relies on the success of the relationship between the person and his/her family with the Home Sharing family, the commissioning organisation is ultimately responsible for the management of the placement. The Placement Agreement, signed by the person and his/her family, the Home Sharing family and the commissioning organisation signifies the beginning of a formal agreement between the three parties even if the two families are on familiar terms before becoming involved in Home Sharing. The agreement outlines the responsibilities of each party including the overall responsibility of the relevant organisation, through the scheme, to fund and manage the operation of the placement. The commissioning organisation supports Home Sharing families by:

- Providing training both initially and ongoing training.
- Assessing the suitability of the Home Sharing family.
- Approving the family for an appropriate level of Home Sharing.
- Providing information to families on Home Sharing.
- Finding a suitable match for their family based on the assessment.
- Appointing a link social worker at the outset of the first placement.
- Providing clear information and ongoing support.
- Providing a clear Placement Agreement for each placement.
- Paying expenses to families regularly and on time.
- Reviewing the family's ability to continue to provide Home Sharing.

- Reviewing each Placement on a regular basis.

During their time providing Home Sharing a family will be supported in some form, directly or indirectly, by the administration staff, social work staff and management of the commissioning organisation.

3.4.7 Administrative Supports

While each Home Sharing family has a link social worker, a significant amount of the support to Home Sharing families is administrative in nature. This administrative support is provided by administrative staff and the Home Sharing coordinator. It is important to the functioning of Home Sharing that both bring to Home Sharing a social care background and knowledge of intellectual disability services. Often a first point of contact to Home Sharing families and natural families, they are both in an important position to engage with families and to offer practical support. They are often familiar with the needs of persons availing of placements and those seeking the service. In particular, the following administrative supports are provided:

- Administrative staff are available and contactable by Home Sharing families.
- They offer support to Home Sharing families and liaise constantly with link social workers.
- They coordinate the installation and servicing of equipment.
- They liaise with the person's multi-disciplinary team.
- They track the required background documents for assessments and reviews.
- They facilitate training, organise mandatory training, log training needs and liaise with the relevant training department.
- They instigate promotion and recruitment campaigns for Home Sharing.
- They carry out the scheduling and organise the payments.
- They prepare and present budgets on an annual basis and plan new placements in order of priority.
- They prepare costings for proposed placements.

3.4.8 Social Work Support to Home Sharing Families

Ongoing social work support and supervision for Home Sharing families is imperative. The Home Sharing family's link social worker is responsible for facilitating ongoing effective communication between the family and the commissioning organisation and is the first point of contact should any difficulties arise for the Home Sharing family and/or for the person placed. The link social worker plays a key role in the setting up of the placement and for the ongoing management and review thereafter.

3.4.8.1 Purpose of Social Work Supervision

Each Home Sharing family is appointed a suitably qualified link social worker prior to their first Home Sharing placement. It is important that the Home Sharing family sees the role of their link social worker as twofold - namely, to give support through the provision of advice and advocacy and to supervise the Home Sharing family in carrying out their duties and responsibilities.

The link social worker has the responsibility to ensure the Home Sharing family is equipped, both emotionally and practically, for the responsibilities of providing care and to make appropriate plans to meet their support and training needs as identified on a regular basis. The supervision process is crucial in helping Home Sharing family carers to achieve the standards of care and practice required. It is achieved through the link social worker's own observations, but also by garnering the views of the child/adult placed, his/her parents, the Home Sharing family members, together with the views of the person's social worker and other professionals involved. Supervision is essentially a supportive and enabling two way process to:

- Ensure the Home Sharing family understands how they contribute to the person's overall service and quality of life.
- Ensure they are aware of the need to notify the scheme of any significant events relating to the care and protection of any person placed, as required by the commissioning organisations Client Protection Procedure.

- Enable Home Sharing families to contribute effectively to the Placement Agreement and the ongoing quality of placement for the person(s) placed.
- Provide appropriate monitoring and feedback on the Home Sharing family's work to ensure they are fully aware of their duties and responsibilities and have the necessary means and supports to fulfil these.
- Create opportunities for carers to speak about their own personal and family life and that of family members while making exploratory links to the impact of personal and family life on their Home Sharing family commitments. These may also be linked to training needs. Relevant aspects of personal and family life will be included in the Home Sharing family's review.
- Support Home Sharing families by providing advice or making this available from elsewhere as appropriate and providing the names and addresses, times and venues of any support groups and the out of hours support.
- Give Home Sharing families an opportunity to raise any problems and make sure they are addressed appropriately.
- Help Home Sharing families cope with the stresses which may be entailed in supporting a person with a disability in their own home.
- Recognise and address any difficulties the children in the Home Sharing family may be experiencing.
- Assist Home Sharing families to work in an anti discriminatory way that respects and promotes individual differences.
- The link social worker is the first point of contact for any Client Protection concerns relating to the placement.
- The link social worker initiates the review process of each placement, ensuring that feedback is sought from all parties.
- The link social worker conducts full Home Sharing family reviews as required, at intervals of no longer than three years. These are separate to placement reviews.

3.4.8.2 Level of Social Work Contact

The link social worker will facilitate the initial introductions and make a plan for introductory visits during the subsequent weeks. The link social worker will follow up with the Home Sharing family in person or by phone following each visit. The link social worker will meet with Home Sharing family members prior to proceeding to the Placement Agreement. Regular contact will be maintained through the initial stages until the first review and as required thereafter.

The Home Sharing family and social worker will agree a programme of supervision which will be guided by the support needs and communication style of the Home Sharing family together with their Home Sharing family commitments. This will be endorsed by the team manager. The level of contact will be determined by the number of placements, together with the frequency and complexities of each placement, i.e. the support needs of the person and the person's family.

The Home Sharing family placement, as laid down by the Placement Agreement will consist of a planned number of sessions per year, usually on a monthly basis, but sometimes on a weekly, basis. Sessions may be day breaks, overnight breaks or weekend breaks. Contact with the link social worker will be by means of home visits, announced and unannounced, arranged visits away from the home and detailed phone conversations. The link social worker will conduct home visits at intervals of not more than six months. This may equate to a home visit per six sessions if the Home Sharing family have one person coming to stay once a month.

For Home Sharing families offering an intensive placement (over six sessions per month) home visits will be arranged at intervals not more than three months, sometimes monthly depending on the complexities of the placement and the support needs of the Home Sharing family at a given time. This contact may be supplemented by phone contact or additional meetings specific to the placement(s). From time to time, it may be necessary to make direct contact with the Home Sharing family away from the family home or by phone. All Home Sharing family reviews should take place in the family home.

For contract families (providing between 10 & 20 sessions) the social worker will meet with the Home Sharing family on a monthly basis with additional phone/direct contact as required for the purpose of supporting the Contract Family generally or around particular placements. The social worker may nominate another member from the commissioning organisation to offer a level of ongoing support. The link social worker has the responsibility to ensure that the Home Sharing family continues to receive adequate support.

The social worker may offer a rationale for a lower support level to a Home Sharing family from that outlined should he/she be satisfied that the Home Sharing family is receiving sufficient supports from other sources and that placements continue to meet the persons' needs however, all reviews must be conducted as outlined below.

3.5 Home Sharing Family Reviews

All Home Sharing family reviews are carried out to determine the Home Sharing family's continuing capacity to provide high quality care and to help identify gaps in the Home Sharing scheme. Feedback from placement reviews regarding the Home Sharing family's ability to provide positive experiences will be a significant factor in the outcome of the Home Sharing family's review. In Particular, the following standards should be considered as part of any Home Sharing family review:

- Is the Home Sharing family able to find out about any specific physical, social, emotional or cultural needs of the person they support and have the capabilities to meet them?
- Does the Home Sharing family enable people to make choices and decisions with support from advocates if necessary?
- Does the Home Sharing family understand and challenge prejudice, discrimination and oppression?

3.5.1 Scheduling of Reviews

A formal review may be scheduled at any point should changes in the Home Sharing family's circumstances warrant a review, however, formal Home Sharing family reviews take place at

intervals not longer than three years. Updates of Garda checks for all adult family members and regular overnight visitors are sought every three years. In addition, HSE checks are sought every three years. Home Sharing families are asked to go for medical checkups every five years unless health matters have arisen in the meantime in which case a medical may be sought sooner.

The Home Sharing family is asked to complete the Home Sharing Family Review Form. The link social worker schedules a Home Visit at a time which permits a meeting with all family members. He/she with the Home Sharing family will consider the family's experience of supporting the person with intellectual disability and how the Home Sharing family can be facilitated to continue supporting the person. During the review the Home Sharing family's overall capacity to continue their Home Sharing family commitments is assessed. The following are considered as part of the Home Sharing family review:

- Significant changes in their circumstances, and their impact on supporting the person with intellectual disability.
- Health of family members including extended family.
- The adequacy of the supports and training provided by the scheme.
- Hopes and expectations of the Home Sharing family for the future.
- The overall performance of placements.
- Training requirements of Home Sharing family members.

Reviews should record training undertaken and outline actions to be taken by the Home Sharing family and the scheme including training and support in the period up to the next review. The link social worker completes the final section, referring to the findings of placement reviews, providing a brief summary of his/her findings and recommendations. The link social worker may approach the Approval's Panel for guidance should unforeseen matters warrant the Approval Panel's consideration of the Home Sharing family's status. The Approvals Panel are notified of the final outcome of the review meeting. All documentation relating to the Home Sharing family's review is kept on the Home Sharing family's file. The scheduling of reviews is noted on the commissioning organisation's database as well as the link social worker's caseload database. Additional reviews are held

following assessments and/or investigations of abuse or neglect, serious complaints, or in other circumstances where, in the view of the Home Sharing committee, the child or adult and family social worker, the link social worker of the Home Sharing family deems one is warranted.

3.5.2 Contract Family and Shared Living Reviews

A formal review may be scheduled at any point should changes in the contract family's circumstances warrant a review. Contract family reviews follow the same procedure as for all Home Sharing families. Formal contract family reviews take place on an annual basis. Specific contract family review forms are used for this process. Shared living families will be reviewed after the first year and at intervals of no longer than two years thereafter. Additional reviews are held following assessments and/or investigations of abuse or neglect, serious complaints, or in other circumstances, on instruction by the Approval's Panel. Updates of Garda checks and HSE Clearance are sought every three years. Contract families are asked to go for medicals every five years unless health matters have arisen in the meantime in which case a medical may be sought sooner. The contract family is asked to complete the Contract Family Review Form. The link social worker schedules a home visit at a time which permits a meeting with all family members. He/she with the contract family will consider the family's experience of supporting the person with intellectual disability and how the family can be facilitated to continue their contract family commitments. During a review of the contract family's overall capacity to continue their contract family commitments, the following are considered:

- Significant changes in circumstances, and how these impact on supporting the person with intellectual disability.
- Health of family members including extended family.
- The adequacy of the supports and training provided by the scheme.
- Hopes and expectations of the contract family for the future.
- The overall performance of placements including the continuing suitability of each match.
- Training requirements of contract family members.
- Availability for the coming year.

Reviews should record training undertaken and outline actions to be taken by the contract family and the scheme including training and support in the period up to the next review. The link social worker completes a social work report, providing a brief summary of his/her findings and recommendations. This is presented to the contract family. The link social worker presents the Contract Family Review Form together with the social work report, making reference to all required documentation, to the Approvals Panel. On continuing approval, the contract family receives a written endorsement of their ongoing status as approved status, a copy of which is placed on the Home Sharing family's file. Contracts for contract families are agreed and signed annually depending on the outcome of the review.

Should the Approval Panel decide not to approve the family for a new contract, the contract family is informed in writing and offered the opportunity to meet two members of the Approvals Panel for the purpose of outlining their deliberations and offering the opportunity to appeal the Approval Panel's decision. All documentation relating to the contract family's review is kept on the contract family's file and noted on the commissioning organisation's database.

3.6 Duties of the Home Sharing Family

Home Sharing family reviews are conducted at least every three years. Placement reviews are conducted on an annual basis or at intervals not longer than two years. Contracts family reviews are annual. During the full Home Sharing family review process, Garda clearance will be sought every three years, HSE enquiry every three years and medical reports every five years. Medical reports may also be requested following serious illness/injury. Mandatory training is carried out annually.

3.6.1 Health and Safety

All members of Home Sharing must be familiar with the contents of 'Safe and Healthy' and 'Safe and Sound' (publications of the Short Breaks Network, UK). The link social worker is responsible for ensuring that the home is safe and that it complies with the health and safety requirements of the commissioning organisation (regular health and safety check list). The Home Sharing family is responsible for providing suitable and comfortable

accommodation, including a private bedroom. The commissioning organisation requires proof of documentation from Home Sharing families including:

- Home insurance including Public Liability.
- That the insurance company has been notified of the households' involvement with Home Sharing.
- Car insurance (if the car is being used during Home Sharing breaks).
- That the insurance company has been notified of the car being used to carry Home Sharing guests.

Families involved in Home Sharing must engage in the risk assessment process of the relevant organisation as deemed necessary and appropriate by the scheme. All necessary adaptations and equipment are in place before placement in cooperation with the person with intellectual disability, their family/support team and the commissioning organisation. It is important that Home Sharing families are confident in safe use of all equipment and participate in any necessary training. Home Sharing families will liaise with the commissioning organisation regarding the servicing and maintenance and repair of equipment.

Self care is an important responsibility of each carer. The carer within Home Sharing is expected to:

- Share concerns with supervisor.
- Make sure to understand the needs of the person with intellectual disability (ask questions).
- Actively seek appropriate training.
- Actively seek appropriate equipment.
- Communicate with the scheme about tailoring Home Sharing arrangements to suit personal and family life.
- Share with the commissioning organisation the level and nature of personal, family and work commitments.

- Ensure sufficient leisure time e.g. at least one full weekend per month free from Home Sharing or work commitments. The level of work and family commitments will be considered more stringently by the commissioning organisation for contract families.
- Promptly cancel placements, either in person or through the commissioning organisation in the event of sickness or injury and request that the person with intellectual disability be collected if on placement.

3.6.2 Home Sharing Communication with the Commissioning Organisation

The Home Sharing family needs to maintain regular contact with the link social worker or the commissioning organisation. The Home Sharing family will liaise with the commissioning organisation on the scheduling of Home Sharing breaks. They must also inform the commissioning organisation of any change in their circumstances which might affect their ability to provide Home Sharing. They must also give the commissioning organisation notice of planned holidays or prolonged absences from Home Sharing. It is required that the Home Sharing family give at least one months notice of intention to change residence or living arrangements and give notice of planned absences from home with or without the person with intellectual disability which is likely to affect the placement.

The Home Sharing family must also inform the commissioning organisation of any emergency requests made by the person's family. The Home Sharing family must not make arrangements directly with the person with intellectual disability or carer which are outside the agreed allocation of Home Sharing. The Home Sharing family must advise the person with intellectual disability and/or their family to make contact with their social worker or the commissioning organisation. In addition, the Home Sharing family must advise the parent/carer and the commissioning organisation of any emergencies/illness that affects the person with intellectual disability during placement. They must also promptly report any accidents/incidents to the designated social worker or the person's key worker and record on the commissioning organisations incident report form. Incident report forms must be sent to the commissioning organisation immediately. The Home Sharing family must also record the presence of overnight visitors or anything out of the ordinary during placement (visitor's book). The social worker may ask to see this from time to time.

3.6.3 Promoting Health, Development and Welfare

The Home Sharing family must at all time treat the person with intellectual disability with dignity and respect. They must act as *'prudent parents'* and in so doing works in partnership with parent/main carer and the commissioning organisation to facilitate placement and the person with intellectual disability's overall wellbeing. The Home Sharing family must take all reasonable measures to promote the person's independence and right to make individual choices. They also ensure that the person participates in activities that promote social inclusion and community participation. They must ensure that the personal needs of the person are attended to at all times. Also they must ensure that the privacy of the person being supported shall be respected and must ensure that the dress and personal hygiene of the service user is maintained to the highest possible standard and in keeping with the dignity and age appropriateness of the service user. Intimate care must be carried out as per the policy guideline.

The Home Sharing family must participate in planning meetings/reviews in relation to the person with intellectual disability as requested and to assist with the implementation of the person's person centred care plan/care plan specific to his/her placement. They must inform the commissioning organisation of any significant event affecting the adult or child with intellectual disability. There is mandatory reporting of any concerns/incidents to the link social worker/commissioning organisation office immediately. The link social worker or other authorised person can visit the person with intellectual disability while on placement by appointment and prior agreement with the person or Home Sharing family. The Home Sharing family must participate in placement reviews with parent/main carer and other individuals with a role to play in enhancing the person's life. The Home Sharing family must maintain the person's confidentiality at all times and they must also keep in a safe place a contact list for the person to include:

- The name, surname, address, date of birth, marital status and religious denomination of the person being supported.
- The name, address and telephone number of the person's parent(s)/guardian/family members or other important individuals in the person's life who may be nominated by the person/parent/guardian to assist in the event of an emergency.

- The name and address and telephone number of the person's medical practitioner.
- The name, office address and telephone number of the designated officer to be contacted in the event of an emergency.
- The contact details of all key support staff/multi-disciplinary team, day service/school and transport team.

The Home Sharing family must also follow the person's medical care guidelines and must comply with all the relevant policies and procedures related to the Home Sharing as outlined in training, such as complaints handling, incident reporting, adult and children's protection polices, (Children's First and Client Protection), intimate care guidelines, drug administration, etc.

3.7 Contract Families

Contract families are assessed and approved as contract carers and commit to a number of overnight breaks per month for individuals with high support needs. Contract families are contracted for ten/sixteen/twenty sessions per month for eleven months per year (allowing four weeks break over the course of a twelve month period). Contract families are expected to register as self-employed and must manage their own finances and tax affairs. Contract families are expected to attend contract family meetings on a regular basis as determined by the link social worker.

3.8 Shared Living

Home Sharing families involved in shared living are assessed and approved as shared living families with a view to sharing their home with a person with intellectual disability on a full-time basis. As such, the shared living family will be responsible as the main carer and support for the person with intellectual disability.

3.9 Availability

All Home Sharing family placements are arranged around the availability of the Home Sharing family. Work commitments, etc. are taken into account when setting up placements. Availability is a very important factor for families considering Home Sharing. The commissioning organisation requires that at least one adult is available on a full-time

basis as there needs to be flexibility of working hours to accommodate the person's needs and also to be available to attend reviews, training and supervision, as well as training and support of other carers as appropriate and required. Families who have both applicants (and a sole applicant) working on a full-time basis in paid employment outside the home, may be considered for contract care (maximum 10 nights) if they can satisfy the scheme that this can be maintained in a safe manner while also allowing for sufficient time for rest.

3.10 Cancellations

If a placement has to close temporarily or otherwise due to circumstances preventing the person from availing of the placement, e.g. illness, the sessions may be offered as cancellations to another person linked to the family. Should the placement be held open for the person, the retainer will continue to be paid to the contract family at the level to include that person's sessions. In the event of a permanent closure of the placement, the scheme will endeavour to find a suitable match for the contract family as soon as possible. The existing retainer will be paid for two months after which time the retainer will be paid to match the level of sessions being provided in the third month irrespective of the contract family's availability. In the event of a cancellation the following shall apply in each of the commissioning organisations.

3.10.1 Home Sharing

Every effort should be made to give the other party as much notice as possible and to reschedule the placement should either party find themselves unable to avail/offer the session as planned. If the notice by the natural family is less than 24 hours the full payment will be paid. It may not be possible to offer an alternative session.

3.10.2 Shared Living

Rescheduling cannot happen because of the nature of the placement as it is a residential commitment. When the person availing of the placement is ill and unable to be with the Home Sharing family, full payment will be made for the first two weeks of the illness. Thereafter 50% payments will be made for the next four

weeks. During this period the placement/availability shall be reviewed as to its future direction.

3.10.3 Contract Family

Cancellations are covered by the contract. Every effort should be made to reschedule the session.

3.11 Illness within Home Sharing

It may arise that a member of the Home Sharing family becomes ill. The link social worker will make an assessment of the impact of the illness on the family and the capacity of other family members to continue to fulfil the placement agreement(s). Should the family member who usually assumes the main caring role becomes ill, it will be the responsibility of the link social worker to assess the ability of other approved family members to assume the care of the person during this time. It may be necessary for the link social worker to forward a copy of his/her assessment findings to the HR department to ensure payment continues, especially if the main carer is a staff member on sick leave from employment. It may be necessary to have contract family payments made payable to another approved family member.

If a member of a contract family becomes ill and this prevents the contract family from providing placements the retainer will be paid for a minimum of two (2) months. The length of time the retainer is paid will be at the discretion of the commissioning organisation. During this period the placement/availability will be reviewed.

3.12 Withdrawal from Home Sharing

Home sharing families must give at least one (1) month's notice of their intention to withdraw from Home Sharing. Home Sharing families involved in the contract family and shared living schemes are required to give at least two (2) months notice of their intention to withdraw from Home Sharing or of a reduction in their availability. In turn, the commissioning organisation will endeavour to give Home Sharing families as much notice as possible and to the person's affected should it be forced to withdraw a Home Sharing family

from Home Sharing. However, should client protection concerns arise; placements will be suspended immediately pending a full investigation.

4.0 Home Sharing

The commissioning organisation of Home Sharing is responsible for the delivery of the services to people, both adults and children, with intellectual disability. Home Sharing is operated and overseen by the link social worker. Policies and procedures for the governance and management of Home Sharing have been developed to cater specifically for Home Sharing family placement and the commissioning organisation is ultimately responsible for the delivery of the service and as such Home Sharing must adhere to the Policies and Procedures set by each organisation.

Each organisation accepts applications for Home Sharing and enters basic details on the respective Home Sharing database for consideration by the matching panel. The matching panel is represented by both the HSE and commissioning organisations. Each commissioning organisation maintains a register of all children and adults with intellectual disability availing of Home Sharing through their respective organisation. The commissioning organisation maintains a record of persons/family units willing to partake in Home Sharing. Home Sharing families are informed of induction training as soon as possible following expression of interest. The approval and subsequent registration of Home Sharing families and the operation of the Home Sharing is governed by a Home Sharing Approval's Panel. The Approval's Panel maintains a register of persons/family units approved to act as Home Sharing families.

4.1 Approvals Panel

The purpose of The Approval's Panel is to make recommendations and appropriate approvals regarding all Home Sharing family applications. The Approvals Panel within each commissioning organisation approves all policies, procedures and practice relating to Home Sharing.

4.1.1 Approvals Panel Terms of Reference

- To act in the best interest of children and adults placed in Home Sharing.
- To comply with relevant legislation.
- To employ consistent and transparent criteria in the execution of its duties.
- To promote best practice in the approval of all Home Sharing.
- To use evidence based practice to inform their working decisions.
- To undertake to respect and uphold strict confidentiality pertaining to all matters involved in the work of the Approvals Panel.
- Maintain Confidentiality.

4.1.2 Functions of the Approvals Panel

- Hold and maintain a register of all approved Home Sharing placements.
- Ensure the Approvals Panel membership and functions adhere to these good practice guidelines.
- Provide a consultative service to staff through consideration of interim reports on issues pertaining to applications/assessments.
- Consider completed assessment reports for applications of Home Sharing.
- Quality assures the Home Sharing reports presented to the Approvals Panel.
- Employ consistent standardised criteria for approval or refusal of applications.
- Approve or refuse applications for Home Sharing.
- Ensure applicants are advised directly in writing of the Approval Panel's decision. This is the responsibility of the chair of the Approval Panel.
- Applicants not approved shall be advised of their right to appeal.
- To make recommendations in response to appeals and/or complaints from perspective/existing Home Sharing families.
- To organise for an independent appeal committee if required which is the responsibility of the chairperson.
- Receive notification of the outcome of Home Sharing reviews.
- Consider annual contract family reviews.
- Make recommendations on Contract Family status following reviews.

- Access, when required, specialist advice to clarify any aspect of an assessment, review of a Home Sharing family, or placement of a child or adult.

4.1.3 Ongoing Management of Placements

- Receive notification of the reasons for termination of placements.
- Receive notices of serious concerns and allegations of abuse and neglect against Home Sharing families.
- Receive final outcomes following assessments/investigations of serious concerns and allegations of abuse and neglect against Home Sharing families.
- Reconsider the Home Sharing family status following the investigation and an assessment of an allegation of abuse and neglect and subsequent review of the Home Sharing family.
- Ensure compliance with practice norms and standards as set out by the HSE and HIQA.
- The panel will receive representations and complaints in relation to Home Sharing family placements and in association with the relevant organisation will seek to resolve these.
- Keep up to date on the management of Home Sharing family services, relevant research and inspection findings and information on best practice initiatives.

4.1.4 Maintain Records

The minute-taker will record the substance of the panel discussions and the exact recommendations. They will also record concerns/reservations expressed by the Approvals Panel members including the reasons and the basis for the final decision of the Approvals Panel. This should also be clearly documented and kept on the prospective Home Sharing family's file. A record of the recommendations, decisions and minutes are maintained and circulated to all Approval Panel members and relevant agency managers, if required. The Approval Panel will provide an annual report of their work to Senior Management of their respective organisations to inform future planning of Home Sharing.

4.1.5 Approval Panel Membership

Approval Panel members are nominated and appointed by Chief Executive Officer (CEO) of the non-statutory sector or the Chief Officer (CO) of the relevant HSE Community Healthcare Organisation (CHO). The Approvals Panel must comprise of people with an expertise in Client Welfare and Protection. Members must participate in induction and in service training programmes to enable them to discharge their responsibilities. The Approval Panel must include members who have significant experience of Home Sharing and/or Foster Care. The Approvals Panel must have access to a Medical advisor to assess medical reports and liaise with GPs and Consultants as required. Approval Panel members including secretaries are subject to satisfactory Garda clearance with updates required on a three yearly basis. Members are expected to commit to a minimum term of two (2) years. Family representatives will be asked to commit to a term of one year. Membership may be drawn from the following:

- HSE disability manager.
- The head of social work department.
- Senior social work practitioners.
- Family support team leader.
- Manager of respite services.
- Social worker, HSE, Primary Care.
- TUSLA.
- An adult member of a Home Sharing.
- A person with intellectual disability and a family member of person availing of a Home Sharing placement.
- Other multi-disciplinary professionals outside social work.
- Other professionals from within or outside the services with a specific interest in the development of Home Sharing and related programmes.

4.1.6 The Chairperson

The chairperson shall be chosen by the membership of the Approvals Panel to serve for a period of two (2) years. The Chairperson shall be an established member of the Approvals Panel with knowledge and experience of Client Protection and Home Sharing/Foster care.

The secretary or note-taker shall be nominated for each Approval Panel meeting or for an agreed specified term. The minimum attendance or quorum for a meeting to proceed is five members one of which must be the head social worker and a member of the HSE.

4.1.7 Frequency of Meetings

A minimum of four meetings shall be held each year. Further meetings will be scheduled based on the need to recruit new Home Sharing families and to consider policy and procedural issues.

4.1.8 Decision Process

Decisions will be made on the basis of the majority view of the panel members present (minimum of five). There are three possible outcomes for new assessment/review presentations.

1. Application approved. The applicant(s) is informed in writing and put forward for matching.
2. The assessing social worker is asked to provide more information. Further contact with the applicant may be required to seek clarification.
3. Application is not approved.

4.1.9 Appeals Process

The applicant is informed in writing of the decision of the Approval Panel. If required, the applicant is invited to make written representation to the Approval Panel seeking an appeal hearing. The Chairperson will acknowledge any correspondence from the applicant and invite them to meet a representative group

of panel members to explain the Approval Panels concerns. The applicant is given the opportunity to make their own representations. Additional consultation outside this forum may also occur in the event of the need for expert opinion or additional information. The outcome of this meeting together with any additional information is reported back to the Approvals Panel. Following further deliberations by the Approvals Panel, the applicant is notified of the Approval Panel's final decision. The rationale is also outlined.

Where the Approvals Panel is equally divided in its recommendations the Chairperson will have the casting vote. The Chairperson has the right to seek expert opinion to inform the final decision. Minority views where applicable will be recorded in the minutes. The minutes must accurately reflect the discussion which takes place in relation to each report presented to the Approvals Panel and the final decision. The final decision on a particular application will also be recorded on the applicants file (panel form). Any further information which is provided by those attending the Approvals Panel meeting will be noted and added to the original report (this will also be kept on the applicants file).

4.1.10 Appeals Committee

From to time it may be agreed that the Chairperson of the Approvals Panel together with one or more Approval Panel members shall convene a separate meeting with the applicant or relevant personnel outside the Approval Panel meeting to resolve issues, organisational or other, relating to a final decision. The final decision regarding approval of an applicant will ultimately lie with the Approvals Panel.

5. Safeguarding and Client Protection Procedure

Home Sharing is guided by the Client protection procedures of the HSE and TUSLA including 'Our Duty to Care', 'Trust in Care', 'Children First: National Guidance for the Protection and Welfare of Children' and 'Safeguarding Vulnerable Adults'. A **child** is any person under the age of eighteen years of age. A **vulnerable adult** is a person aged 18 years or over who is unable to protect him or herself against significant harm or exploitation, who is unable to

take care of him or herself, or who is in need of extra care due to a Intellectual or physical disability or a mental or physical illness.

Home Sharing is committed to safeguarding the welfare of all children and vulnerable adults by protecting them from physical, sexual and emotional harm. Home Sharing has adopted preventative and procedural measures to ensure that those availing of Home Sharing placements are safe. Such measures include:

- Assessment of all Home Sharing families, including background checks.
- Approval's Panel.
- Training of Home Sharing families on an ongoing basis.
- Specific client protection training before they begin Home Sharing.
- The commissioning organisation's expectations of Home Sharing are clearly outlined.
- Social work supervision of Home Sharing family and placement.
- Regular reviews of Home Sharing families including background checks.
- Finding a match which works well and facilitates positive relationships between people and their Home Sharing families.
- A detailed placement agreement.
- Actively seeking feedback from the person about the placement.
- Support of social worker/key worker for the person on placement.
- Regular placement reviews.
- Home Sharing families and persons availing of the service have access to a named social worker/designated person.

5.1 Responsibilities of Home Sharing Families in Safeguarding

The primary role of the Home Sharing family is to keep the person with intellectual disability safe and protected from abuse. The Home Sharing family is obliged to contact their link social worker if they have a concern regarding the person's safety or wellbeing. While it is not appropriate to share concerns with members of the general public, including friends and family, it is a breach of the commissioning organisation's confidentiality and Client Protection procedures to keep private any personal or family information which may affect

the safety or wellbeing of the person placed with them by the commissioning organisation. The Home Sharing family is obliged to promptly share information about their own family which may impact on their capacity to support a child or vulnerable adult in their home. Garda clearance is required for all adult family members and any regular overnight guests. Review Garda clearance will be sought every three years. The Home Sharing family is expected to record the following which will be reviewed by the link social worker:

- Dates and times of the person's arrival and departure.
- Any overnight visitors to the home during that time.
- A record should be kept of all visitors to the home during placement sessions for the first six months of placement and reviewed thereafter (GP: visitors.)
- Any unusual behaviour or incidents during the person's stay.

5.2 Client Protection Procedure for Home Sharing Families

It is the Home Sharing family's primary responsibility to ensure the person's immediate safety. The Home Sharing family may seek medical attention for the person in cases of emergency, as the Home Sharing family has signed consent from the parent/guardian/person to do so. The family should also be informed. ***It is not appropriate for the Home Sharing family to seek medical attention for a child or vulnerable adult for non-urgent matters unless this has been previously arranged with the person and/or his/her parent/guardian.***

The Home Sharing family is obliged to promptly inform the commissioning organisation's link social worker of any accident, incident or concern. The person and/or his/her family should be informed that the link social worker is being contacted. Where a child appears to be at an **IMMEDIATE** and **SERIOUS** risk and the named social worker is not available the Home Sharing family should contact TUSLA during office hours. The person and/or his/her family should be informed of this referral. If an incident occurs out of hours and the person (child/adult) appears to be at an **IMMEDIATE** and **SERIOUS** risk of harm the Home Sharing family should contact the Gardaí.

Any accident, incident or concern should be recorded by the Home Sharing family on the commissioning organisation's Incident Report Form as soon as possible after the event (within 24 hours) and forwarded directly to link social worker. Any injury/bruising on the person's body must be recorded by using the Body Diagram on the reverse of the Incident Report Form.

5.3 Role of the Link Social Worker in Safeguarding

The link social worker/duty social worker will follow up immediately, informing the family, relevant others and will liaise however necessary with TUSLA/Gardaí. The Client Protection Procedure of the relevant organisation will be followed from therein. The Home Sharing family may have to complete a series of protection forms to record client protection concerns. The link social worker will support the Home Sharing family with this. The link social worker will document all follow-up action taken on the original Incident Report Form submitted by the Home Sharing family and forward to the Approval's Panel.

5.4 Role of the Approvals Panel in Safeguarding

All incident reports are reviewed by the commissioning organisations Approval's Panel however minor the incidents. The Approvals Panel will ensure proper procedure has been followed and may make recommendations. The Approvals Panel may make recommendations that affect the policies and procedures of the commissioning organisation.

5.5 Complaints Procedure

The Home Sharing family must adhere to the commissioning organisations complaints procedure at all times. The complaints procedure aims to discover problems (perceived by participants of Home Sharing) as early as possible; to deal with these problems quickly, and to provide a means of analysing the information gathered in the process in order to improve the service.

The link social worker or team leader of the Home Sharing scheme should respond to every formal complaint within one month of its receipt. Where this proves impossible, the team leader should give an explanation of the position to the complainant within the month,

together with a clear indication of when a full response will be made. Responses to formal complaints, whether interim or full, should in all cases be made in writing.

6. Forms used in Home Sharing

1. Home Sharing Family Placement Application.
2. Enhanced Placement Request.
3. Placement Agreement.
4. Medical Consent.
5. Medical Briefing Record.
6. Intimate Care Consent.
7. Incident Report Form.
8. Placement Review by Home Sharing Family.
9. Guest and Natural Family Evaluation Form.
10. Review Log.
11. Home Sharing Family Application.
12. Home Sharing Family Assessment.
13. Home Sharing Family Review.
14. Contract Family Assessment.
15. Contract Family Contract.
16. Shared Living Contract.
17. Approval's Panel Confidentiality Declaration.

All available on www.nhsn.ie

7. Reference list

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<http://nhsn.ie>

Home Sharing in Intellectual Disability Services in Ireland

Section 3

Home Sharing Guidance Document to Support Implementation

2016

Foreword

The following guidance document has been developed and agreed by the National Expert Group on Home Sharing in Ireland to assist intellectual disability service providers, both within the statutory and non statutory sectors, to develop and engage in the Home Sharing model of service provision to people with intellectual disability. The guidance document was developed following a review of the HSE (2012) report *Host Family Support Model of Service – Governance/Guidance to Support Implementation*.

Please note this is not an exhaustive series of guidelines; rather it provides an initial framework for the development and implementation of Home Sharing in Ireland.

Any service provider planning to develop or further develop Home Sharing as a model of service provision should contact the National Home Sharing and Short Breaks Network in the event of any concerns they may have with regard to its development and implementation. The National Home Sharing Network is happy to guide and advise (www.nhsn.ie).

Dr Donal Fitzsimons

National Disability Specialist, HSE Social Care Division & Chairperson of the National Expert Group on Home Sharing in Ireland.

1. Sample Application Form for Home Sharing Families

Attached a regular size photograph to this application

PARTICULARS OF APPLICANT(S)

(Block CAPITALS)

	Applicant 1	Applicant 2
Surname:	_____	_____
First Name:	_____	_____
Date of Birth:	_____	_____
Address:	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Tel No:	_____	_____
Mobile:	_____	_____
Email:	_____	
Previous Address:	_____	_____
(Within the last 10 years)	_____ _____ _____ _____	_____ _____ _____ _____
Occupation:	_____	_____
Telephone Number:	(W) _____	(M) _____

HOUSEHOLD COMPOSITION

(Please include everyone living in your home)

Name	Date of Birth	Occupation/School	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Where did you hear about hosting a person with a learning disability?

2. Whose idea was it to apply?

3. Has the possibility of becoming a Host been discussed with all the household members?

Yes

No

Comment: _____

4. Please state the views of all the household members about applying to be a Home Sharing family

5. Car ownership

Do you have a car? (Please tick relevant box) Yes No

Do you have a driving licence? (Please tick relevant box) Yes No

6. REFERENCES

- Notes:
- a) Applicant(s) should be well known to referees but should not be related.
 - b) Medical references are sought.
 - c) Garda Clearance is required.
 - d) Local HSE is contacted.

(A) Referees

Name _____

Address _____

Telephone No _____

Occupation _____

Name: _____

Address _____

Telephone No _____

Occupation _____

Name _____

Address _____

Telephone No _____

Occupation _____

(B) Family Doctor

Name _____

Address _____

Telephone No _____

(C) Local Garda Station

Name _____

Address _____

Telephone No _____

(D) Local TUSLA Office

Name _____
Address _____

Telephone _____

TUSLA Social Work Departments are contacted in order to establish whether they have been in contact with your family and, if so, what is the context of this contact. If you have any queries surrounding this do not hesitate to contact this office.

CONSENT

I, hereby give my consent to have confidential enquiries made by [name of service] concerning this application to the referees named above, to my family Doctor, to the Health Service Executive (HSE) in order to establish the presence/absence of any child welfare/protection concerns, to the Gardaí and for the purposes of obtaining garda clearance.

Signed _____ Date _____
Applicant 1

Witness: _____ Date _____

Signed _____ Date _____
Applicant 2

Witness: _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO:

The Home Sharing Co-ordinator or Service Manager

Name _____

Address _____

Telephone No _____

Thank you for your application

Please note: Garda Clearance must be obtained for every adult who resides at your address.

2. Sample Reference Request Form with Cover Letter

[Name and address

of

referee].

[date].

Dear [name of referee],

I have been given your name as referee by [name and address of applicant/host], who has applied to become a Home Sharing family with our service. The aim of the service is to recruit families in the community who will take a person with intellectual disability into their own home for short term, part time or full time support services and give the person's natural family a break.

This position involves substantial access to adults and children with disabilities and as an organisation committed to the welfare and safeguarding of persons with disabilities, it is important to know if you have any reason at all to be concerned about this applicant being in contact with this client group.

Please tick the following as appropriate.

Yes: No:

If you have answered yes, we will contact you in confidence.

If you are happy to complete this reference, all information furnished will be treated in the strictest confidence.

Please complete all sections of the form overleaf and return it to the undersigned at your earliest convenience in the envelope provided.

An early reply will facilitate the applicant.

Thanking you for your co – operation.

Yours sincerely,

Name of Home Sharing Coordinator

Or

Assessing/Link Social Worker

C O N F I D E N T I A L

1. Name of Applicant _____

2. Address _____

3. How long have you known this person and in what capacity?

4. What attributes does this applicant have which you would consider makes them suitable to become a Home Sharing family?

5. How would you describe their personality?

CONSENT

I, hereby give my consent to have confidential enquiries made to my family Doctor by [name of service] concerning my application, to become a Home Sharing family.

Signed _____ Date _____
Applicant 1

Witness: _____ Date _____

Signed: _____ Date _____
Applicant 2

Witness: _____ Date _____

4. Home Sharing Family - Assessment Form

This form is suitable for all types of Home Sharing – it may need to be used again when a family may be progressing from 'Short Breaks' to 'Contract Families' or 'Shared Living'. When a family progresses to a higher level of Home Sharing under another strand of the scheme, an updated Social Work report should be presented to the Approvals Panel.

Confidential

Applicant 1

Applicant 2

Surname:

Forename:

Date of Birth:

Place of Birth

Present Address:

E-Mail Address:

Telephone:

How long have you lived at the
above address?

In the case of a joint application what is
the relationship between persons?

Length of Relationship/Marriage? (if
applicable)

Date & Place of Marriage? (if applicable)

Religions:

Occupation:

4. Occupational/ Work History:

5. Hobbies/Interests/Leisure Time:

6. Have you had any personal experience or know people who have experienced the following: *(please tick where appropriate)*

- 1. Bereavement/loss e.g. death, separation
- 2. Addiction i.e. alcohol, drugs, gambling in your family
- 3. Abuse/violence as a child or adult-as victim or perpetrator
- 4. Illness personally or in your family i.e. physical or mental e.g. depression
- 5. Disability in your family or extended community

Please describe your experience of the above and how it affected you and what supports you accessed

7. Any other life experiences that you consider shaped your life:

Personal Profile of Applicant 2

8. Aim: To get to know the background. Explore how you may bring life experiences to Home Sharing.

Name: _____

Native of: _____

Your Parents:

	Father	Mother
Name		
Age		
Occupation		

9. Description of family life growing up: e.g. place in family, lifestyle and relationships between siblings then and now:

10. Personality

a) How do you see yourself?

b) How do you think others see you?

11. Education

a) Primary

b) Post-Primary (Including any third level education):

c) Please describe your experience of School or College:

12. Occupational/ Work History:

13. Hobbies/Interests/Leisure Time:

14. Have you had any personal experience or know people who have experienced the following:
(please tick where appropriate)

- 1. Breavement/loss e.g. death, separation
- 2. Addiction i.e. alcohol, drugs, gambling in your family
- 3. Abuse/violence as a child or adult-as victim or perpetrator
- 4. Illness personally or in your family i.e. physical or mental e.g. depression
- 5. Disability in your family or extended community

Please describe your experience of the above and how it affected you and what supports you accessed?

15. Any other life experiences that you consider shaped your life:

Applicants' Relationship (if applicable)

1. Describe the relationship and what makes it work?

2. How are disagreements handled?

3. Division of the roles within the household?

4. How does the division of roles work out?

5. How would your roles and responsibility be divided during the placement?

2.6.1 Parenting & Caring Capacity

1. Feelings about the additional responsibility brought on by offering Home Sharing.

2. Have you experience of accessing professional help for a child or person in your care? (e.g. speech and language, child development)

3. How do you manage discipline? (Give examples of your approach to discipline and any tactics you have used to discipline somebody in your care)

4. How will you balance your needs and those of your children (if applicable) with the needs of a person that is to be placed?

Your Family / Household

Aim: Describe their attitude to Home Sharing.

1. Persons in the household including children, adult children and others:

Name	Date of Birth	Occupation/School	Relationship to Applicant(s)

2. Personal profile of each person in the household to include personality, hobbies, etc.
(please use continuation page overleaf if necessary)

3. How do family members feel about sharing their home with a person who has a disability?

4. How do family members expect this to impact on family life (e.g. sharing toys/attention, sleeping arrangements, etc)?

5. If you have adult children living away from home, how do they feel about you providing Home Sharing?

6. What role will your extended family/friends and neighbours play during Home Sharing?
(Please include any person who stays overnight on a regular basis)

Profile for Person for Hosting

Aim: To assist in establishing a suitable match between the family and the person to be placed.

1. Would you and your family prefer if the person to be placed was:

- | | | |
|-----------|--------------------------|---|
| a) Male | <input type="checkbox"/> | 1 |
| B) Female | <input type="checkbox"/> | |
| c) Either | <input type="checkbox"/> | 1 |

2. Age Group:

3. Category of Disability:

- | Intellectual Disability | | Physical Disability | |
|-------------------------|--------------------------|---------------------|--------------------------|
| a) Mild | <input type="checkbox"/> | a) Mild | <input type="checkbox"/> |
| B) Moderate | <input type="checkbox"/> | B) Moderate | <input type="checkbox"/> |
| c) Severe | <input type="checkbox"/> | c) Severe | <input type="checkbox"/> |

4. Any aspect of host family support or disability with which household members feel they have a difficulty?

How do you think you would cope with these?

5. Family availability to Home Sharing?

6. Any other comments or questions?

Involvement with Natural Parents

How do you feel about being involved with natural parents in terms of:

1. Introductions to a person to be placed and his/her family?

2. Have you any view to what format you would like these introductions to take, e.g. visits to centres?

3. How would you feel about visits/phone calls from person's family during placement?

4. Any other comments or queries?

Involvement with Support Services

1. What are your expectations of support services during placement period?

2. How do you feel about availing of these supports?

3. If the placement did not work out, what would you do? How do you think you would cope with this?

4. How do you think you would deal with a situation if the service provider requested/recommended that the placement end early?

Accommodation & Neighbourhood

1. Type of Accommodation:

a) Number of Rooms: (Excluding Bedrooms)

b) Number of Bedrooms:

2. Proposed sleeping arrangements for person:

3. Is space safe and secure:

4. Family Pets:

5. General upkeep of home:

6. Attitude to housework: (relaxed, particular etc)

7. Attitudes to indoor play:

8. Description of neighbourhood: (rural, urban, remote, central)

9. Amenities in area: (recreational & Sports facilities, medical resources)

10. Access to transport: (public / private)

Safe care & care for a person with an Intellectual Disability

Note this section should only be completed with applicant(s) after completion of training.

1. How would you prepare for a person coming into your home?

2. Your expectations of a person with Intellectual Disability (physical appearance/physical care)

3. What sort of behaviour might you expect from a person with Intellectual Disability?

4. How do you think you might deal with unexpected or unacceptable behaviour(s)?

5. Are there any behaviours that you would find extremely difficult or intolerable?

6. Any special skills/experience that you have to offer a person with Intellectual Disability?

7. How would you feel about hosting a person from another ethnic group?

8. How would you deal with a disclosure, suspicions or concerns that a person who has been placed with you is being subjected to physical, sexual or emotional abuse or neglect?

9. If any allegations of physical, sexual or emotional abuse or neglect were made against any of your family members, either during or post placement, how do you think you might cope or deal with this?

10. What steps would you or your family take if an allegation of abuse was being made by a person with a disability against you or a member of your family?

5. Placement Agreement Form

Placement Agreement

The following is an agreement for children or adults with intellectual disability placed with a Home Sharing Family for Home Sharing (Short Breaks), Contract Family placements and Shared Living Placements.

A separate agreement or contract is completed between the Home Sharing Family and the Service Provider.

Agreement made the _____ day of _____ 20__

Between

1) **Service Provider** - *Insert the name, address and person responsible for the organisation*

2) **The Home Sharing Family** - *insert name and address*

3) **The Parent(s)/Guardian(s) of the child** – *insert name and address of both the parent(s)/guardian(s) and the child*

4) **The Adult Guest or the Adult Guest's Parent(s)/Guardian(s)** – insert the name and address of the adult Guest or the adult Guest and his/her parent(s)/guardian(s).

Whereas

_____ (insert the name of Home Sharing Guest) born on _____ who has an intellectual/physical disability hereinafter called “the guest”.

The parent(s)/guardian(s) of the child or the adult guest have authorised the service provider to have the Guest placed with the Home Sharing family for the purposes of this agreement as follows: up to _____ (*e.g. 1 weekend per month*) and for such periods of time as agreed and for which there is mutual benefit to all parties. '(INSERT NAME OF SERVICE PROVIDER HERE)' may provide Home Sharing (Short Breaks), Contract Family placements and Shared Living Placements. Time periods will be agreed on an individual basis based on needs, funding available and availability of Host families.

The Home Sharing Family through the offices of the service provider will provide support to the said guest for the period mutually agreed. In the event that any arrangement or placement takes place other than through the offices of the service provider, there shall be no liability or obligation arising on foot of this arrangement

Objective

The objective of this agreement is to enable a Home Sharing Guest to be placed with the Home Sharing Family for the purposes of providing the Guest with an opportunity for wider participation in the community and giving a break to the parent(s)/guardian(s) from the continual care of the Guest.

It is hereby agreed by all parties hereto as follows:

- The Home Sharing Family agrees to support the Guest to return home to their family at the end of the placement.
- The parent(s)/guardian(s) will accommodate the Guest returning from the Home Sharing Family at the end of the placement.
- The parents or guardians retain the right to have the Guest restored to their care for whatever reason.
- Neither the organisation nor its agents nor the parent(s)/guardian(s) shall be liable for any loss or damage to person or property caused by the Guest whilst in the care of the Home Sharing Family.
- The parent(s)/guardian(s) shall take full responsibility for ensuring that the Home Sharing Family are fully informed of the medicines prescribed and agree to keep the Home Sharing Family updated of all the medical changes.
- In the event of an emergency the parent(s)/guardian(s) hereby authorise the Home Sharing Family to seek medical attention for the Guest.
- The parent(s)/guardian(s) will assume financial responsibility for any medical expenses, which might be incurred in the event of the Guest requiring medical attention whilst in the care of the Home Sharing Family.
- The Home Sharing Family undertakes to inform the parent(s)/guardian(s) and the service provider of any accident or illness suffered by the Guest while on placement with the Home Sharing Family.
- The Home Sharing Family agree to care for the Guest as a prudent parent/guardian would and thereto the parent(s)/guardian(s) hereby release the Home Sharing Family from all liability arising out of an accident or sickness of the Guest while in the care of the Home Sharing Family.

Confidentiality

During the course of supporting each Guest, the Home Sharing Family will have access to confidential information concerning the personal and medical affairs of the Guest, his or her family and/or staff/services. The Home Sharing Family shall not use or communicate to any person any

confidential information except in the proper course of their duties, as required by law or as authorised by the service provider.

Data Protection

The scheme is committed to complying with the terms of the Data protection Acts. See www.dataprotection.ie. All information and documentation (files & communications) you come in contact with in the course of the placement is to be treated in the strictest confidence and shall not, during the course of the placement or subsequently, be disclosed to any third party except as required by law or as authorised by the service provider.

The scheme will keep personal information about the Home Sharing Family confidential and secure. The scheme will not disclose such information to anyone outside of the scheme without their consent, except in relation to regulatory authorities, health services executive or service providers for the purposes of a contribution to the quality measure of the service or as required by law. The service provider will provide the Home Sharing Family with access to the information held on records about them (subject to Data Protection/Freedom of Information Acts) when requested. A file will be retained by the service provider on the Home Sharing Family and a separate file will be held on the guest.

This agreement is made in accordance with Irish Law and substitutes any former agreement between the Scheme and the Contract Family.

No amendment or substitution may be made to this agreement without prior written agreement by or on behalf of both parties.

Home Sharing Family Responsibilities

It will be the overall responsibility of the Home Sharing Family to foster the underlying principles of the Guests person centred plan so as to realise the vision for that person. The Home Sharing Family agrees to implement the elements of the Guests care plan that is specific to the placement.

The Home Sharing Family duties shall be to provide support to the Guest including but not limited to the following:

- Assist with the implementation of the Guest's person centred care plan/care plan specific to his/her placement.
- Participate in care planning meetings as required.
- Link with the Social Worker/link worker in relation to recording the progress of the Guest's person centred or care plan.
- Ensure that the Guest participates in activities that promote social inclusion and community participation.
- Foster and encourage the Guest's independence and initiative.
- Ensure that the personal needs of the Guest are attended to at all times.
- Ensure that the privacy of the person being supported shall be respected.
- Ensure that the dress and personal hygiene of the Guest is maintained to the highest possible standard and in keeping with the dignity and age appropriateness of the Guest. Intimate care must be carried out as per the policy guideline.
- Comply with all the relevant policies and procedures related to the Home Sharing Scheme as outlined in training, such as complaints handling, incident reporting, adult and children's protection polices, (Children's First and Adult Safeguarding), intimate care guidelines, drug administration etc.
- Ensure that any accidents/incidents are reported promptly to the designated social worker or link worker.
- Attend all mandatory training.
- Ensure that the home is comfortable and safe and that it complies with the health and safety requirements of the Home Sharing Scheme.
- Provide suitable and comfortable accommodation, to include a private bedroom, unless otherwise agreed, where appropriate to the Guest.
- Permit the Social Worker or link worker to enter their home at all reasonable times, with or without notice, for the purpose of ensuring good quality care and that the Guest's needs are being met in an appropriate environment.
- Participate in reviews or similar exercises as requested.
- Keep in a safe place a record containing:
 - a) the name, surname, address, date of birth, marital status and religious denomination of the person being supported;

- b) the name, address and telephone number, if any of the person's relative or other individual nominated to act on the person's behalf as the individual to be notified in the event of a change in the person's health or circumstances;
- c) the name and address and telephone number of the person's medical practitioner; and
- d) the name, office address and telephone number of the designated officer to be contacted in the event of an emergency.

Reviews

Reviews of placements will take into account the changing circumstances/ needs both of the person placed and the Home Sharing Family. The Guest's placement is reviewed regularly, on an annual basis where possible. The placement review will examine how the person's emotional, social and personal needs are being met. It will also review how the Home Sharing Family are managing and issues that may need clarification are addressed. Placement reviews are required on an annual basis.

A set review of the Home Sharing Family (apart from placement reviews) is undertaken by the Social Worker every 3 years for Home Sharing (Short Breaks) families & every year for Contract Family/Shared Living arrangements. Home Sharing Family Reviews consider the performance of the Home Sharing carers, their training requirements, significant changes in their circumstances, their health status, and the adequacy of the supports and training provided by the scheme. It also considers their future availability to the scheme. Home Sharing Families must participate in the review processes fully.

Availability

- The Home Sharing Family will agree the details of their availability with the Social Worker in advance of the placement.
- The service provider will give 30 days notice (if possible) to the Home Sharing Family of the days and nights that will be required for the Guest.
- In the event of an emergency, a Home Sharing Family may be asked to take a Guest at short notice.
- In the event of a cancellation the Guest, his or her family or the scheme provides at least 24 hours notice to the Home Sharing Family. Every effort will be made to reschedule the

session. If 24 hours notice has not been provided the Home Sharing Family will be paid the allowance for the session and, thus, an alternative date may not be possible.

- The Home Sharing Family will provide 24 hours notice to the scheme in the event of a cancellation. Dates will be rescheduled.

Monitoring and Review

The Home Sharing Family & the Natural family / The Guest agree to the monitoring and review of the placement as requested by the service provider.

Dissolution of Placement

The service provider shall have full discretion to remove the Guest from the care of the Home Sharing Family and end the placement for whatever reason it sees fit. In this event the parent(s)/guardian(s) authorise the scheme to remove and retain the Guest until alternative arrangements are agreed with the parent(s)/guardian(s). The Home Sharing Family agree to handover the care of the Guest to the scheme whenever requested to do so. The Home Sharing Family is required to give at least three months' notice if possible to the scheme of their intention to withdraw from Home Sharing.

Complaints

(INSERT NAME OF SERVICE PROVIDER HERE)'s complaints procedure are available from the office. If either party wishes to make a complaint please contact the scheme Link Social Worker or Coordinator or the administrator.

Arrangements

(a) Number of agreed sessions per month: _____

(b) Date of
commencement: _____

(c) Date of cessation: (if
applicable) _____

(d) Date of placement review: _____

(e) Schedule of Home Sharing
sessions: _____

(f) Transport Arrangements: _____

(g) Activities: _____

(h) Specific aims of
Placement: _____

(i) Hygiene & Personal Care Routine: _____

Important Details & Contact Information

	Name	Contact Number(s)
Mother:		
Father:		
Grandparents:		
GP:		
Pharmacy:		
Bus Driver:		
Key Worker:		
Guest's Social Worker:		
Home Sharing Social Worker:		
Significant others (for e.g. Siblings, Aunts/Uncles): Please list....	<i>See application for more details</i>	
Medical card #		

Does a Medical Information and Medical Consent form need to be completed?

(Please circle)

Yes

No

Agreement Signatories

The Placement Agreement shall continue indefinitely until such a time as either of the relevant parties decides to terminate the agreement by either;

- (a) The natural family or guest informing (INSERT NAME OF SERVICE PROVIDER HERE) of their intention to terminate the agreement; **or**
 - (b) By the Home Sharing Family giving no less than three months written notice of their intention to terminate the agreement; **or**
 - (c) (INSERT NAME OF SERVICE PROVIDER HERE) opting to terminate the above agreement.
- The decision to do so will be at the sole discretion of the scheme.

1) Signed on behalf of the (INSERT NAME OF SERVICE PROVIDER HERE) _____

Print Name: _____

2) Signed by Home Sharing Family : _____

Print Name: _____

3) Signed by the Parent(s)/Guardian(s) of Guest (child): _____

Print Name: _____

or

Signed by the Adult Guest or
by the parent(s)/guardian(s) of the adult Guest: _____

Print Name: _____

6 Home Sharing Contracts

6.1 Home Sharing 'Short Breaks' Family

Home Sharing "Short Breaks" Family

Contract with '(INSERT NAME OF SERVICE PROVIDER HERE)'

This agreement is between the Home Sharing Family and '(INSERT NAME OF SERVICE PROVIDER HERE)'.

This agreement is to be completed once a Home Sharing Family is trained, assessed & approved for Home Sharing.

A separate Placement Agreement is to be completed for each guest placed with a Home Sharing Family when the placement is initially set up.

Agreement made on the _____ day of _____ 20__

Between

1) **Service Provider**

'(INSERT NAME OF SERVICE PROVIDER HERE)'

And

2) **The Home Sharing Family - insert name and address**

Training Requirements

The Home Sharing Family agree to attend training sessions as specified by the scheme in preparation for their role as a home sharing family. Training is mandatory and there is no exception to this requirement.

Confidentiality

During the course of supporting each Guest, the Home Sharing Family will have access to confidential information concerning the personal and medical affairs of the Guest, his or her family and/or staff/services. The Home Sharing Family shall not use or communicate to any person any confidential information except in the proper course of their duties, as required by law or as authorised by the service provider.

Data Protection

The scheme is committed to complying with the terms of the Data protection Acts. See www.dataprotection.ie. All information and documentation (files & communications) you come in contact with in the course of the placement is to be treated in the strictest confidence and shall not, during the course of the placement or subsequently, be disclosed to any third party except as required by law or as authorised by the service provider.

The scheme will keep personal information about the Home Sharing Family confidential and secure. The scheme will not disclose such information to anyone outside of the scheme without their consent, except in relation to regulatory authorities, health services executive or service providers for the purposes of a contribution to the quality measure of the service or as required by law. The service provider will provide the Home Sharing Family with access to the information held on records about them (subject to Data Protection/Freedom of Information Acts) when requested. A file will be retained by the service provider on the Home Sharing family.

This agreement is made in accordance with Irish Law and substitutes any former agreement between the Scheme and the Home Sharing Family.

No amendment or substitution may be made to this agreement without prior written agreement by or on behalf of both parties.

Insurance

House Insurance & Public Liability Insurance

A Home Sharing Family must ensure that they have Public Property Owners Liability insurance cover on their house/home. This cover is sometimes included in most standard home insurance policies and is clearly evident on the insurance policy documentation. More specifically, the Home Sharing Family may require an extension of their public liability cover to cover home sharing. As the Home Sharing Family is entering into a business agreement with the Agency to provide the latter's services in their own home, they need to inform their household insurer of this agreement, purely from a 'property owners liability' perspective.

It should be noted that Home Sharing Families are treated by agencies in a similar manner to volunteers, who are covered as such under the insurance policies of the agency. Additionally, all guests are insured by the agencies that provide services to them, including where such services are provided in Home Sharing Families homes.

The Home Sharing Family only needs to ensure they have property owner's liability cover (as stated above). As for liability arising in connection of the services they provide in their home, this is insured under the Agency's liability policies.

Some insurance companies can be hesitant about covering 'home sharing' as they have concerns about families looking after someone else's child or adult son/daughter on a 'planned', overnight basis. There is generally an understanding when it comes to fostering. In order to give comfort to the insurance company it is important that Home Sharing Family makes clear to their household insurer, or insurance broker (if they have one), that the services the placement they provide in their homes to the child/adult are fully insured under the agencies' liability policies. They should state that they are purely advising of this arrangement with the Agency from a property owner's liability perspective.

It can be difficult to negotiate the extension of liability required with individual insurers. Home Sharing Families can choose to deal with an insurance broker instead of dealing directly with insurance companies. Brokers can sometimes have more flexibility in terms of finding the appropriate cover with a company that will be willing to provide cover for Home

Sharing Families. Brokers are regularly individualising insurance policies for customers based on their needs. An insurance broker can only negotiate with an insurer if they have placed the policy in question with that insurer. It is also important to note that the vast majority of household policies are being purchased online these days with no requirement for going through an insurance broker. It is up to each individual family as to how they acquire insurance. Either way the guidance above is recommended to be followed by the National Home Sharing Network (NHSN).

For Shared Living Home Sharing Families, some insurers will view the full-time Shared Living guest as a 'family member' and the service user (guest) will need to be added to the policy as an adult residing in the family home. This means that they are treated as a family member by the insurer and the public liability does not apply.

Motor Insurance

The National Home Sharing Network (NHSN) advise that Home Sharing Families notify their Motor Insurance Company accordingly and request that the scheme (or agencies if hosting for more than one guest from each organisation) is indemnified on the Motor Insurance Policy. Written confirmation from the Motor Insurance Company should be then included in your motor insurance documentation and held by you. The home sharing scheme may require such information during reviews.

From a duty of disclosure point of view, the Home Sharing Family needs to inform their motor insurer of this new use of their vehicle as it would not have existed if it were not for the agreement with the agency.

For full and up to date information on Insurance Issues, please link with the Home Sharing Co-ordinator or Link Social Worker. Please also refer to www.nhsn.ie (National Home Sharing Network) Guidance on Insurance issues.

Home Sharing Family Responsibilities

It will be the overall responsibility of the Home Sharing Family to foster the underlying principles of their Home Sharing Guest's 'person centred plan' so as to realise the vision for that person.

The Home Sharing Family agrees to implement the elements of the Guests care plan that is specific to the placement.

The Home Sharing Family duties shall be to provide support to the Guest including but not limited to the following:

- Assist with the implementation of the Guest's person centred care plan/care plan specific to his/her placement.
- Participate in care planning meetings as required.
- Link with the Social Worker/link worker in relation to recording the progress of the Guest's person centred or care plan.
- Ensure that the Guest participates in activities that promote social inclusion and community participation.
- Foster and encourage the Guest's independence and initiative.
- Ensure that the personal needs of the Guest are attended to at all times.
- Ensure that the privacy of the person being supported shall be respected.
- Ensure that the dress and personal hygiene of the Guest is maintained to the highest possible standard and in keeping with the dignity and age appropriateness of the Guest. Intimate care must be carried out as per the policy guideline.
- Comply with all the relevant policies and procedures related to the Home Sharing Scheme as outlined in training, such as complaints handling, incident reporting, adult and children's protection polices, (Children's First and Adult Protection), intimate care guidelines, drug administration etc.
- Ensure that any accidents/incidents are reported promptly to the designated social worker or link worker.
- Attend all mandatory training.
- Ensure that the home is comfortable and safe and that it complies with the health and safety requirements of the Home Sharing Scheme.
- Provide suitable and comfortable accommodation, to include a private bedroom, unless otherwise agreed, where appropriate to the Guest.

- Permit the Social Worker or link worker to enter their home at all reasonable times, with or without notice, for the purpose of ensuring good quality care and that the Guest's needs are being met in an appropriate environment.
- Participate in reviews or similar exercises as requested.
- Keep in a safe place a record containing:
 - a) the name, surname, address, date of birth, marital status and religious denomination of the person being supported (each guest);
 - b) the name, address and telephone number, if any of the person's relative or other individual nominated to act on the person's behalf as the individual to be notified in the event of a change in the person's health or circumstances;
 - c) the name and address and telephone number of the person's medical practitioner; and
 - d) the name, office address and telephone number of the designated officer to be contacted in the event of an emergency.

Reviews

Reviews of placements will take into account the changing circumstances/ needs both of the person placed and the Home Sharing Family. The Guest's placement is reviewed regularly, on an annual basis where possible. The placement review will examine how the person's emotional, social and personal needs are being met. It will also review how the Home Sharing Family is managing and issues that may need clarification are addressed. Placement reviews are required on an annual basis.

A set review of the Home Sharing Family (apart from placement reviews) is undertaken by the Social Worker every 3 years for Home Sharing (Short Breaks) families & every year for Contract Family arrangements. Home Sharing Family Reviews consider the performance of the Home Sharing Family, their training requirements, significant changes in their circumstances, their health status, and the adequacy of the supports and training provided by the scheme. It also considers their future availability to the scheme. Home Sharing Families must participate in the review processes fully.

Availability

- The Home Sharing Family will agree the details of their availability with the Social Worker in advance of the placement.
- The scheme will aim to give 30 day's notice (if possible) to the Home Sharing Family of the days and nights that will be required for the Guest.
- In the event of an emergency, a Home Sharing Family may be asked to take a Guest at short notice.
- In the event of a cancellation the Guest, his or her family or service provider provides at least 24 hours notice to the Home Sharing Family. Every effort will be made to reschedule the session. If 24 hours notice has not been provided the Home Sharing Family will be paid the allowance for the session and, thus, an alternative date may not be possible.
- The Home Sharing Family will provide 24 hours notice to the service provider in the event of a cancellation. Dates will be rescheduled.
- In the event of an emergency for the Home Sharing Family, the natural family, the scheme the commissioning organisation must be notified immediately.

Monitoring and Review

The Home Sharing Family agree to the monitoring and review of the placement as requested by the service provider.

Dissolution of Agreement

The Home Sharing Family are required to give at least three months' notice if possible to the scheme of their intention to withdraw from Home Sharing with '(INSERT NAME OF SERVICE PROVIDER HERE)'. If the Home Sharing Family depart from the scheme and wish to return to the scheme at a later date they must give three months' notice to do so. This is to allow the scheme to bring it back to the Approval's Panel and Matching Panel to allow for placements to be set up. There is no guarantee that the same placements will be re-established as the individuals may have their needs met by other family placements or forms of respite. Placements being set up are resource dependent.

Tax Issues

The allowance paid to the Home Sharing Home Sharing Family is for the availability of the room to the home sharing guest. The additional responsibilities of hosting are part of the Home Sharing Family role. The Scheme understands, but does not guarantee, that the allowance is not taxable under the Revenue Commissioners and can be declared as exempt income under the *Rent-a-Room Scheme*.

Tax and Revenue matters are the personal responsibility of the Home Sharing Family. Home Sharing Families can seek advice/services from an accountant. Home Sharing Families can refer to the guidance provided by the National Home Sharing Network (NHSN) www.nhsn.ie for further information.

Complaints

(INSERT NAME OF SERVICE PROVIDER HERE) complaints procedure is available from the office. If the Home Sharing Family wishes to make a complaint they are advised to contact their Link Social Worker.

AGREEMENT SIGNATORIES

The Agreement shall continue indefinitely until such a time as either of the relevant parties decides to terminate the agreement by either;

- (d) By the Home Sharing Family giving no less than three months written notice of their intention to terminate the agreement ; **or**
- (e) '(INSERT NAME OF SERVICE PROVIDER HERE)' opting to terminate the agreement.

The decision to do so will be at the sole discretion of the scheme.

- 1) Signed on behalf of the (INSERT NAME OF SERVICE PROVIDER HERE)

Print Name:

2)

Signed by Home Sharing Family :

Print Name:

6.2 Home Sharing 'Contract' Families

**Home Sharing 'Contract Families' Contract of Agreement with
'(INSERT NAME OF SERVICE PROVIDER HERE)'**

This contract is between the Contract Family and '(INSERT NAME OF SERVICE PROVIDER HERE)'.

This contract is to be completed each year once the Contract Family and Placements have been reviewed and approved by the Approval's Panel.

A separate Placement Agreement is to be completed for each guest placed with a Home Sharing Family when the placement is initially set up.

Contract made on the _____ day of _____ 20__

Between

1) Service Provider

'(INSERT NAME OF SERVICE PROVIDER HERE)'

And

2) The Home Sharing / Contract Family - *insert name and address*

Conditions

The Contract Family must be trained, assessed by a social worker and approved by a Home Sharing Approvals Panel, as per the policy document for the specific purpose of becoming a 'Contract Family'. In addition, Home Sharing Families must attend all mandatory training, which will be made available by the Scheme.

The Contract Family shall provide their service for eleven calendar months per calendar year. The retainer will be paid during the following holiday arrangements:

- 10 Night Contract - 2 weeks
- 16 Night Contract - 3 weeks
- 20 Night Contract - 4 weeks

It shall be mandatory for the Contract Family to provide services during the months of either July or August each year.

Terms of Contract

The Contract Family will perform in person the duties of caring for the Guest in the Contract Family's own home. The Contract Family will, at all times, support and respect each Guest as a valued citizen.

Any changes to the conditions of the placement, such as a change to the guest's bedroom or to the family home, needs to be immediately reported to the Link Social Worker or Home Sharing Scheme so that the placements can be re-assessed and the Home Sharing Panel notified of the changes for consent and approval.

Availability

The Contract Family shall be available to '(INSERT NAME OF SERVICE PROVIDER HERE)' as agreed in their Contract.

At least 90% of sessions must be engaged in the direct care of their Guest(s). Each month the Contract Family is required to offer at least 3 x 24 hour sessions to the Scheme.

The Contract Family may to be expected to be available one or two days per month for the purposes of either:

- (1) Attending the Guest services, to familiarize themselves with their Guest's programme or
- (2) Attending the offices of the Scheme or
- (3) Training or
- (4) Attending any meetings which the services deem appropriate for them to attend in the best interests of any Guest(s)

Whilst Home Sharing Families are usually required to provide overnight care for Guest(s), the Scheme may require them to provide day care. Day sessions will amount to seven hours or more. The Scheme will exercise discretion in the placement of each Guest based on the requirements of the services in respect of the needs of the Guest and their families. The Scheme shall normally give the Contract Family at least fourteen days notice of the days and nights they will be required to care for the Guest(s). However, Home Sharing Families may be asked from time to time to take a Guest on short notice or in the case of emergencies. It is envisaged that the majority of placements will be planned and provided to a number of Guest(s) on a regular basis each month.

The Contract Family shall provide their services to the scheme for a period of *1 year* unless this agreement is terminated;

- (a) By either party giving the other party not less than **three** months written notice; or
- (b) The agreement is terminated by the scheme.

In the event the Contract Family continue to provide their services beyond the period of *1 year* a new agreement for services shall be signed by the Parties hereto but until such time as a new Agreement is signed, the terms and conditions of this Agreement shall continue to apply.

In the event either party hereto terminates this Engagement, then the fee payable hereunder shall immediately cease to become payable.

If the Contract Family depart from the scheme as a Home Sharing Family and wish to return to the scheme at a later date they must give three months' notice to do so. This is to allow the scheme to bring it back to the Approval's Panel and Matching Panel to allow for placements to be set up. There is no guarantee that the same placements will be re-established as the individuals may have their needs met by other family placements or forms of respite. The family will have to start back with the scheme under the Home Sharing (Short Breaks) strand of the scheme as returning as a 'Contract Family' is resource dependent.

If the Home Sharing Family are also working as staff members of (INSERT NAME OF SERVICE PROVIDER HERE), they must let their line manager know that they are participating in the home sharing scheme. They must make the scheme aware if they are on sick leave from work as it may affect their ability to host.

In the event of an emergency for the Home Sharing Family, the natural family, the service provider should be notified immediately.

Financial Conditions

Home Sharing Families will be paid according to their Contract; the Scheme offers three tiers of retainer payment based on the service provided. These are:

- For 10 + sessions the retainer is €5,000.00
- For 16 + sessions the retainer is €8,000.00
- For 20 + sessions the retainer is €10,000.00

The retainer is paid for the purpose of having a room available throughout the year for the placement of a Guest. The Scheme understands, but does not guarantee, that this figure is not taxable under the Revenue Commissioners and can be declared as exempt income under the *Rent-a-Room Scheme*. This sum will be paid in twelve monthly instalments. It shall be a matter entirely for the Contract Family to make all relevant tax returns and claim any reliefs available regarding the monies paid to them under this Agreement.

In addition to the fee payable hereunder, the Scheme may also pay certain allowances/expenses to the Contract Family but payment of any such allowances/expenses shall be at the sole discretion of the Scheme and the Contract Family shall furnish receipt to vouch same whenever requested by the Scheme.

Allowances are paid on 3 levels depending on the needs of the Guest as per the NIDD i.e. the higher figure is payable towards the care of persons with severe physical disability or for a person who is identified to present with severe and persistent challenging behaviour.

Session Cancellations

- The Guest, his/her family and/or staff and/or the services provides at least 24 hours notice for the cancellation of a session, the Contract Family shall make every effort to offer an alternative date.
- The Contract Family are obliged to offer the cancelled session to an alternative Guest.
- If less than 24 hour notice is provided by the Guest, his/her family and/or staff and/or the services, the Contract Family may be asked to offer the session to another Guest, payment will be authorised at level 1 in the event of the placement not occupied.
- In the event of the Contract Family cancelling the placement the Contract Family should endeavour to provide an alternative date to the Guest.
- The fee payable hereunder shall immediately cease to become payable for cancellations arranged by the Contract Family.

The Scheme will pay any travel expenses incurred by the Contract Family, at the agreed training rate, which is necessary or required for the placement to occur and at the request of the Scheme. Any travel arrangements need to be agreed by the scheme commencing. The Scheme will *not pay* expenses incurred by the Contract Family in the course of social outings or family activities.

Nothing in this agreement shall render the Contract Family employees, agents or partners of the service provider.

The Scheme does not take any responsibility for any aspect of the Home Sharing Families tax affairs. The Scheme expects the Contract Family to maintain their own financial records including the payment of any tax or national insurance contributions that may be due under Irish Law.

Children's First and Adult Protection Policies

The Contract Family confirms that they have read and are familiar with any policies of the service provider that relate to Children First & Adult Safeguarding.

Transport

If a Guest(s) uses a wheelchair or requires an adapted vehicle, the Scheme, at its sole discretion, considers various options to facilitate their transport while on placement. The Scheme, at its sole discretion, may decide that the Contract Family are in need of a car or vehicle suitably adapted to meet the needs of the Guest, the Scheme may consider looking at options to assist the Home Sharing Family to facilitate the placements (See appendix 4 for specific terms and conditions).

The Contract Family may be asked to acquire a D-license for the purpose of using transport owned by the services.

Alterations, adaptations or additions to the Contract Family's Home

The Scheme may require adaptations to be made to the Contract Family's home or may require certain apparatus or equipment be fitted to the Contract Family's home for the benefit of the Guest(s), for example the fitting of ramps to allow wheelchair access or the fitting of tracking or lifting devices. The Contract Family shall permit any works deemed desirable under this clause. Where the Scheme provide funds for any such works, then they reserve the right (without being obliged to do so) to remove any such apparatus, equipment or fittings at any time, making good any damage to the Contract Family's home. Any such apparatus, equipment or fittings shall remain the property of the Scheme and the Scheme shall be responsible for maintaining and repairing same. This Contract Family shall ensure not to damage or interfere with any such apparatus, equipment or fittings and shall use same in a proper and secure way and shall immediately advise the Scheme if there is any problem or fault with any such apparatus, equipment or fittings.

Contract Families will take full responsibility and undertake to keep a record of the servicing of any equipment in their home and will undertake to let '(INSERT NAME OF SERVICE PROVIDER HERE)' know when a service is due or happens.

For structural renovations or modifications to the Home Sharing Family home. This will be based on the needs of the guest, usually a guest with significant needs.

Insurance

House Insurance & Public Liability Insurance

A Home Sharing Family must ensure that they have Public Property Owners Liability insurance cover on their house/home. This cover is sometimes included in most standard home insurance policies and is clearly evident on the insurance policy documentation. More specifically, the Home Sharing Family may require an extension of their public liability cover to cover home sharing. As the Home Sharing Family is entering into a business agreement with the Agency to provide the latter's services in their own home, they need to inform their household insurer of this agreement, purely from a 'property owners liability' perspective.

It should be noted that Home Sharing Families are treated by agencies in a similar manner to volunteers, who are covered as such under the insurance policies of the agency. Additionally, all guests are insured by the agencies that provide services to them, including where such services are provided in Home Sharing Families homes.

The Home Sharing Family only needs to ensure they have property owner's liability cover (as stated above). As for liability arising in connection of the services they provide in their home, this is insured under the Agency's liability policies.

Some insurance companies can be hesitant about covering 'home sharing' as they have concerns about families looking after someone else's child or adult son/daughter on a 'planned', overnight basis. There is generally an understanding when it comes to fostering. In order to give comfort to the insurance company it is important that Home Sharing Family makes clear to their household insurer, or insurance broker (if they have one), that the services the placement they provide in their

homes to the child/adult are fully insured under the agencies' liability policies. They should state that they are purely advising of this arrangement with the Agency from a property owner's liability perspective.

It can be difficult to negotiate the extension of liability required with individual insurers. Home Sharing Families can choose to deal with an insurance broker instead of dealing directly with insurance companies. Brokers can sometimes have more flexibility in terms of finding the appropriate cover with a company that will be willing to provide cover for Home Sharing Families. Brokers are regularly individualising insurance policies for customers based on their needs. An insurance broker can only negotiate with an insurer if they have placed the policy in question with that insurer. It is also important to note that the vast majority of household policies are being purchased online these days with no requirement for going through an insurance broker. It is up to each individual family as to how they acquire insurance. Either way the guidance above is recommended to be followed by the National Home Sharing Network (NHSN).

For Shared Living Home Sharing Families, some insurers will view the full-time Shared Living guest as a 'family member' and the service user (guest) will need to be added to the policy as an adult residing in the family home. This means that they are treated as a family member by the insurer and the public liability does not apply.

Motor Insurance

The National Home Sharing Network (NHSN) advise that Home Sharing Families notify their Motor Insurance Company accordingly and request that the scheme (or agencies if hosting for more than one guest from each organisation) is indemnified on the Motor Insurance Policy. Written confirmation from the Motor Insurance Company should be then included in your motor insurance documentation and held by you. The home sharing scheme may require such information during reviews.

From a duty of disclosure point of view, the Home Sharing Family needs to inform their motor insurer of this new use of their vehicle as it would not have existed if it were not for the agreement with the agency.

For full and up to date information on Insurance Issues, please link with the Home Sharing Coordinator or Link Social Worker. Please also refer to www.nhsn.ie (National Home Sharing Network) Guidance on Insurance issues.

Confidentiality

During the course of supporting each Guest, the Contract Family will have access to confidential information concerning the personal and medical affairs of their Guest(s), his/her family and/or staff and/or the services. The Contract Family shall not use or communicate to any person any confidential information except in the proper course of their duties, as required by law or as authorised by the scheme or the respective organizations.

Data Protection

The service provider is committed to complying with the terms of the Data protection Acts. See www.dataprotection.ie. All information and documentation (files & communications) you come in contact with in the course of the placement is to be treated in the strictest confidence and shall not, during the course of the placement or subsequently, be disclosed to any third party except as required by law or as authorised by the service provider.

The service provider will keep personal information about the Home Sharing Family confidential and secure and not to disclose it to anyone outside the service provider without their consent, except in relation to regulatory authorities, health services executive or service providers for the purposes of a contribution to the quality measure of the service or as required by law. The service provider will provide the Home Sharing Family with access to the information held on records about them (subject to Data Protection/Freedom of Information Acts) when requested. A file will be retained by the service provider on the Home Sharing Family and a separate file will be held on the guest.

This agreement is made in accordance with Irish Law and substitutes any former agreement between the Scheme and the Contract Family.

No amendment or substitution may be made to this agreement without prior written agreement by or on behalf of both parties.

Agreed Number of Sessions Per Month:

10 to 15 sessions the retainer is €5,000.00

16 to 19 sessions the retainer is €8,000.00

20 + sessions the retainer is €10,000.00

If for any reason the number of sessions increase or decrease following agreement with the scheme for more than 3 months, the contract (and the retainer) will be changed accordingly at the beginning of the 4th month to match the category of session being provided.

CONTRACT SIGNATORIES

Date: _____

This Contract will commence on the date above for a period of year.

Signed for and on behalf of '(INSERT NAME OF SERVICE
PROVIDER HERE)':

Print Name:

In the presence of:

Signed by the Contract Family :

Print Name:

In the presence of:

6.3 Home Sharing Shared Living Contract

Home Sharing 'Shared Living' Family Contract of Agreement with
(INSERT NAME OF SERVICE PROVIDER HERE)

This contract is between the Shared Living Family and '(INSERT NAME OF SERVICE PROVIDER HERE) '.

This contract is to be completed annually once a review has taken place.

A separate Placement Agreement is to be completed for the Shared Living guest.

Contract made on the _____ day of _____ 20__

Between

(1) '(INSERT NAME OF SERVICE PROVIDER HERE)' (Hereinafter referred to as "the Scheme").

&

(2) **John & Mary Bloggs**, Main Street, Galway.

(Hereinafter referred to as the Shared Living Family)

Conditions

- The Shared Living Family must be trained, assessed by a Social Worker and approved by a Home Sharing Approvals Panel, as per the policy document for the specific purpose of becoming a 'Shared Living Family'. The Shared Living Family must attend all mandatory training, which will be made available by the Scheme.
- The Shared Living Family will provide individualized living arrangements for 12 calendar months per year. The Shared Living Family may avail of respite breaks for their Shared Living guest which will be agreed on an ongoing and individual basis. Short breaks will depend on the needs of the person and the family. The retainer will be paid during respite breaks whilst day expenses will not be paid. The retainer will be paid up to a maximum of 4 weeks respite per year.
- The guest may pay a contribution to the service provider of €12.50 per overnight.
- The Shared Living Family will be responsible for the Guest in the same manner as if the guest was a natural member of their own family (e.g. supporting the guest to manage their finances, attend appointments, social events). The Shared Living Family will avail of backup supports from support services where necessary.

Terms of Contract

The Shared Living Family will perform in person the duties of caring for the Guest in the Shared Living Family's own home. The Shared Living Family will, at all times, support and respect their Guest as a valued citizen. The Shared Living Family's duties are outlined on the national Home sharing Network website www.nhsn.ie.

Availability

The Shared Living Family shall be available to (INSERT NAME OF SERVICE PROVIDER HERE) as agreed in their contract. The Shared Living Family may be expected to be available one or two days per month for the purposes of either:

- 1) Attending their Guests services (day/respice etc), to familiarise themselves with their Guest's programme or
- 2) Attending the offices of the Scheme or
- 3) Training or
- 4) Attending any meetings which the services deem appropriate for them to attend in the best interests of their Guest.

The Scheme will exercise discretion in the placement of the Guest based on the requirements of the services in respect of the needs & best interests of the guest.

The Shared Living Family shall provide their services to the scheme for a period of 1 year unless this contract is terminated:

- (a) By either party giving the other party not less than three months written notice; or
- (b) The contract is terminated by the scheme.

In the event the Shared Living Family continue to provide their services beyond the period of 1 year, a new contract for services shall be signed by the Parties hereto but until such time as a new Contract is signed, the terms and conditions of this Contract shall continue to apply.

If the Shared Living Family depart from the scheme and wish to return to the scheme at a later date they must give three months' notice to do so. This is to allow the scheme to bring it back to the Approval's Panel and Matching Panel to allow for placements to be set up. There is no guarantee that the same placements will be re-established as the individuals may have their needs met by other family placements or forms of respice. The family will have to start back with the scheme under the Home Sharing (Short Breaks) strand of the scheme as returning as a 'Shared Living Family' is resource dependent.

If the Home Sharing family are also working as staff members of the service provider, they must let their line manager know that they are participating in the home sharing scheme.

They must make the scheme aware if they are on sick leave from work as it may affect their ability to provide home sharing.

In the event of an emergency for the Home Sharing Family, the natural family & the service provider should be notified immediately.

Retainer & Allowances

The Shared Living Family will be paid according to the contract. They will be paid a Retainer and expenses for each session provided.

The retainer is paid for the purpose of having a room available throughout the year for the placement of the Shared Living Guest. The Scheme understands, but does not guarantee, that this figure is not taxable under the Revenue Commissioners Rent-a-Room Scheme. This sum will be paid in twelve monthly instalments. It shall be a matter entirely for the Shared Living Family to make all relevant tax returns and claim any reliefs available regarding the monies paid to them under this Contract.

In addition to the fee payable hereunder, the Scheme may also pay certain expenses to the Shared Living Family but payment of any such expenses shall be at the sole discretion of the Scheme and the Shared Living Family shall furnish receipt to vouch same whenever requested by the Scheme

In the event that either party terminates this Engagement, then the contract terminates and the agreed retainer & expenses shall immediately cease to become payable.

Travel Expenses

The Scheme may pay some agreed travel expenses incurred by the Shared Living Family, at the agreed training rate. This will be negotiated and agreed for specific journeys only. The Scheme will not pay expenses incurred by the Shared Living Family in the course of social outings or regular family activities.

Shared Living Family Responsibilities

This contract shall not render the Shared Living Family employees of the (INSERT SERVICE PROVIDER NAME HERE).

The Scheme does not take any responsibility for any aspect of the Shared Living Family tax affairs. The Scheme expects the Shared Living Family to maintain their own financial records including the payment of any tax or national insurance contributions that may be due under Irish Law.

Further information on the Home Sharing Family responsibilities are detailed on the www.nhsn.ie

Children's First and Adult Safeguarding

The Shared Living Family confirms that they have read and are familiar with any policies of the service provider that relate to Children's First and Adult Safeguarding.

Transport

If a Guest/s uses a wheelchair or requires an adapted vehicle, the Scheme, at its sole discretion, considers various options to facilitate their transport while on placement. The Shared Living Family may be asked to acquire a D-license for the purpose of using transport owned by the services.

Alterations/Additions to the Shared Living Family's Home

The Scheme may require adaptations to be made to the Shared Living Family's home or may require certain apparatus or equipment be fitted to the Shared Living Family's home for the benefit of the Guest(s), for example the fitting of ramps to allow wheelchair access or the fitting of tracking or lifting devices. The Shared Living Family shall permit any works deemed desirable under this clause. Where the Scheme provide funds for any such works, then they reserve the right (without being obliged to do so) to remove any such apparatus, equipment or fittings at any time, making good any damage to the Shared Living Family's home. Any such apparatus, equipment or fittings shall remain the property of the Scheme and the Scheme shall be responsible for maintaining and repairing same. This Shared Living Family shall ensure not to damage or interfere with any such apparatus, equipment or fittings and shall use same in a proper and secure way and shall immediately advise the Scheme if there is any problem or fault with any such apparatus, equipment or fittings.

Shared Living Families will take full responsibility and undertake to keep a record of the servicing of any equipment in their home and will undertake to let '(INSERT NAME OF SERVICE PROVIDER HERE)' know when a service is due or happens.

For structural renovations or modifications to the Home Sharing family home, this will be based on the needs of the guest, usually a guest with significant needs.

Insurance

House Insurance & Public Liability Insurance

A Home Sharing Family must ensure that they have Public Property Owners Liability insurance cover on their house/home. This cover is sometimes included in most standard home insurance policies and is clearly evident on the insurance policy documentation. More specifically, the family may require an extension of their public liability cover to cover home sharing. As the Shared Living family is entering into a business agreement with the Agency to provide the latter's services in their own home, they need to inform their household insurer of this agreement, purely from a 'property owners liability' perspective.

It should be noted that Home Sharing Families are treated by agencies in a similar manner to volunteers, who are covered as such under the insurance policies of the agency. Additionally, all guests are insured by the agencies that provide services to them, including where such services are provided in families homes.

The Home Sharing Family only needs to ensure they have property owner's liability cover (as stated above). As for liability arising in connection of the services they provide in their home, this is insured under the Agency's liability policies.

Some insurance companies can be hesitant about covering 'home sharing' as they have concerns about families looking after someone else's child or adult son/daughter on a 'planned', overnight basis. There is generally an understanding when it comes to fostering. In order to give comfort to the insurance company it is important that the Home Sharing family makes clear to their household insurer, or insurance broker (if they have one), that the services the placement they provide in their

homes to the child/adult are fully insured under the agencies' liability policies. They should state that they are purely advising of this arrangement with the Agency from a property owner's liability perspective.

It can be difficult to negotiate the extension of liability required with individual insurers. Home Sharing families can choose to deal with an insurance broker instead of dealing directly with insurance companies. Brokers can sometimes have more flexibility in terms of finding the appropriate cover with a company that will be willing to provide cover for families. Brokers are regularly individualising insurance policies for customers based on their needs. An insurance broker can only negotiate with an insurer if they have placed the policy in question with that insurer. It is also important to note that the vast majority of household policies are being purchased online these days with no requirement for going through an insurance broker. It is up to each individual family as to how they acquire insurance. Either way the guidance above is recommended to be followed by the National Home Sharing Network (NHSN).

For Shared Living Families, some insurers will view the full-time Shared Living guest as a 'family member' and the service user (guest) will need to be added to the policy as an adult residing in the family home. This means that they are treated as a family member by the insurer and the public liability does not apply.

Motor Insurance

The National Home Sharing Network (NHSN) advise that home sharing families notify their Motor Insurance Company accordingly and request that the scheme (or agencies if hosting for more than one guest from each organisation) is indemnified on the Motor Insurance Policy. Written confirmation from the Motor Insurance Company should be then included in your motor insurance documentation and held by you. The home sharing scheme may require such information during reviews.

From a duty of disclosure point of view, the Home Sharing family needs to inform their motor insurer of this new use of their vehicle as it would not have existed if it were not for the agreement with the agency.

For full and up to date information on Insurance Issues, please link with the Home Sharing Co-ordinator or Link Social Worker. Please also refer to www.nhsn.ie (National Home-sharing and Short-breaks Network) for guidance on insurance issues.

Confidentiality

During the course of supporting the Guest, the Shared Living Family will have access to confidential information concerning the personal and medical affairs of the Guest, his/her family and/or staff and/or the services. The Shared Living Family shall not use or communicate to any person any confidential information except in the proper course of their duties, as required by law or as authorised by the scheme or the respective organisations.

Data Protection

The scheme is committed to complying with the terms of the Data protection Acts. See www.dataprotection.ie. All information and documentation (files & communications) you come in contact with in the course of the placement is to be treated in the strictest confidence and shall not, during the course of the placement or subsequently, be disclosed to any third party except as required by law or as authorised by the service provider.

The scheme will keep personal information about the Home Sharing Family confidential and secure. The scheme will not disclose such information to anyone outside of the scheme without their consent, except in relation to regulatory authorities, health services executive or service providers for the purposes of a contribution to the quality measure of the service or as required by law. The service provider will provide the Home Sharing Family with access to the information held on records about them (subject to Data Protection/Freedom of Information Acts) when requested. A file will be retained by the service provider on the Home Sharing family and a separate file will be held on the guest.

This agreement is made in accordance with Irish Law and substitutes any former agreement between the Scheme and the Shared Living Family.

No amendment or substitution may be made to this agreement without prior written agreement by or on behalf of both parties.

Shared Living Schedule

Level 1/2/3: minimum of 21+ nights on a retainer of €10,000 per annum

Allowance:

€20/€45/€85 (midweek Sun – Thurs: if the guest attends a day service)

€35/€65/€100 (24 hr sessions – Weekends and service holiday periods)

- If for any reason the number of days reduces below the above agreed amount for more than two months, the contract will be changed accordingly on the 3rd month to reflect the level of support being provided.
- The amount of respite the Shared Living family & guest avails of each month will be reviewed regularly by the support service in partnership with the family and their guest.

The Guest (Ms. Emily Smith) will be considered as living full-time with the Bloggs family. The additional respite supports that Emily receives will be respite for Emily and for the Bloggs family. It is the responsibility of the Bloggs family to liaise with the Respite & Community Services Manager / Emily's Key worker & Social Worker with regard to scheduling.

Date of Contract: _____

This contract will commence on the date above for a period of one year.

SIGNED for and on behalf of the Home Sharing Scheme: _____

Title: _____

In the presence of _____

SIGNED by the Shared Living Family: _____

In the presence of _____

7. Health and Safety Checklist on Home of Prospective Home Sharing Family

Please note this list is not exhaustive. Some Questions will not be applicable.

Part 1 – General Household Conditions

Household

Is the accommodation suitable for the proposed placement of the child or adult??	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the furniture fit for purpose?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does furniture comply with safety regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there sufficient heating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any glass tables that could be a potential hazard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there sufficient space for activities or play area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do all rooms have an opening window?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any rules in your household with regard to smoking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you or any member of your household be prepared to consider changing your smoking habits should a child or adult be placed with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any obvious hazards in the household?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please specify				
Do any pets pose an obvious or serious threat?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your home ever been the subject of a violent attack or threatened with attack?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the accommodation hygienically clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Part 2 – General Household Conditions (Indoors)

Are gas appliances and boilers stored safely?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do toys comply with safety standards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are accessible power points fitted with child resistant safety covers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are fireguards used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an easily accessible (and working) fire extinguisher or fire blanket? If no, is it expected that this will be in place on the commencement of a placement.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are smoke detectors fitted and working (test batteries)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a fire escape plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are windows secure in the home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are glass doors clearly distinguishable?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all windows and door keys easily available in the event of fire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are stairs safe?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are banisters filled in or have a maximum gap of four inches?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the lighting sufficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the hallway / stairs/ landing clear of any clutter or any fire hazards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a stair gate/ stair guard fitted where required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an accessible First Aid box?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is glass work, china or other fragile objects kept out of reach?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is alcohol, cigarettes or lighters kept out of reach?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there up to date home insurance? House and contents insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- Has the home been checked for carbon monoxide levels? Yes No
- If there is a gun/offence weapon in the family home is it securely stored? Yes No
- Is there a current gun license? Yes No
- Is gun ammunition stored separately and securely? Yes No

Kitchen

- Are kettle flexes short and out of reach? Yes No
- Are chest freezers kept locked? Yes No
- Are sharp knives and other dangerous utensils kept out of reach? Yes No
- Are kitchen work surfaces and flooring in good order? Yes No
- Is there a cooker guard? Yes No
- Are kitchen work surfaces, fridge and flooring kept clean? Yes No
- Is perishable food appropriately stored? Yes No
- Are pets allowed to eat in the kitchen? Yes No
- Are bleach, poisonous substances, matches, etc., stored in their original containers kept out of the reach? Yes No

Bedroom

- Will the child/adult have his or her own bedroom? Yes No
- Are there child proof locks fitted to the windows? Yes No
- Is the room in good decorative order? Yes No
- Is the room light and airy? Yes No
- Is there sufficient heating in the room and is it fixed to the wall? Yes No
- Is the bed and bedding suitable? Yes No
- Is there suitable storage space for the child/ adults belongings? Yes No

If children over eight years old will be sharing a bedroom will it be with a child of the same sex?

Yes No

Bathroom

Are dangerous items locked away out of reach?

Yes No

Is the bathroom clean and hygienic?

Yes No

Are facilities sufficient for the intended number of people in the house?

Yes No

Can the door lock be opened in an emergency?

Yes No

Is there a light or heater operated by a pull chord?

Yes No

Are razor blades / scissors stored safely?

Yes No

Are shampoos, cosmetics, cleaning agents stored out of reach?

Yes No

Part 3 – General Safety Factors (Outdoors)

Are garden / DIY equipment / chemicals locked away out of sight and reach?

Yes No

Is the back garden securely fenced in?

Yes No

Are garden fences and gates secure and in good condition?

Yes No

Are swings, slides play equipment etc, securely fixed?

Yes No

Is there a trampoline? Does it have a safety net?

Yes No

Are greenhouse, ponds, water tanks, etc., covered or fenced off?

Yes No

Are sandpits clean and hygienic and covered when not in use?

Yes No

Is any swimming pool or hot tub kept safely covered?

Yes No

Is the NCT certificate, insurance, and tax disc for car(s) up to date?

Yes No

Does the applicant have an up to date driving licence?

Yes No

Are car(s) fitted with the appropriate restrains and child car seat equipment?

Yes No

Is the car locked when not in use?

Yes No

Are any potentially hazardous fluids / materials stored safely in the garage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all pieces of equipment stored safely in the garage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a chest freezer in the garage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the chest freezer kept locked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the garage kept locked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you live on a farm are play areas safe and are farmyards/machinery/farm animals secured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any serious road safety hazards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Assessing Social Worker

Name _____

Address _____

Telephone No _____

Signature _____

Date _____

Name and signature
 of applicant: _____

Date _____

8. The Social Work Home Sharing Assessment Report

The report about the prospective family's suitability to include detail under the following headings;

1. Names, Address & Dates of Birth.
2. Photograph of the Family on the front of the Report (for the Approvals Panel).
3. Outline of Assessments Visits.
4. Pen Picture of Prospective Host Family – General.
5. Individual Profile of each of the main Home Sharing carers to include:
 - a. Nationality
 - b. Background
 - c. Education
 - d. Employment
 - e. Interests/Talents
 - f. Personality
 - g. Summary
 - h. Core Competencies Demonstrated
6. Children of the Applicants.
7. Other significant Adult members of the Household.
8. Other significant Adults.
9. Current Circumstances of Prospective Home Sharing Family.
10. Motivation of Family to become Home Sharing Family.
11. Accommodation, Neighbourhood & Mobility.
12. Relevant Work Experience / Volunteer work.
13. Preferred client profile for hosting.
14. Attitude towards Home Sharing process.
15. Strengths identified in prospective Home Sharing Family.
16. Parenting / Caring Capacity.
17. Valuing Diversity.
18. Needs identified in prospective Home Sharing Family.
19. What the prospective Host Family would have to offer the profiled person – an impression.
20. Overall summary of Assessment of prospective Home Sharing Family.
21. Recommendations.

9. Placement with Home Sharing family - Final Checklist

It is the responsibility of the social worker placing the child or adult with a Home Sharing family to ensure that the Home Sharing family attended all the required training sessions and have a clear understanding of all relevant policies covered during training sessions, the Home Sharing person centred plan and their role as a Home Sharing family in its implementation and 3) their role and responsibilities pertaining to the placement of the service user. Please note Garda clearance must be obtained for all persons over 18 years residing in the Home Sharing family's home.

Checklist	Applicant 1		Applicant 2	
	Yes	No	Yes	No
References Received				
Garda Clearance Received				
TUSLA Social Work Clearance				
Home Sharing Training Course completed including:				
▪ Disability Awareness				
▪ Manual Handling				
▪ First Aid				
▪ Complaints Handling Policy				
▪ Adult Safeguarding Training				
▪ Children's First				
▪ Incident Reporting				
▪ Intimate Care Guidelines				
▪ Safe care Programme/ Sexuality and Relationships (if applicable to the placement)				
▪ Epilepsy Training (if applicable to the placement)				
▪ Behavioural Management briefing				
▪ Administration of Medication Training (if applicable to the placement)				
Pen Picture of the Home Sharing Guest				
PCP/Care Plan (briefing on the Guest's plan)				
Others (please specify)				

Please specify reasons for any response that indicates No

Signed: _____

Dated: _____

10. Home Sharing Application & Information of Needs Form

(To be completed as part of the application for a Home Sharing placement or as part of a general respite application process)

Part One

Name of Service User _____ DOB _____

Home Address

Tel No: _____ Mobile _____

Name of Parents (Natural) _____

Home Address:

Tel No: _____ Mobile _____

Email: _____

Details of Adult Siblings (if relevant):

Name	Contact Details
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Service Provider _____

Name of Social Worker/Key worker _____

Address of Service Provider _____

Tel No: _____ Mobile _____

Email: _____

Out of Hours Contact Number _____

Name of Day Service _____

Address of Day Service _____

Tel No _____ Mobile _____

Email: _____

Name of GP _____

Address of GP _____

Tel No _____ Mobile _____

Email: _____

Medical Card Number for Service User _____

Part Five – Medical Information

In this section all relevant medical information pertaining to the service user must be outlined. Consideration can be given to the following:

Is the person prone to illness e.g. ear nose and throat infections, chest infections, urinary tract infections?

Has the person any known allergies e.g. food allergies, drug allergies?

Has the person normal hearing?

Does the person wear glasses?

When did the person last receive a tetanus injection?

What vaccines has the person received?

Has the person ever had an operation?

What hospital has the person attended in the past?

Does the person have epilepsy? If yes please describe the type of seizure the person gets and the actions to be taken in the event of a seizure occurring.

Please list all the medications the person is currently taking. For each medication please give the name, the dosage, the times for administration, any foods/ liquids to be taken or avoided while on the medication and reason for the medication.

Are there any other significant medical details?

Part Six – Intimate Care

In this section all relevant information pertaining to dressing, toileting, bathing and evening routine for the service user must be outlined. Consideration can be given to the following:

Dressing

Can the person dress independently?

Does the person need some assistance with dressing?

Does the person need lots of help with dressing?

Does the person require some assistance with brushing or combing their hair?

Bathing

Does the person like to have a bath or shower?

Does the person need assistance with the bath or shower time routine?

Does the person require assistance with oral hygiene?

Toileting

Can the person use the toilet independently?

Does the person need reminders?

How does the person indicate that they want to use the toilet?

Does the person need help after using the toilet? If yes please specify

What is the person's day time pattern?

What is the person night time pattern (history of bed wetting, nappy)?

Does the person use incontinence wear?

Evening Routine

Are there certain times the person likes to get up and go to bed both for during the week and weekends?

Does the person have a favourite sleeping position?

Does the person like the light on or off?

Does the person sleep in a cot or bed?

Does the person have any special night time routine?

Is there any special equipment required?

11. Person Centred Plan and Care Plan

The National Disability Authority (NDA) in Person Centred Planning in the Provision of Services for People with Disabilities in Ireland, defines 'Person centred planning' as a way of discovering how a person wants to live their life and what is required to make that possible (NDA, 2005).

Person centred planning is not so much a new technique for planning as a new approach to - or new type of - planning that is underpinned by a very exacting set of values and beliefs that is very different to the current norm. It is planning that takes as its primary focus a person - as opposed to a disability or a service or some other particular issue. It is 'whole person' oriented as opposed to disability-management focused. It is about citizenship, inclusion in family, community and the mainstream of life and self-determination and can, therefore, require some very fundamental changes in thinking and the established balances of power, the implications of which are potentially enormous and far reaching.

Each service user must have a PCP/ Care Plan for their placement. This plan must outline clearly the objectives of the placement.

The social worker charged with the placement of the service user, must brief and instruct the Home Sharing family with regard to their role as a family in meeting the objectives of the plan.

12 Reviews

12.1 Formal Home Sharing Review – Home Sharing Family

Part One

Name _____

Name of Spouse/Partner: _____

Address: _____

Are there any significant changes in household circumstances, including accommodation that should be noted?

Are there any additional needs identified that require address, e.g. equipment, training, health & safety, etc?

Part 2 - Review of placement (Each Service User must be individually reviewed)

Name of Service User _____

Address: _____

Date of Birth _____

Date of Commencement: _____

Home Sharing arrangements

(days/overnights): _____

Frequency of visits _____

	Yes	No
Did you find the description of the service user accurate and adequate before placement?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

	Yes	No
Did you feel you were well prepared for the introductions to the service user and his or her family?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

Did you feel your family were well matched to the service user you hosted?

Yes No

If No, please explain:

During the placement, did you feel adequate support from those running the programme?

Yes No

If No, please explain and outline how it might be improved:

Were there any aspects of Home Sharing that you or your family found demanding?

How do you and your family view of the Home Sharing experience now?

What were the most enjoyable aspects of the Home Sharing experience?

How do you think the service user finds the experience?

What type of activities did the service user enjoy?

How do you think the natural family enjoys the experience?

Please describe the relationship between your family and the service user's natural family?

	Yes	No
Do you think it is helpful to have a relationship between your family and the service user's natural family?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

	Yes	No
Do you have any concerns about this placement?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please explain:

	Yes	No
Do you wish to continue providing Home Sharing to this service user?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

Part 3 – Review of placement objectives

Social Worker reviews the objectives of the placement (maybe element of person centred plan) with the Home Sharing family to ascertain if the objectives of the placement for the service user are being met.

	Yes	No
Have the objectives of the placement been met?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

Social Worker reviews with the Home Sharing family the roles and responsibilities of the family pertaining to the specific placement of service user to establish if the Home Sharing family are fulfilling their obligations with regard to same.

	Yes	No
Has the Home Sharing family met their responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please explain:

Social worker reviews with the Home Sharing family the following:

- any emergency/crisis placement,
- any injury / incident reports
- any complaints etc

Please comment below:

Part 4 – Home Sharing Family Availability

	Yes	No
Does your family wish to reduce the level of Home Sharing support provided to this service user?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does your family wish to provide an increased level of Home Sharing support?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide details:

	Yes	No
Would your family be interested in providing Home Sharing to another service user?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Would you like to meet other Home Sharing families?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in sharing your experience with new Home Sharing families?	<input type="checkbox"/>	<input type="checkbox"/>

Signed (Home Sharing Family) _____ Date _____

Signed (Social Worker) _____ Date _____

12.2 Formal Home Sharing Review – Person with Intellectual Disability

Part One

Name of Service User _____ DOB _____

Home Address _____

Tel No _____ Mobile _____

Name of Parents (Natural) _____

Home Address _____

Tel No: _____ Mobile _____

Email: _____

Name of Home Sharing Family _____

Home Address _____

Tel No: _____ Mobile _____

Email: _____

Objectives of Family Placement

How do you spend your time while being with your Home Sharing family? Is there anything else you would like to do?

Social/Community Integration

What social outings happen for you while you are living with your Home Sharing family? Is there any other social activity you would like to get involved in?

Have you made friends with people in the local community of your Home Sharing family?

Physical Environment

Do you like your bedroom? Is it nice and warm? Have you any difficulty with the stairs or with anything else in your host family home?

Health and Medical

	Yes	No
Had you ever had any concerns about your health while staying with your Home Sharing family?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, how did the Home Sharing family assist you?

Positive Aspects

What do you like about staying with your Home Sharing family?

Placement Issues

Yes

No

Is there anything you would like to change in your
Home Sharing placement?

If Yes, please outline

Signed (Service User)

Date

Signed (Parent/Advocate):

Date

Signed (Social Worker)

Date

Next Review Date

12.3 Formal Home Sharing Review - Natural Family

Part One

Name of Parents (Natural) _____

Home Address _____

Tel No _____ (M) _____

Email _____

Name of Service User _____ DOB _____

Home Address _____

Tel No _____ (M) _____

Name of Home Sharing Family _____

Home Address _____

Tel No _____ (M) _____

Email: _____

Start Date for this Placement _____

Part Two

	Yes	No
Do you feel you and your family member had enough information about the host family support service before you met the Home Sharing family	<input type="checkbox"/>	<input type="checkbox"/>

If No, please provide details

	Yes	No
Did you and your family member have any fears/concerns before the Home Sharing placement began?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please outline how these fears/concerns were addressed

Part Three

How often does your family member go on a placement to the Home Sharing family?

	Yes	No
Does this placement suit your family member?	<input type="checkbox"/>	<input type="checkbox"/>

If No, please give reason for same

What type of activities does your family member engage in during his or stay with the Home Sharing family?

Are there any other activities that your family member would like to engage in during a placement with the Home Sharing family?

Please describe the level of contact between your family and that of the Home Sharing family?

What have been the advantages, if any, of the Home Sharing service for you as a family and for your family member accessing this model of service provision?

What have been the disadvantages if any of the Home Sharing service for you and your family member?

Part Four

Yes

No

Would you and your family member like to continue to partake in this model of service provision?

If No, please give reason for same

Would you and your family member like to continue accessing Home Sharing with the same family or a different family (please specify below)?

Yes

No

Has this model of service provision met you or your family member's requirements to date?

If No, please explain why

Yes

No

Do you or your family member anticipate a greater need
to use this model of service provision in the future?

If Yes, please specify

Have you any further comments on your experience to date of the Home Sharing model of service provision?

Signed (Parent(s)) _____ Date _____

_____ Date _____

Signed (Social Worker) _____ Date _____

Next Review Date _____

13. Training for Home Sharing Families - Training Pack for Service Providers

Facilitators Training Pack

Session 1 (2 hours)

- **Attendance Sheet**

Ensure all participants have signed in, re-emphasise that partners should attend all training sessions. (if the group is large then split into two groups with two trainers per group, max for one group would be 16/17). Give each person a label with their name, including group facilitators.

- **Ground Rules**

Ask the group to suggest what would be appropriate ground rules for the training, possible suggestions will be:

1. Mobile phones switched off
2. Confidentiality
3. Allow others to speak
4. Respect each other and each other's opinions and attitudes

- **History of Scheme & Definition of Home Sharing**

Give description of Home Sharing and some information on the history of the scheme. *'Home Sharing is a family based respite care scheme which involves an ordinary family in the community taking a child or adult with an Intellectual disability into their home for a short period and caring for that person as a member of their family'.*

The aim of Home Sharing:

- To give the child/young person/adult a holiday.
- To offer the family a break from continual care.
- To give the community an opportunity to share in the care of a person with intellectual disability and to create greater awareness of their needs and aspirations.

History:

- Home sharing was first developed in 1985 to provide respite for a number of people.
- This provided respite for the people for a week during the summer holidays.
- Over the years families are requesting Home Sharing over traditional residential respite services.
- Home Sharing has been successful in terms of promoting the person's well-being and life opportunities as well as sharing the care with natural families.
- Home Sharing has proven to be more family-friendly and person-centred than traditional residential services.
- As a consequence, the waiting lists are growing and service providers are looking to Home Sharing as a possible solution to meeting family requests for long and short term placements.

Home Sharing Contract Families

- Home Sharing has developed over the last 30 years and more recently has been granted funding from Pobal under the Enhancing Disability Programme.
- This funding has been specifically awarded to develop Home Sharing as an alternative to traditional services.
- Pobal recognised the potential for people with disability, both adults and people, to participate in their communities with the support of Home Sharing.
- Importantly, also, was the recognition that people and adults currently availing of residential placements or waiting for a place may be better served by family placements.

Home Sharing Shared Living:

Shared living is defined as an arrangement in which an individual, couple or family in the community share their life's experiences with a person with a disability on a full time basis. The term 'Shared Living' invites people to have an experience rather than to work at a job or provide a service.

- **Show Video**

Show video of Home Sharing in operation to give a flavour of the scheme. Ideally the commissioning organisation will have an up-to-date DVD highlighting Home Sharing/Contract Family and Shared Living schemes.

- **Icebreakers**

(Introduce each other)

1. Invite the group to move seats and sit beside someone that they don't know.
2. Give them 5 minutes to introduce themselves and discuss why they are there.
3. What they hope to get from the training and Home Sharing.
4. They then introduce each other and share some of the information.

- **Definition of Intellectual Disability**

Intellectual disability is a disability characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of eighteen (18) years of age (Mental Retardation 10th Edition AAMR).

- **Home Sharing Pathway / Possible HS Arrangements**

The Pathway to becoming a Home Sharing family.

1. Complete the application form which includes:
 - Names of 3 referees.
 - Consent for the scheme to make HSE enquiry.
 - Garda Enquiry Form.
 - Basic personal details.
2. Training.
3. Medicals.
4. Assessment.
5. Approvals Panel.
6. Matching.
7. Introductions.
8. Placement.

9. Insurance/Contract.

10. Social work support from the commissioning organisation throughout the entire process.

Possible Home Sharing Arrangements:

- A morning or an afternoon per week
- One night per week
- A weekend per month
- Holiday periods
- Home Sharing is flexible

- **Break** (No need if just one hour session).

- **Hopes & Fears**

Group work:

1. Invite the group to move into groups of two/three.
2. Give each group two large pieces of paper.
3. Each group to discuss their hopes and fears about becoming a carer, however large or small.
4. Ask them to list hopes on one sheet and fears on another sheet (give them 10 minutes).
5. Ask them to feedback to the group.
6. Assure all that everything raised will be dealt with in the coming weeks and that if asked that natural families would have very similar concerns.

- **Pen Pictures – Tom, Patrick, Barry, Deirdre, Carol & Mary**

Introduce Pen Pictures as typical people who may be referred to the Home Sharing scheme and that we would be coming back to these pen pictures during the training in the coming weeks.

Tom:

- Tom is a twenty five year old man who is in full time residential care.

- Tom works in a sheltered employment centre where he enjoys assembling Christmas crackers.
- Tom has autism and displays many repetitive mannerisms.
- He loves to talk and repeat himself over and over.
- Prior to moving into residential care tom lived at home with his family.
- He availed of Home Sharing for one week per month.
- This experience proved so positive for both Tom and his family that it was felt important to continue his placement with Home Sharing on a monthly basis.

Patrick:

- Patrick is 37 and lives in a group home on a Monday – Friday basis. He moves at weekends to other houses, wherever there is a vacancy.
- He is always cheerful, witty and enjoys a joke. He also enjoys going for a drink and having a cigarette. He loves pottering outdoors, with some supervision.
- On first meeting him people wouldn't recognise the fact that he suffers from anxiety. Although quite independent physically he cannot manage stairs. His overanxious state can paralyze him in terms of his ability.
- He would benefit from lots of positive interaction especially at weekends when he has to leave his group home.

Barry:

- Barry is 7 and has Autism.
- He does not relate to people and is very involved in his own world and spends hours looking at books.
- He has hardly ever been away from home before.
- He is frightened of dogs.

Deirdre:

- Deirdre is a 10-year-old girl who lives in the countryside with her Mammy and Daddy.
- Deirdre goes to a CEDC (Child Educational and Development Centre).
- She uses a walking frame to help her to get around.
- Deirdre has epilepsy and may get seizures.

- She needs her medication for this.
- She is able to feed herself and loves most dinners but not with gravy!!!!
- She needs some help when getting washed and dressed. Deirdre Loves watching Barney and Postman Pat, going for spins in the car, going swimming and lots of hugs.
- Deirdre doesn't like cats and dogs.

Carol:

- Carol is almost 13 years old.
- She lives at home with her two brothers and one sister. She is the eldest in her family.
- Carol is non-ambulant and is dependant in all areas of care.
- She needs a wheelchair to get around.
- Carol is fed with a gastronomy tube.
- She does not have speech but communicates through laughing, crying, head and leg movements.
- Carol loves her dog, Bennie.

Mary:

- Mary is 45 years old and lives with her sister and her sister's husband.
- She attends an adult day service.
- She enjoys getting out shopping, playing bingo and having the odd glass of wine.
- She is able to take care of her own personal needs.
- She likes to get her own way and can make life difficult for those around her if she doesn't.

Lee – Beyond the label

The Impact of Labelling:

- Probably the biggest negative factor affecting the lives of people with intellectual disability is other people's willingness to make assumptions about them, in particular their abilities or lack of abilities. These assumptions and prejudices discriminate against the person engulfing them in a situation that can be very hard to break free from.

- Inappropriate language reinforces negative stereotypes. This can prolong misunderstanding and myths.
- People with intellectual disabilities are first and foremost human beings with the same basic needs as us all.

Aims of the Exercise

1. To introduce and highlight the effects of labelling on the person and their family.
2. To consider the needs of the person first.
3. To consider what the person needs to reach their potential as responsible and valued adults.

Exercise:

- Lee
- Tell the story-This is Lee, I think he/she is about 10 but I am not sure. He can't talk and has trouble remembering.
- Some people would call him 'mentally handicapped'.
- We see Lee in the shopping centre and he/she is lying on the ground screaming while a parent/carer tries to placate her but to no avail, (add more detail of possible behaviour as required).
- Invite your group to write down on the labels two things people might think of someone like Lee.
- When this is done invite your co – facilitator who may play the role of Lee to sit and face the group.
- Ask each member of the group to come one by one sticking their labels on Lee whilst saying the words out loud.
- Lee talks of how it feels to have these labels enforced on him.
- The Labels are removed and stuck to a flipchart and Lee is de-briefed.
- Tell the story Lee again emphasizing positive attributes.
- This is Lee, he is 10, has a lovely smile, is the eldest of 3, is great fun, is afraid of large crowds, etc.
- Go home and think of these.

Desirable Attitudes:

- Never make assumptions about a person's wants, needs or ability – this guards against discrimination.
- Protect and support a person's rights including the right to make decisions based on their preferences – this promotes choice and risk taking
- Uphold the person's right to privacy – maintains confidentiality.
- Acknowledge the person's views, opinions and belief and promote these while supporting the person - -respect is maintained.
- Communicate with the person using a means that is meaningful to the person, enables them to have control and feel valued – communication.

WELCOME TO HOLLAND by Emily Perl Kingsley

Read to the Group

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I am often asked to describe the experience of raising a child with a disability, to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this.....When you're going to have a baby; it's like planning a fabulous vacation trip to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting. After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, *'Welcome to Holland'*.

'Holland?' you say. 'What do you mean Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy'. But there's been a change in the flight plan. They've landed in Holland and there you must stay. The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met. It's just a

different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say 'Yes, that's where I was supposed to go. That's what I had planned'. And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very very significant loss. But... if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things ... about Holland.

Questions Ask the group if they have any questions of this week's session.

Session 2 (2 hours)

- **Reminder of *Ground Rules***

- **Feedback from Week 1**

Ask the group for feedback from week 1 and address any concerns they have. Ask each group member for one word to describe the previous session, include group facilitators if necessary.

- **DVD**

Play Home Sharing Clare Nationwide DVD.

- **Icebreakers**

See appendix 1 for ideas

- **Skills of Caring – Personal Qualities**

Either all in one group or split into sub groups, use the flipchart and invite the group members to bring forward points that they feel are relevant personal skills to be a carer.

Some possible skills would be:

- Kindness.
- Caring.
- Being considerate.
- Respectful.
- Aware of the needs of the person.
- Aware of your own limitations.
- Aware when you need to call for support.
- Aware when you need to call for help.
- Not been fearful to say no or admit that something has gone wrong.
- Look after yourself first!

- **Responsibility of Caring**

Either all in one group or split into sub groups, use the flipchart and invite the group members to highlight what they feel would be the responsibilities of a carer.

Some possible responsibilities would be:

- Have the best interests of the person at heart
- Provide a safe environment
- Provide a respectful environment
- Communicating with others
- Meet the needs of the person
- 'The aim of caring is not perfection, It is all about love'.

- **What do we need to know as a Home Sharing family?**

Either all in one group or split into sub groups use the flipchart and invite the group members to highlight what they feel they would need to know as a Home Sharing family. What Home Sharing families may need to know about the guest and the placement plan may be some of the following:

- How do I make my environment safe?
- Special diets

- Routines especially around bedtime
- Fears Guest may have
- Mannerisms
- Likes and dislikes
- Behavioural problems
- Medical conditions
- Back up: What to do in the case of an emergency?

Break

- **What does a child need to grow?**

Again either all in one group or split into sub groups, use the flipchart and invite the group members to highlight what they feel a child needs to grow/develop/progress in life.

Possible ideas are:

Food	Nice Clothes	Quality Time
Outings	Social Life	Socialising
To be loved	Security & Safety	Community interaction
Physical Care	Shelter	Stimulation
Exercise	Transport	Play
Sleep	Warmth—bed,	heating
Encourage to express feelings	Independence	Appropriate clothing
Validation	Routine	Appropriate
guidance education	Fun/laughter	Family participation
Friends	Medical care	Sharing
Attention	Health	Explore
Sense of belonging	Cuddles	Understanding
Toys	Hygiene	Involvement
Religion/culture/race	To be noticed	Safe environment
Patience	Boundaries	Hobbies

- **What does an adult need to grow?**

Again either all in one group or split into sub groups, use the flipchart & invite the group members to highlight what they feel an adult needs to grow/develop/progress in life. Acknowledge that many of the supports outlined in the previous exercise may be the same and ask them to consider the additional supports that an adult may require.

Possible ideas are:

Information on entitlements	Dignity	Suitable accommodation
Own room –privacy	To be listened to	Companionship
Relationships	Possessions/ownership	Quiet time
Advocacy	Respect	Independence
Proper equipment	Human rights	Community interaction
Understanding	Food	Transport
To feel needed	To socialise	Entertainment
Money/financial independence	Identity	Choose own bed time
Conversation	Personal hygiene	Exercise
Medical check-ups	Education	Shopping
Choice	Emotional support	To be treated as an adult
Love	Decision making	work
Trust	Making Life choices	Social outlet
Travel/change of scenery	Medical needs	Autonomy

- **Safe Environments (Health and Safety checklist)**

Hand out checklists (see Appendix 2) to group members and discuss using overhead (with points listed below) what a health and safety checklist is looking at and how it will be discussed further in their assessment.

Safety Checklist:

- Kitchen: Cooker: switches, pan guards, height, etc.
- Other electrical equipment, especially kettle and flex which often sits near the edge of the work surface.
- Storage of crockery, glass, sharp knives, etc.

- Storage of disinfectant, bleach, etc.
- Bedroom: Bed or cot Height, position, need for a guard, Windows- lockable.
- Bathroom: Storage of toiletries, medicines, Slip-mat for Bath/shower.
- Does the water get hot?
- Is there a lock on the doors?

- **Separation Exercise/ Settling In – Group-work – Pen Pictures**

Discuss what would help a guest to settle into a Home Sharing placement.

What to do to make the person settle in

- Natural family visit Home Sharing families Home.
- Have adequate Information re the Guest.
- Be competent.
- Respect parents wishes.
- Provide a warm comfortable home.

Scenarios/Pen Pictures:

In this section, group members are given pen pictures (either those shown in Week 1 or those below) of potential guests. Split the group into sub-groups and give each group a number of pen pictures and ask them in each case to consider that their first guest is coming to stay with them. Ask them to look at the pen picture and decide what would help each person to settle in to their Home?

- Pat is sixteen years. She has a severe intellectual disability and can move only her hands a little. She has no speech at all. She likes her food and has a few toys that always get her attention. Her parents do not think she recognizes people.
- Liz is six years of age and is into everything. She is very curious and loves to touch, but has no concentration and darts from objects to object. She likes cuddles but brief ones. She loves animals.
- Paul is just two and has learned to sit up and reach for things. He is easily disturbed by loud noises and sudden actions, and cries if he does not understand his surroundings. He has no words yet, but responds to his name and to single words repeated.

- Annie is thirteen and has never been away from home before. She has Down syndrome, can do many things for herself and likes the company of other teenagers. She can be bossy and gets sulky if she does not get her own way.
- Mick is thirty seven and attends an adult day service. He has good verbal skills but talks incessantly; repeating himself all the time. He needs help with personal care issues. He likes listening to Daniel O Donnell.

- **Questions**

Ask the group if they have any questions of this week's session.

Session 3 (2 hours)

- **Feedback from week two**

Ask the group for feedback from week two and address any concerns they have. Ask each group member for one word to describe the previous session

- **On the spot Exercises**

Describe any of the following and using the flipchart invite the group to bring forward points that they feel are relevant.

- Kevin is with you for the weekend. During the night he wakes very feverish and you are worried that he is unwell. His family are not contactable.
- Your own child falls and breaks her arm. Mike is staying with you also and he is a wheelchair user.
- Your own family don't want Pdraig to stay any longer as he hurts the family cat.
- You notice your own child teasing and jeering Kathleen who is on her second visit to you.
- A group of people shout and jeer Siobhan while in the park.
- Your neighbours complain that Susan's continual screeching is causing too much of a disturbance.

- Thomas' parents believe that you are taking too many risks with Thomas in the playground- you know it is the same level of risk that the school takes.
- Johnny likes to sit in room corners and rock back and forth. He is passive and has few communication skills. Your own family want to engage him in play.

- **Behaviour Workshop**

Guest speaker workshop - (Behaviour Management Trainer) to do session on how to manage challenging behaviour.

Behaviour Workshop:

Ask the Group what is behaviour?

What type of behaviour they would expect of a person with intellectual Disability? List their responses on a flipchart and remind them when finished that everything that had been listed out (which may be licking, slapping, repetitive movements etc) that they are also capable of and may do if someone pushes your buttons. Remind them that often behaviour such as lashing out is a response to something else. Advise that behaviour is:

- Actions.
- Verbal.
- Non Verbal.
- Everything observable.
- Are we behaving now?
- What information do we use to form an opinion of someone?

- ACTIONS– Are things we do.
- Be mindful of your body posture, Space, Voice.
- Verbal – things we say.
 - Things we think.
 - raising voices, communication.
 - if you feel like shouting what should you do instead.
 - Show respect for others.
- Non Verbal.

- Photographs will help someone who is non-verbal to understand what is going on or where you are going.
- If someone is non verbal watch their facial expression, eyes.

What causes Behaviour? / Why do we behave?

Ask the group for their opinion

- Tiredness, anxiety, distress, fear, pain, hunger, medication
- Movement, sensory issues, worry, not getting own way, out of comfort zone
- New environment (remember the 1st thing most do on holidays is to check out the hotel room. Bathroom etc and see where everything is and become familiar with the environment)
- It has a direct response to either environmental or internal signs.
- Environment includes people-staff behaviour is important
- Because it services a function
- It has consequences
- It makes us comfortable

Be aware that your tolerance for behaviours will change throughout the day, give example of problems occurring early in the day, how they make you late etc and how they effects how you react to other behaviours. Remind all that everyone exhibits some behaviour that others find difficult to deal with and that conflict due to behaviour problems could actually be your behaviour problems causing it. Generate conversation.

- Use examples for why we behave & why we stop behaving, E.G of negatives that we display+ negative reinforcement

Why do we stop behaving / What helps?

- Quite environment, less stimulation
- Seen the cause of the behaviour and have tried to address it.
- Need to treat every behaviour as different and address each behaviour.
- The behaviour does not have the same function anymore

1: the behaviour no longer has any positive consequences

2:It no longer makes us comfortable

3:The environment has changed i.e., nothing to respond to

- Don't get attention any more
- Something bad happens - negative consequences
- Environment has changed – different approaches/ facial expressions
- Why would we stop going to work – Lotto, Social /Home

How do we learn?

- By imitation
- By consequences
- By association
- Each person has a different learning history
- People with Intellectual Disabilities have difficulty regarding learning
- Consequences – trial and error
- Association Green man on traffic light – ok to cross road

How do we teach?

- By modelling
- Using positive reinforcement
- Breaking down tasks to small ones
- Reinforce approximations
- By association-Linking of activities, Environment, Audio- visual aids, Generate Conversation-Pay attention to the environment – age appropriate
- How was the sentence taught
- Non pressured atmosphere

Coping with Difficult Behaviour:

- Give example of Ice berg and how what we see is only about 1/5 of the ice berg, the same with behaviour you see it is only a glimpse of what is going on for the person.
- Try to understand why the person is behaving in this way
- Instead of disciplining bad behaviour – Always encourage good behaviour

- Set goals that are achievable
- Clear & consistent approaches all members of family must know what the approach is
- If a small child is doing something that will harm them lift them up and remove them be careful as the child could see this reaction as positive
- Arguments can become a habit- Try not to escalate, move away and stay calm
- Choose a calmer time to tell the person what will happen if they behave in a certain way
- If you have offered a consequences follow it through

Low Arousal Approaches

Don't pour fuel on the fire

Any individual who is threatening or aggressive can be extremely frightening. Often the responses we give tend to increase that individual's behaviour until something extreme happens. A commonplace observation is that it is difficult to reason with an individual who does not wish to be reasoned with.

When a person is upset or angry, what you do or say or what you don't do or don't say could have an effect on the situation you are trying to manage. Remind them of friends who react to you being agitated by calming you down. We recommend the following interpersonal rules to promote a positive engagement approach to managing any incident:

Appear calm

We know that trying to stay calm in a tense situation can be difficult. But if we can try to appear calm to the individual in these times, this may lead to them feeling less confrontational. To achieve this, we need to think of our body language: Avoid tensing muscles, such as folding arms or clenching fists. Have a stance and body language that is hands out front (give example of swan, calm on the surface but paddling underneath). Breathe slowly and regularly. Trying to appear calm on the outside when you are scared on the inside, takes practice. Over time the more you practice, the more confident you will become.

Personal space

Try to maintain a safe distance between you and the individual concerned. The minimum acceptable distance is approximately three feet. At this distance, you can communicate with the individual without “invading” their space. If you have to, back away to achieve this, do so in an unhurried manner. Moving towards an individual can also be seen as threatening.

- Get 2 people to face one another, to look into each other’s eyes, to put their hands on each other’s shoulders, to rock each other side to side and shout “NO”. Get feedback from them as to why that was uncomfortable.
- Stand in front of someone arms length away, Show difference of when straight in front and side on, Advise that personal space expands or contracts depending on the situation.
- Give example of invading someone’s personal space and using height advantage, touch
- Give example of being down on someone’s level and putting out hand; this allows person the option of inviting you into their personal space.

Eye contact

Sustained eye contact (staring) is an almost universal sign for aggression in the animal kingdom. Avoid staring at an individual, but do try and maintain regular intermittent eye contact and watch how they react. If you find this difficult, look somewhere else on the face, for example the forehead.

- Go around the room and show how long people can maintain eye contact and how it can be uncomfortable.
- Advise that people with Intellectual Disabilities may not know the social norms about personal space.
- Advise that maintain eye contact with someone can cause their behaviour to become aroused so need to be careful.

Touch

Touch is generally perceived by people as either a sign of warmth and friendliness or as a signal of dominance. Even if you know the individual well always avoid touching them, at

least initially. When they appear to be calming down, it may well be appropriate to touch them, but be aware that they may not interpret this contact in the manner which you intended it. Show how touch can arouse behaviour:

Give example of maintaining touch too long, advise that you need to mind how you touch people. Give example by asking people who don't like tickling and observe their response if you indicate that you will do so.

Noise

When an individual is upset, the noise's that surrounds them can make a situation worse. So think of the environment, turn the radio or television down or off. Give example of people shouting at each other and how that escalates.

Listen

Listen to what the individual is saying as they are often trying to tell you something. It may well be something very simple that is upsetting them and can be sorted out just by talking about it. It is often a good idea to try sitting the person down to talk to them. But remember your body language and personal space so do not sit too close to them and do not stand over them. Sit or kneel at a safe distance.

Communication

How we communicate with people is very important at anytime, more so when a person is upset. Be aware of your tone of voice. Speak slowly, calmly and softly. Keep your sentences short and simple. Using overlong sentences or explanations can make a person more confused. Again, be aware of your body language, avoid arms folded and appearing distracted. Ensure you show the individual that they have your complete attention.

Distract

Opportunities to distract the individual often present themselves, think of ways to do this and bring down their arousal level. Try to change the subject (avoid being obvious about this) and talk about things and subjects that the person likes. Be aware that if you promise the individual something you are morally obliged to provide it. So for example, do not promise to take them somewhere later, if it is not possible to do so.

Remove other people

To avoid an escalating situation, consider removing other people from the area. It is a lot easier to remove these people, than try to remove the individual who is upset. Also removing these people may prevent any negative feelings and behaviours occurring with them.

De-brief

Talking about the incident is very important, as it can be a very emotional experience for everyone. Remember to talk to everyone who was involved or even witnessed the incident. This means staff, family, carers, other residents and importantly the individual who was initially upset. Talking about the incident afterwards can also help in understanding how and why the incident occurred and may provide information to manage similar incidents more appropriately in the future. Remember, de-briefing is confidential and the listener should be non-judgemental. Debriefing is not a post-mortem it's more about how you feel after an incident. If you were involved in the incident, it is your time to talk. Take as long as you need.

Record the incident

Try to do this as soon as possible after de-briefing. This will help you recall the incident more accurately and provide you with invaluable information on how to minimise or manage future incidents with this individual and allows others to learn from your experience.

Advise that you should aim to minimise behaviour, very difficult if not impossible to eliminate.

Remind people that everyone has repetitive behaviour/movements (such as what you do when get into care etc); people with Intellectual disabilities just have more behaviours.

Remember that we all have behaviours that other find difficult to accept.

- **Questions**

Ask the group if they have any questions of this week's session.

Session 4 (2 hours)

- **Feedback from Session 3**

Ask the group for feedback from week 3 and address any concerns they have. Ask each group member for one word to describe the previous session

- **Client Protection**

Guest speaker workshop (delivered by Head of Social Work or trained Adult Safeguarding trainer). Session on what to do if any concerns around client protection. Also give a briefing on Children's First.

Child Protection Policies and Procedures

Adult Protection Policies and Procedures & Safeguarding Vulnerable Adults Policy

- Confidentiality/Subject Matter
- Ground Rules: Mobile Phones, Respect, Listening.
- Housekeeping: Toilets, Fire Exits, Breaks.

Purpose of Training

- To enable home sharers to recognise signs and symptoms of abuse.
- To ensure home sharers can knowledgeably and effectively report child and adult abuse concerns.
- To inform home sharers about Ability West's and Brothers of Charity Child and Adult Protection Procedures and how to access them.

Policies and Procedures

- HSE and TUSLA Child and Adult Protection Policies and Procedures.
- Their purpose is to state each organisations commitment to protect children and adults in their care and describe the processes involved in doing so.
- The responsibilities of all staff and others involved with them through the organisations are stated
- These are based on Children First: National Guidance for the Protection and Welfare of Children 2011

- Trust in Care Procedures are followed in responding to allegations against staff

Group Exercise – Discuss what is Client protection / Adult Safeguarding / Child Protection

Creating a Safe Environment

- Ensure the environment is safe for the child or adult
- Good Supervision
- Sensible, Respectful, Intimate care
- Being clear about what abuse is
- Being vigilant
- Knowing what to do if you have a concern and doing it

Children First Key Principles

- Welfare of children is of paramount importance.
- Early intervention and support.
- Strike balance between protection children/vulnerable adult and respecting rights/needs of parents/carers and families.
- Children/adults have a right to be heard, listened to and taken seriously.
- Parents/carers: Right to respect – consulted and involved.
- Only separate children from families as last resort.
- A co-ordinated Multi-Disciplinary Team approach
- Agencies should act in a child/vulnerable adult's best interest.

People with Disabilities; Increased Vulnerability

- Communication difficulties
- Lack of Knowledge
- Passivity and lack of assertiveness
- Dependence on others
- Need for Intimate Care
- Multiple carers
- Need for attention, friendship or affection

Categories of Abuse

- Neglect
- Emotional
- Physical
- Sexual

Additional for adults

- Financial
- Institutional

Neglect

An *omission*, where the child (vulnerable adult) suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care. *C.F. 2011, 2.2*

Types of Neglect

- Physical Neglect
- Medical Neglect
- Homelessness
- Inadequate Supervision
- Emotional Neglect
- Educational Neglect
- Newborns addicted or exposed to drugs

Some Signs & Symptoms of Neglect

- Inadequate food, inappropriate food
- Poor hygiene
- Children left home alone
- Lack of appropriate clothing
- Lack of protection
- Failure to thrive

Emotional Abuse

Emotional abuse is normally to be found in the *relationship* between a parent/carer and a child rather (vulnerable adult) than in a specific event or pattern of events. It occurs when a child's (vulnerable adult) developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. *C.F. 2011, 2.3*

Types of Emotional Abuse

- The imposition of negative attributes on a child/adult; criticism, sarcasm, hostility, blame.
- Conditional parenting
- Emotional unavailability
- Excessive responsibility
- Unrealistic expectations
- Under or over protection
- Use of unreasonable or over harsh disciplinary measures
- Exposure to domestic violence

Some Signs & Symptoms of Emotional Abuse

- Rejection
- Withdrawn
- Lack of attachment
- Lack of proper stimulation
- Behaviour difficulties
- Low self esteem
- Over protective parents
- Inappropriate non physical punishment (i.e. Locking in bedrooms)

Physical Abuse

Is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. *C.F. 2011, 2.4.1*

Types of Physical Abuse

- Hitting, Kicking, Biting or Beating
- Severe physical punishment
- Pushing, Shaking or Throwing
- Suffocation
- Terrorising with threats
- Observing Violence
- Use of Excessive Force in Handling
- Deliberate Poisoning

Some Signs & Symptoms of Physical Abuse

- Bruises, fractures, swollen joints
- Burns or scalds
- Abrasions/Lacerations
- Haemorrhages (Retinal, Subdural)
- Damage to body organs
- Failure to thrive
- Poisonings – repeated (prescribed drugs, alcohol)
- Munchausen by proxy

Sexual Abuse

When a child/vulnerable adult is used by another person for his or her gratification or sexual arousal or for that of others. *C.F. 2011 2.5.1*

Types of Sexual Abuse

- Exposure of sexual organs or any sexual act intentionally performed in presence of child/vulnerable adult
- Intentionally touching or molesting body of child/vulnerable adult for the purpose of sexual arousal
- Masturbation in presence of or involvement of child/vulnerable adult in act of masturbation
- Sexual intercourse with child/vulnerable adult

- Sexual exploitation of child
- Consensual sexual activity involving adult and a child under the age of 17 /vulnerable adult

Some Signs & Symptoms of Sexual Abuse

- Disclosure
- Bleeding from vagina, bruising in genital areas
- Sexually transmitted diseases
- Uncharacteristic change in behaviour
- Inappropriate sexualised behaviours, uncharacteristic sexual play with peers and toys
- Unusual reluctance to join in normal activities that involve undressing
- Bedwetting, soiling

Welfare

A problem experienced directly by a child/vulnerable adult, or by the family of a child/vulnerable adult, that is seen to impact negatively on the person's welfare or development, which warrants assessment and support. *CP&W Practice Handbook, p.6*

Types of Welfare Concerns

- Family support needs
- Financial difficulties
- Poor Parenting skills
- Mental health difficulties of family members
- Homelessness of family, frequent moves
- Domestic Violence

(Welfare concerns over a period of time can become other forms of abuse such as Neglect or Emotional abuse).

Guidelines for Recognition

There are three stages in the identification of child/vulnerable adult neglect or abuse:

1. Considering the possibility

2. Looking out for signs of neglect or abuse
3. Recording of information

C.F. 2011 2.7.1

How to Handle a Disclosure of Abuse

- Remain calm.
- Listen and allow them to tell you in their own words at their own pace.
- Avoid asking leading questions.
- Remember: It is not your job to interview the child/adult.
- Give reassurance and avoid expressing judgement.
- Do not promise to keep secrets.
- In event of Disclosure: Do not confront alleged abuser
- Report your concerns immediately.

What to do if you have a concern

- Contact the Social Worker or key worker.
- If there is very clear evidence of abuse, you may contact the Designated Liaison Person directly.
- In the case of a child, you may contact the local Health Service Executive office directly
- Complete a CP1 (Client Protection form) form if required, includes a body diagram.

Key information. What to do if you have a concern outside of office hours:

In cases of emergency where a child or adult appears to be ***at immediate and serious risk*** and a Social Worker or Designated Liaison Person is not available, any emergency situation should be reported to An Garda Síochana without delay.

Designated Liaison Person

- Designated Liaison Persons are responsible for the management of the response to all client protection issues.
- It is the role of the Designated Person to inform the HSE/TUSLA of child protection and welfare concerns, when required.

Confidentiality

- Information in relation to child/ adult protection concerns should be shared on a need to know basis.
- No undertakings regarding secrecy should be given.
- The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.
- **The Protection for Persons Reporting Child Abuse Act, 1998** – Provides immunity from civil liability to persons who report child abuse ‘**reasonably and in good faith**’ to designated officers of health boards or any member of An Garda Síochana.

Group Exercise 2

Scenarios – discuss what would you do?

Notification of Abuse Allegedly Caused by Home Sharers

- In all cases of suspected abuse caused by a home sharer, the relevant Manager, or worker must be informed. They in turn will inform the relevant Chief Executive.
- The CP1 form must be completed by either the person(s) expressing the concern or receiving such information, and sent to the relevant Designated Person.
- Following a preliminary enquiry to determine whether abuse could have occurred, an investigation may be set up under Trust in Care procedures.

Recording Information

- The CP1 form must be completed by the person noting or receiving information. Marking/injuries should also be noted on the Body Diagram/CP1 Form, and a written description included.
- The written description must be done as soon as possible after the event. Care should be taken to record all relevant facts and to avoid speculation

Remember...

‘We must not pass the baton when we are concerned about a child, we must hold that concern together, collectively!’

- Remember to observe, be aware, record and consult.

- If in doubt always consult with your support Social Worker.

Any Questions?

- **On the spot Exercises (client protection)**

Outline the following scenarios to the group and ask for their response, split into smaller groups if necessary.

Maria is 14 years of age. She has Down syndrome and has been coming to stay with you for the past three years. She tells you she has a boyfriend and they like to touch each other. She asks you not to tell her parents. What do you do?

The father of your guest tells you that he is worried about his wife and her excessive drinking. She is short tempered with the people. He begs you not to tell anyone. What do you do?

When helping your guest to get ready for bed you notice bruising on both arms. What would you do? Who would you talk to?

- **Questions**

Ask the group if they have any questions of this week's session. If time, discuss again categories of Abuse, Neglect, Emotional, Physical, Sexual, Financial and Institutional.

- **List of family members & who will be attending Day session**

Session 5 – “Family Day” session (11 am – 3pm)

- Children are looked after by another group and there they complete a number of exercise and report back to their families at the end.

- **Feedback from session 3/4**

Ask the group for feedback from week 3 and 4 and address any concerns they have. Ask each group member for one word to describe the previous session

- **Safe Caring & Intimate Care Guidelines**

Split into small groups and go through what they think are the issues in regard to self care when a Home Sharing Family and in regard to safe caring (see appendix 3) when administering intimate care to a guest (see appendix 4). Discuss if any of the issues outlined in appendix 3 and 4 not brought up by the group.

- **Risky Business**

Hand out the risky business table (appendix 5) and ask them to discuss in their groups.

- **Feelings of Natural family**

Ask the group:

How do you think the natural family feels availing of a break with a Home Sharing family?

Negative Feelings:

- Apprehensive
- Lonely
- Guilty
- Nervous
- Glad to have a break
- Uncomfortable
- Worried

Positive Feelings:

- Looking forward to their child/adult coming home

- Looking forward to another visit
- Not being possessive-letting go
- Discussing behaviours with others
- Sharing concerns/worries
- Integration
- New friends
- Support/Acceptance

Ask the group:

- What does the Natural Family need to know?

Some quotes from Natural Families:

“It’s hard to let go because of the fits, we thought only we know what it’s like”. “The first time he stayed there for about 2 hours, I couldn’t wait to pick him up”. “When I first heard about it I was a bit dubious – I was a bit worried that they wouldn’t be able to handle him”. “The first time I left her I was quite emotional. I was still feeling guilty about wanting to leave her. I parked in a lay-by and sat and cried for half an hour and thought about it”. “At first I was quite jealous if I’m honest. He just didn’t want to come home to begin with. You could tell she was a bit embarrassed by it all”.

- **Feelings of Home Sharing family**

Ask what their feelings would be as a Home Sharing family prior a guest coming to stay, during and afterwards.

- **Working with parents in partnership / Promoting good relationships**

Ask the group to consider whether they think it is important to work in partnership, what are the issues to consider that may make it easy or hard and how they could promote good relationships with the natural family or the organisation supporting them.

Break

- **Meeting with experienced Home Sharing family.**

Ask an experienced Home Sharing family to speak to the group about their experience of Home Sharing.

- **Meeting with Experienced Natural Family/Service user availing of Home Sharing.**

Ask a Family member of a guest receiving Home Sharing to speak to the group, ask a guest of a Home Sharing family to speak to the group about their experience of Home Sharing.

- **Questions**

Ask the group if they have any questions of this week's session.

- **Children**

Report back from what they have been doing and what they have learned.

Session 6 (2 hours)

- **Feedback from Session 5**

Ask the group for feedback from training day (week 5) and address any concerns they have. Ask each group member for one word to describe the previous session. Split into smaller groups and asked them:

What was their learning from Day session?

What questions they have from Day session?

Feedback on how training could be improved?

Break down each week on what done well and what could be improved.

- **Real Situations template**

Ask the group to consider the handout in Appendix VII and how they would react.

- **Summary of Training**

Run through each week of training and what covered. Answer any questions people have.

- **Confidentiality**

Definition of Confidentiality: the information a patient reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party; usually the provider must obtain permission from the patient to make such a disclosure (Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health).

Under Child Protection and Client protection guidelines (as outlined in week 4) the provision of information to statutory agencies for the protection of a child or adult is not a breach of confidentiality.

Questions on Confidentiality:

Outline the following scenario to the group and ask for their response.

- Think of a time when you thought someone had betrayed a confidence of yours

- Perhaps you told a friend that you were worried about your finances and then another friend sympathizes with you?
- How did you feel?

Give a scenario when they have concern about what a guest told them but asked them not to report

Ask if they have any questions on confidentiality

- **On the Spot exercises**

Use pen pictures from week 1, week 2 or week 4 and add questions on confidentiality, client protection, use example of pen picture with Parent worried about something, or family not contactable when a concern exists.

- **Hope and Fears**

Go back to Hopes and Fears outlined in week 1 by the group and ensure they have all been addressed.

Break

- **What happens next? – Assessment – Training**

Assessment:

- A Social Worker is then assigned to your family to complete the Assessment.
- This process can take up to four- six visits, each visit lasting approx one to two hours.
- The applicant (s) is/are interviewed jointly, individually, and together as a family.
- The people/young people are also interviewed.

Assessment Topics

- Lifestyle
- Caring Skills
- Family background
- Knowledge of intellectual disability

- Motivation/commitment to and understanding of scheme
- The Assessment form is based on current H.S.E. Fostering assessment practice.
- The relevant Social Worker then completes and discusses the 23 page assessment along with the family.
- The Social Worker also completes a report with recommendations.
- The completed Social Work report, assessment form, medical forms, references together with Garda Clearance and the H.S.E. enquiry report is presented to the approvals panel

The Approvals Panel:

- The approval panel comprises of Head of Social Work from the commissioning organisation, the HSE Disability Manager, a member of the HSE Fostering department, a TUSLA representative, members of the multi-disciplinary team and others as deemed appropriate by the CEO or the CO..
- The completed assessment form along with the required paperwork/references are presented.
- On approval the Home Sharing family are notified and their name goes forward to the matching process.

Matching

- All requests for Home Sharing from both organizations are presented for matching.
- The matching panel make the appropriate matches based on knowledge of the families, their skills and abilities relevant to the needs of the service users.
- The person eventually placed with you may not be the person you had planned to Home Share.

Getting Started

- Following the matching process introductions then take place.
- This involves the natural family and service user meeting the Home Sharing family.
- This is facilitated by a designated person from either organization.
- If all parties are happy to proceed, placements are arranged by the link social worker..

Ongoing Support:

- Ongoing support is provided by your family's Link Worker/ Social Work
 - Further training is provided as required
 - Epilepsy, Manual Handling, First Aid.
 - Annual reviews of each placement
 - Payment of expenses on a monthly basis
-
- **Expenses**
 - Discuss the allowances available to Home Sharing families

 - **Mandatory & Ongoing Training Requirements**
 - **Circulate Handbook (most up to date version, address requirement for Home insurance). Present the NHSN.ie website and the resources available on it.**

 - **Questions**

Ask the group if they have any questions of this week's session or the next steps (split into groups if necessary). Ask each group member for one word to describe the training in general. Find out who in the group would be ready for assessment within the coming weeks. Thank all for attending.

14 Appendices

Appendix 1: *40 Icebreakers for Small Groups*

Thanks to http://insight.typepad.co.uk/40_icebreakers_for_small_groups.pdf

Why icebreakers?

Icebreakers can play an important role in helping young people integrate and connect with one another in a group environment. Icebreakers can also enhance your teaching by helping to stimulate cooperation and participation. They can provide positive momentum for small group study and discussion by:

- Helping a new group get to know one another.
- Helping new members to integrate into a group.
- Helping young people feel comfortable together.
- Encouraging cooperation.
- Encouraging listening to others.
- Encouraging working together.
- Encouraging young people to break out of their cliques.
- Developing social skills.
- Building a rapport with leaders.
- Creating a good atmosphere for learning and participation.

Icebreakers and you

A 10 SECOND CHECK LIST!

- Be enthusiastic, whatever happens, be enthusiastic!
- Choose volunteers carefully and don't cause embarrassment.
- If something is not working move quickly on to the next activity.
- Timing is important.

Don't flog them to death. Use only 2 or 3 icebreakers as a 20/30 minutes introduction to your programme. Finish each icebreaker while everyone is still enjoying it.

- Choose icebreakers appropriate for your age group. No group is the same.

GETTING TO KNOW YOU ICEBREAKERS

Fact or fiction?

Ask everyone to write on a piece of paper THREE things about themselves which may not be known to the others in the group. Two are true and one is not. Taking turns they read out the three 'facts' about themselves and the rest of the group votes which are true and false. There are always surprises. This simple activity is always fun, and helps the group and leaders get to know more about each other.

Interview

Divide the young people into pairs. Ask them to take three minutes to interview each other. Each interviewer has to find 3 interesting facts about their partner. Bring everyone back to together and ask everyone to present the 3 facts about their partner to the rest of the group. Watch the time on this one, keep it moving along.

My name is?

Go around the group and ask each young person to state his/her name and attach an adjective that not only describes a dominant characteristic, but also starts with the same letter of his name e.g. generous Grahame, dynamic Dave. Write them down and refer to them by this for the rest of the evening.

Conversations

Each person is given a sheet of paper with a series of instructions to follow. This is a good mixing game and conversation starter as each person must speak to everyone else. For example;

- Count the number of brown eyed boys in the room.
- Find out who has made the longest journey.
- Who has the most unusual hobby?
- Find the weirdest thing anyone has eaten.
- Who has had the most embarrassing experience?
- Who knows what 'Hippopotomonstrosesquippedaliophobia' is a fear of? Nearest guess wins. If that's too easy you can try Arachibutyrophobia, Alektorophobia, Ephebiphobia or Anglophobia.
- Hippopotomonstrosesquippedaliophobia - Fear of long words

- Arachibutyrophobia - Fear of peanut butter sticking to the roof of the mouth.
- Alektorophobia - Fear of chickens.
- Ephebiphobia - Fear of teenagers
- Anglophobia - Fear of England or English culture.

The question web

You need to have a spool of string or wool for this game. Ask the young people to stand in a circle. Hold on to the end of the string and throw the ball/spool to one of the young people to catch. They then choose a question from 1-20 to answer. A list of 20 sample questions is given below. Adapt for your group.

Holding the string they then throw it to another member of the group. Eventually this creates a web as well as learning some interesting things about each other! At the end of the game you could comment that we all played a part in creating this unique web and if one person was gone it would look different. In the same way it's important that we all take part to make the group what it is, unique and special.

1. If you had a time machine that would work only once, what point in the future or in history would you visit?
2. If you could go anywhere in the world, where would you go?
3. If your house was burning down, what three objects would you try and save?
4. If you could talk to any one person now living, who would it be and why?
5. If you HAD to give up one of your senses (hearing, seeing, feeling, smelling, tasting) which would it be and why?
6. If you were an animal, what would you be and why?
7. Do you have a pet? If not, what sort of pet would you like?
8. Name a gift you will never forget?
9. Name one thing you really like about yourself.
10. What's your favourite thing to do in the summer?
11. Who's your favourite cartoon character, and why?
12. Does your name have a special meaning and or were you named after someone special?
13. What is the hardest thing you have ever done?

14. If you are at a friend's or relative's house for dinner and you find a dead insect in your salad, what would you do?
15. What was the best thing that happened to you this past week?
16. If you had this week over again what would you do differently?
17. What is the first thing that comes to mind when you think about God?
18. What's the weirdest thing you've ever eaten?
19. If you could ask Christ to change one problem in the world today, what would you like him to change?
20. What book, movie or video have you seen/read recently you would recommend? Why?

Desert Island

Announce, 'You've been exiled to a deserted island for a year. In addition to the essentials, you may take one piece of music, one book (which is not the Bible) and one luxury item you can carry with you i.e. not a boat to leave the island! What would you take and why?' Allow a few minutes for the young people to draw up their list of three items, before sharing their choices with the rest of the group. As with most icebreakers and relationship building activities, it's good for the group leaders to join in too!

If

Ask the group to sit in a circle. Write 20 'IF' questions on cards and place them (question down) in the middle of the circle. The first person takes a card, reads it out and gives their answer, comment or explanation. The card is returned to the bottom of the pile before the next person takes their card. This is a simple icebreaker to get young people talking and listening to others in the group. Keep it moving and don't play for too long. Write your own additional 'IF' questions to add to the list.

1. If you could go anywhere in the world, where would you go?
2. If I gave you \$10,000, what would you spend it on?
3. If you could watch your favourite movie now, what would it be?
4. If you could talk to anyone in the world, who would it be?
5. If you could wish one thing to come true this year, what would it be?
6. If you could live in any period of history, when would it be?
7. If you could change anything about yourself, what would you change?

8. If you could be someone else, who would you be?
9. If you could have any question answered, what would it be?
10. If you could watch your favourite TV show now, what would it be?
11. If you could have any kind of pet, what would you have?
12. If you could do your dream job 10 years from now, what would it be?
13. If you had to be allergic to something, what would it be?
14. If you sat down next to Jesus on a bus, what would you talk about?
15. If money and time was no object, what would you be doing right now?
16. If you had one day to live over again, what day would you pick?
17. If you could eat your favourite food now, what would it be?
18. If you could learn any skill, what would it be?
19. If you were sent to live on a space station for three months and only allowed to bring three personal items with you, what would they be?
20. If you could buy a car right now, what would you buy?

Name that person

Divide into two teams. Give each person a blank piece of card. Ask them to write five little known facts about themselves on their card. Include all leaders in this game too. For example, I have a pet iguana, I was born in Iceland, my favourite food is spinach, my grandmother is called Doris and my favourite colour is vermillion.

Collect the cards into two team piles. Draw one card from the opposing team pile. Each team tries to name the person in as few clues as possible. Five points if they get it on the first clue, then 4, 3, 2, 1, 0. The team with the most points wins. (Note: if you select the most obscure facts first, it will increase the level of competition and general head scratching!)

Would you rather..?

Questions may range from silly trivia to more serious content. On the way you might find out some interesting things about your young people! Place a line of tape down the centre of the room. Ask the group to straddle the tape.

When asked 'Would you rather?' they have to jump to the left or right as indicated by the leader. Don't forget to encourage your adult helpers to join in too! I've included 20 starter questions, just add your own and let the fun begin.

Would you rather..?

- Visit the doctor or the dentist?
- Eat broccoli or carrots?
- Watch TV or listen to music?
- Own a lizard or a snake?
- Have a beach holiday or a mountain holiday?
- Be an apple or a banana?
- Be invisible or be able to read minds?
- Be hairy all over or completely bald?
- Be the most popular or the smartest person you know?
- Make headlines for saving somebody's life or winning a Nobel Prize?
- Go without television or fast food for the rest of your life?
- Have permanent diarrhoea or permanent constipation?
- Be handsome/beautiful and dumb or be ugly and really smart?
- Always be cold or always be hot?
- Not hear or not see?
- Eliminate hunger and disease or be able to bring lasting world peace?
- Be stranded on a deserted island alone or with someone you don't like?
- See the future or change the past?
- Be three inches taller or three inches shorter?
- Wrestle a lion or fight a shark?

Masks

you will need crayons or paints, markers, scissors and white card for this activity. Give each young person a piece of white card. Ask them to draw and cut out a life-sized shape of a face. They can also cut out eyes and a mouth if they wish. Each young person is then asked to decorate their card face. One side represents what they think people see/know/believe about them i.e. on the outside. The other side represents what they feel about themselves i.e. things going on the inside, what people do not necessarily know or see.

This is best used in an established group where the young people are comfortable and at ease with each other. 'Masks' is also a good discussion starter on self-image and self-worth.

Flags

Flags is a get-to-know-you activity, helping young people express what's important to them or more about themselves. Provide large sheets of paper, crayons, markers and paints. Ask each young person to draw a flag which contains some symbols or pictures describing who they are, what's important to them or what they enjoy.

Each flag is divided into 4 or 6 segments. Each segment can contain a picture i.e. favourite emotion, favourite food, a hobby, a skill, where you were born, your family, your faith. Give everyone 20 minutes to draw their flags. Ask some of the group to share their flags and explain the meaning of what they drew.

People Bingo

Great for new groups. Make a 5 by 4 grid on a piece of card and duplicate for everyone in your group. Supply pens or pencils. Each box contains one of the statements below. Encourage the group to mix, talk to everyone to try and complete their card. If one of the items listed on the bingo card relates to the person they are talking with, have them sign their name in that box.

End the activity after 10 minutes and review some of the interesting facts the group has discovered about each other. You can add your own statements appropriate for your group.

- Has brown eyes
- Has made the longest journey
- Has eaten the weirdest food
- Plays Tennis
- Is wearing blue
- Speaks a foreign language
- Knows what a muntjak is (it's a small deer)
- Plays a musical instrument
- Has 2 or more pets
- Has been to the most foreign countries

- Hates broccoli
- Has 2 or more siblings
- Name begins with an 'S'
- Loves Chinese food
- Loves to ski
- Knows what a quark is (A quark is a tiny theoretical particle that makes up protons and neutrons in the atomic nucleus. So there!)
- Loves soccer
- Likes to get up early
- Someone who's favourite TV show is CSI
- Someone over 6ft tall

GROUP BUILDING ICE-BREAKERS

Around the world

The leader begins by saying the name of any country, city, river, ocean or mountain that can be found in an atlas. The young person next to him must then say another name that begins with the last letter of the word just given. Each person has a definite time limit (e.g. three seconds) and no names can be repeated. For example - First person: London, Second Person: Niagara Falls, Third Person: Switzerland

Supermarket

The first player says: "I went to the supermarket to buy an Apple (or any other object you can buy in a supermarket that begins with an A). The next player repeats the sentence, including the "A" word and adds a "B" word.

Each successive player recites the sentence with all the alphabet items, adding one of his own. For example; 'I went to the supermarket and bought an Apple, Banana, CD, dog food, envelopes, frozen fish'. It's not too hard to reach the end of the alphabet, usually with a little help! Watch out for 'Q' and 'X' ☺

Tall stories

The leader starts a story with a sentence that ends in SUDDENLY. The next person then has to add to the story with his own sentence that ends in SUDDENLY. Continue the story until everyone has contributed. The story becomes crazier as each young person adds their sentence. Tape it and play it back. For example; 'Yesterday I went to the zoo and was passing the elephant enclosure when SUDDENLY.....'

Once upon a time

Ask each young person to think of either the name of a person, a place or a thing.

Invite them to share this with the rest of the group. Select one of your group to begin a story. However, within 10 seconds they must mention the person, place or thing they have thought of. After 10 seconds (use a stopwatch or kitchen timer) the story is continued by the next person who must also mention their person, place or thing within the 10 seconds. Continue until everyone has made a contribution. The stories can get really weird, but that's part of the fun!

Word link

This is a word association game. Ask the group to sit in a circle. The first person starts with any word they wish i.e. red. The next person repeats the first word and adds another word which links to the first i.e. tomato. The next person repeats the previous word and add another word link i.e. soup, and so on. To keep this moving, only allow five seconds for each word link.

Object stories

Collect together a number of objects and place in a canvas bag. The objects can include everyday items i.e. a pencil, key-ring, mobile phone, but also include some more unusual ones i.e. a fossil, holiday photograph, wig! Pass the bag around the group and invite each young person to dip their hand into the bag (without looking) and pull out one of the objects. The leader begins a story which includes his object. After 20 seconds, the next person takes up the story and adds another 20 seconds, incorporating the object they are holding. And so on, until everyone has made a contribution to your epic literary tale ☺

Add words

Simple, completely ridiculous and a lot of fun. The first person says a word, for example 'The'. The second person says the first word and ADDS a second word of their choice, and so on. At the end you might have a complete sentence! For example, 'The aardvark spiralled into the puddle of custard clutching his skateboard while whistling his favourite Bjork melody.' The fun thing is putting twists in the sentence so that the others have a hard time coming up with a word that fits. ADD WORDS can be played a few times without being boring.

Vocabulary

You begin by thinking of a word and then give the first letter. The next player thinks of a word beginning with this letter and gives the second letter. The third player thinks of a word that begins with the first two letters and adds a third. The object of the game is to avoid completing a word. When a player has completed three words or failed to add a letter they can rest their brain for the remainder of the game! You might need a dictionary handy to adjudicate on some words.

One minute please!

The aim of the game is to talk for one minute on a given subject. You announce the topic and a member of the group is randomly selected to speak for one minute. Use a pack of cards to randomly select i.e. person who draws the lowest number. Choose subjects to stimulate the imagination and which may be amusing. Put a stopwatch on each person to see how long they last before drying up! Subjects might include, my earliest memories, my favourite computer game, why beans are good for you, 10 things you can do with potatoes, Alligator wrestling, pre-millennialism (no, not really!)

Newspaper puzzle

Divide into teams of five or six people and give each group a copy of the **SAME** newspaper. Ask them to spread the newspaper out in front of each team. Describe a particular advert, article, fact or picture from the paper and the group has to find it, rip it out and bring it to you. The first team to bring it gets a point. Continue calling out items and the winning team is the one with the most points. Watch the paper fly

Name grid

Divide the young people into groups of four. Each group needs paper and pens. Ask them to draw a grid on which they write their forenames. For example,

S I M O N
W E N D Y
R O B E R T
A N N E

Give each team three minutes to write down as many words (three letters or more) that they can make only using the letters in their names. Letters must adjoin each other in the grid, but do not have to be in a straight line. When the time is up each team adds up their score.

3 or 4 letter words = 1 point

5 letter word = 2 points

6 letter word = 3 points

Line up

Ask the group to line up. Works best with 8-10 in a line. If you've got a bigger group, split them up and challenge each line to complete the task first. Ask the group to form a new line in order of...

- Height, from smallest to tallest.
- Birthdays, from January through to December.
- Shoe size, from smallest to largest.
- Alphabetical first names (A-Z).
- Alphabetical mother's first names.
- Alphabetical grandmother's first names!
- Anything else you think up.

Balloon hugging

Select three couples to help you with this game. Give each couple three balloons. The couple must blow up and knot all their balloons. Then place two under the girl's armpits and one between the pair as they face each other. The couple then has to burst the three balloons simultaneously by hugging each other. The winning couple is the pair who burst all their balloons in the quickest time. You need to see this to believe it!

Who am I?

Prepare a self-adhesive label or post-it note for each young person in your group. Write on it the name of a well-known or famous person. This can be an historical character or current sportsman, musician, TV personality, celebrity etc. Have a good mix of men and women. Keeping the names hidden, stick the post-it notes on the foreheads of everyone in the group. They must then ask questions of the others to find out their identity.

Each person takes a turn to ask questions and figure out who they are. For example, am I alive? Am I female? Am I in a band? Only yes or no questions can be asked. If the answer is no, their turn is over. If the answer is yes, they can ask another question and keep going until they get a no, or guess who they are. Keep playing until everyone has guessed, or if time is short, stop after the first few correct answers.

Pass the orange

Ask the young people to form a circle. Give the first young person a large orange and explain they need to pass this around the circle. No problem. BUT, it has to be passed around the circle using only chin and neck. If the orange is dropped, it must be returned to the previous player in the circle and the game restarts. A camera is a must for this game!

Liquorice line-up

You will need some very long strands of liquorice (or smaller strands tied together). Invite five or six couples (boy/girl) to take part in the game. Each couple places one end of the liquorice in their mouth. At the signal they begin to chew until they reach the middle. The winning couple is the one which reaches the middle first. Award a bag of liquorice to the winners!

Chocolate chomp

Another old party game, but still lots of fun. Ask everyone to sit in a circle on the floor. In the middle of the circle place a large bar of chocolate on a plate, a knife, a fork and three items of clothing – gloves, scarf and a cap. (Don't forget to remove the wrapper from the chocolate!) Each person in the circle takes a turn at rolling a dice.

On throwing a six they run to the middle of the circle, put on the items of clothing and try to eat as much chocolate as possible. However, they can only cut it with the knife and pick it up with the fork. As soon as someone else throws a six, they run to the middle, put on the gloves, hat and cap, and take over. Continue until all the chocolate is eaten.

Whistle and burp

Invite three couples to take part in this simple game. Ask them to sit together at the front of the group. Give each of the boys five crackers and give each of the girls a can of coke. On the signal the boys must eat the crackers as fast as possible and then whistle a pre-selected tune to the satisfaction of the rest of the group. They then hand over to their partner (girl) who must drink the coke and then burp audibly. The first couple to finish wins a packet of crackers and a can of coke!

Pass the polo

Invite the group to line up in teams of six. Give each person a toothpick, which they must hold in their mouth. The person at the front of the line has polo on his toothpick and he must (without using his hands) pass the polo down the line. If anyone drops their sweet, the team must start again from the front of the line with a new polo.

Knots

Divide your group into teams of 6-8. Each team forms a small circle. Ask them to extend their right hand across the circle and hold the left hand of the other team member opposite them. Then extend their left hand across the circle and hold the right hand of another group member. The task is to unravel the spider's web of interlocking arms without letting go of anyone's hands. Give them a three minute time limit to complete the task. Pressure!

Backward clumps

Divide into pairs. Ask each pair to sit on the floor with their partner, backs together, feet out in front and arms linked. Their task is to stand up together. Once everyone has done this, two pairs join together and the group of four try to repeat the task. After they succeed, add another two and try again. Keep adding people until your whole group is trying to stand together. A sight to behold!

Song scramble

Before the meeting write out the first lines from several well-known songs, but write down only one line on each piece of card. Make sure that only enough songs are used to cover the number of people present. The cards are then scattered on the floor. Once the game begins each person grabs a card and tries to find the holders of the other cards which will complete the verse or section of the song. The winning group is the first one to correctly assemble and sing their song. Here are a couple of examples which show my age 😊

Is this the real life? Is this just fantasy?

Caught in a landslide. No escape from reality.

Open your eyes. Look up to the skies and see.

I'm just a poor boy, I need no sympathy.

Because I'm easy come, easy go, a little high, little low.

I have climbed the highest mountain; I have run through the fields

Only to be with you. Only to be with you

I have run. I have crawled. I have scaled these city walls

These city walls. Only to be with you

But I still haven't found what I'm looking for.

AND THE SONGS

Bohemian Rhapsody, Queen

I Still Haven't Found What I'm Looking For, U2

Charade relay

A simple party game but great fun. Make a list of 20 popular TV programmes. Divide your group into smaller teams who base themselves around the ground floor of your house! You stand somewhere in the middle. The game begins by each team sending one person to you. Show them the first TV programme on your list. They return to their team and silently act it out in front of the group. As soon as someone guesses it, that person runs to you for the next clue and repeats the process. The winning group is the one which has acted out and guessed 20 programmes.

Movie star scramble

Divide the group into pairs, each with a paper and pen. Ask them to visit the cards you have previously prepared and placed around the room. Their goal is to unscramble the names of 20 famous movies stars i.e. SHRIN FOR ROAD (work it out yourself!) Points are awarded for each correct answer. Alternatively there is ANIMAL.

SCRAMBLE, TV SCRAMBLE and so on. Anyone for OLD TESTAMENT PROPHET SCRAMBLE ☺

Body spell

Divide the young people into teams of five. They will need to play this game with bare feet. The groups can play against each other or the clock (five second time limit). Using a felt tip marker write three letters on each team member. Either two hands (palms) and one foot (sole) or one hand and two feet.

1. TDO
2. HYI
3. EHR
4. BFT
5. OCS

As you call out a series of 4, 5, 6 or 7 letter words the group has to spell the word using combinations of hands and feet. Select 20 words from the list below. The finished words must be clearly visible to the leader. 4 Letter words: rest, fist, dice, trot, crib, boot, rich, host. 5 letter words: shoot, first, drift, shirt, roost, shred, hired. 6 letter words: forest, theory, bitter, bother, frosty, boiled, and strict. 7 letter words: thirsty, ostrich, October, boosted, shifted, hoisted. 8 letter word: stitched.

Twenty questions

20 questions is an old party game which encourages deductive reasoning and creativity. One player is selected to think of an item. The rest of the group tries to guess the item by asking a question which can only be answered with a simple "Yes" or "No." Truthful answers only please, as anything else will ruin the game.

Wink murder

Ask the group to sit in a circle. Choose a number of playing cards to match the number of young people in your group. Be certain your selection contains an ace. Each young person then draws a card. They must not comment or show it to anyone else. The player who chooses the ace is the murderer and he kills his victims by winking at them! The game begins quietly with players sitting looking at each other. When someone catches the eye of the killer and is winked at, they are killed, and can die in any manner they choose. Some prefer to die quietly with a whimper; some opt for the blood curdling scream technique, while others might fall off their seat and lie prone on the floor. The object is to identify the murderer while trying not to be killed in the process. An incorrect guess results in instant death!

The human chair

Invite everyone to stand in a circle shoulder to shoulder. Each person then turns to the right to face the back of the person in front of them. Ask them to place their hands on the shoulder of the person in front. On the count of three they slowly begin to sit down on the lap of the person behind. As long as everyone is helping the person in front of him or her to sit, then everyone should be supporting the weight of everyone else. Of course, should someone slip, the game becomes 'human dominoes.'

☺ It might take a couple of attempts to complete the challenge.

Appendix 2:

Health & Safety Checklist

1. Are Medications labelled and stored in a safe place?	Yes	No
2. Are all shampoos, cosmetics and razors stored in a safe place	Yes	No
3. Are smoke alarms present in the home and in working order?	Yes	No
4. Are passageways, especially emergency exits kept free from obstruction?	Yes	No
5. Do you have a planned escape route in the event of an emergency in your home?	Yes	No
6. Are all window and door keys accessible in the event of a fire?	Yes	No
7. Are fire extinguishers present in the home?	Yes	No
8. Are staircases well lit and provided with hand rails?	Yes	No
9. Is it possible for someone to fall out of window	Yes	No
10. Is there an adequately stocked first aid kit available?	Yes	No
11. Are knives and other utensils kept out of reach	Yes	No
12. Do you have child safety locks in your car?	Yes	No
13. Do you have space in your car for an extra passenger?	Yes	No
14. Do you have Public Liability on your house insurance?	Yes	No
15. Have you checked with your car insurance that you are covered to carry passengers?	Yes	No
16. Are all chemicals/DIY equipment stored safely, including detergents?	Yes	No
17. Will the child/adult have their own room?	Yes	No
18. Do any pets pose a physical treat to a guest?	Yes	No
19. Do you have sufficient space when cooking, to avoid spillages	Yes	No
20. Are hot surfaces accessible	Yes	No
21. Is your garden/outside play area safe and gates near roadways secured	Yes	No
22. Do you have slip mats for your bath and shower?	Yes	No
23. Does the water in your taps get very hot?	Yes	No
24. Are firearms licensed and safely locked away?	Yes	No

A more extensive Health & Safety List is available on the Home Sharing Assessment Form Template

Appendix 3

Safe Caring

Some things to consider when caring for a child or vulnerable adult who is not a family member.

- Family policy – agreed family behaviour during placement.
- Physical contact and ways of showing affection.
- Sleeping arrangements – a guest should always have their own bed.
- Dress around the house.
- Intimate care (guideline in handout).
- Taking photos and videos.
- Extra help or support from someone outside the host family.
- Seeking medical attention for a guest.
- Responding to emergencies – placements at short notice.
- Protection of children and vulnerable adults.
- Understanding difficult behaviour and responding appropriately.
- Communicating with the guest's family and the Home Sharing Scheme.
- Confidentiality.

Appendix 4: Intimate Care Guidelines

- Treat the guest with dignity and respect.
- Ensure an appropriate degree of privacy.
- Involve the guest as far as possible in his/her own intimate care.
- Make sure that intimate care is as consistent as possible.
- Be responsive to the guest's reactions – check with them.
- Don't do anything that you're not sure of.
- If you are concerned about anything, let the scheme know via the administrator or your support Social Worker.
- Encourage the guest to have a positive image of his/her own body. Intimate care should be relaxed and enjoyable.
- Clear agreement with the guest and his/her parents/main carer as to whom in the host family will provide intimate care.
- Consider the guest's age and gender.

Appendix 5:

Risky Business

Risky Business	Safe	Risky	Can't Agree
Children occasionally get into host carer's bed "for a cuddle".			
A male host carer baths a four-year old boy.			
A carer reads bedtime stories to a three-year old in the child's bedroom			
Adults and children walk about with no clothes on			
Host carers play wrestling and tickling games with host children			
A carer wipes the bottom of a thirty-year old man who has a severe physical disability			
Host family members go into other children's bedroom whenever they want or vice versa			
A male carer is alone with a guest child in the car			
A host carer's seventeen-year old son occasionally looks after the guest person alone.			
A host carer sleeps with an eleven-year old guest child who is sick			
A female host carer photographs a six-year old guest in the bath.			
Host carers make love with the door of their bedroom open when the guest is in the house			

Appendix 6

Pen Pictures:

Tom:

- Tom is a twenty five year old man who is in full time residential care.
- Tom works in a sheltered employment centre where he enjoys assembling Christmas Crackers.
- Tom has autism and displays many repetitive mannerisms.
- He loves to talk and repeat himself over and over.
- Prior to moving into residential care tom lived at home with his family.
- He availed of home sharing for one week per month.
- This experience proved so positive for both Tom and his family that it was felt important to continue his placement with this Host family on a monthly basis.

Patrick:

- Patrick is 37 and lives in a group home on a Monday – Friday basis. He moves at weekends to other houses, wherever there is a vacancy.
- He is always cheerful, witty and enjoys a joke. He also enjoys going for a drink and having a cigarette. He loves pottering outdoors, with some supervision.
- On first meeting him people wouldn't recognise the fact that he suffers from anxiety. Although quite independent physically he cannot manage stairs. His overanxious state can paralyze him in terms of his ability.
- He would benefit from lots of positive interaction especially at weekends when he has to leave his group home.

Barry:

- Barry is 7 and has Autism
- He does not relate to people and is very involved in his own world and spends hours looking at books.
- He has hardly ever been away from Home before.
- He is frightened of dogs.

Deirdre:

- Deirdre is a 10-year-old girl who lives in the countryside with her Mammy and Daddy.
- Deirdre goes to a CEDC (Child Educational and Development Centre) in North Galway.

- She uses a walking frame to help her to get around.
- Deirdre has epilepsy and may get seizures.
- She needs her medication for this.
- She is able to feed herself and loves most dinners but not with gravy!!!!
- She needs some help when getting washed and dressed. Deirdre Loves watching Barney and Postman Pat, going for spins in the car, going swimming and lots of hugs.
- Deirdre doesn't like cats and dogs.

Carol:

- Carol is almost 13 years old.
- She lives at home with her two brothers and one sister. She is the eldest in her family.
- Carol is non-ambulant and is dependant in all areas of care.
- She needs a wheelchair to get around.
- Carol is fed with a gastronomy tube.
- She does not have speech but communicates through laughing, crying and head and leg movements.
- Carol loves her dog, Bennie.

Mary:

- Mary is 45 years old and lives with her sister and her sister's husband.
- She attends an adult day service.
- She enjoys getting out shopping, playing bingo and having the odd glass of wine.
- She is able to take care of her own personal needs.
- She likes to get her own way and can make life difficult for those around her if she doesn't.

Pat:

- Pat is 16 years.
- She has a severe intellectual disability and move only her hands a little.
- She has no speech at all.
- She likes her food and has a few toys that always get her attention.
- Her parents do not think she recognizes people

Liz:

- Liz is 6 and is into everything.
- She is very curious and loves to touch, but has no concentration and darts form objects to object.

- She likes cuddles but brief ones.
- She loves animals.

Paul:

- Paul is just 2 and has learned to sit up and reach for things .
- He is easily disturbed by loud noises and sudden actions, and cries if he does not understand his surroundings.
- He has no words yet, but responds to his name & to single words repeated.

Anne:

- Annie is 13 & has never been away from home before.
- She has Down syndrome, can do many things for herself and likes the company of other teenagers.
- She can be bossy and gets sulky if she does not get her own way.

Mick:

- Mick is 37 and attends an adult day service.
- He has good verbal skills but talks incessantly – repeating himself all the time. He needs help with personal care issues.
- He likes listening to Daniel O Donnell.

Appendix 7

On the Spot Exercises

Describe any of the following and using the flipchart invite the group to bring forward points they feel are relevant.

- Kevin is with you for the weekend. During the night he wakes very feverish and you are worried that he is unwell. His family are uncontactable.
- Your own child falls and breaks her arm. Mike is staying with you also and he is a wheelchair user.
- Your own family don't want Pdraig to stay any longer as he hurts the family cat.
- You notice your own child teasing and jeering Kathleen who is on her second visit to you.
- A group of people shout and jeer Siobhan while in the park.
- Your neighbours complain that Susan's continual screeching is causing too much of a disturbance.
- Thomas' parents believe that you are taking too many risks with Thomas in the playground- you know it is the same level of risk that the school takes.
- Johnny likes to sit in room corners and rock back and forth. He is passive and has few communication skills. Your own family want to engage him in play.
- Maria is 14. She has Down syndrome and has been coming to stay with you for the past three years. She tells you she has a boyfriend and they like to touch each other. She asks you not to tell her parents. What do you do?
- The father of your guest tells you that he is worried about his wife and her excessive drinking. She is short tempered with the people. He begs you not to tell anyone. What do you do?
- When helping your guest to get ready for bed you notice bruising on both arms. What would you do? Who would you talk to?
- Your guest had flooded the bathroom and poured your large bottle of bath oil all over the floor, what do you do?
- It's 4 am, you've put your guest to bed 4 times already, you are very tired.
- Your guest is sitting in the middle of a pedestrian crossing screaming. She is too heavy for you to lift.

- It's 8.45 am. You have to get your own child to school by 9 am. Your guest is refusing to let you help them dress.
- Your guest falls out of bed and complains of a sore hip. What do you do?
- Chris has been to stay with you three times, each time his parents are late collecting him, once by 3 hours.
- It's your own child's birthday; your guest has broken one of your child's new toys.

Appendix 8: Real Situations

Actual Situations	What might the Person be feeling?	How would You feel?	What action would you take or how would you react to situation?
Person wants to go home when it comes to bedtime			
Person constantly seeks your attention and you have your family to care for as well			
Person throws a tantrum at home. Person throws a tantrum in public.			
Person's verbal communication is very poor and you find it difficult to understand what he/she wants to say			
Person is in town with you and you meet the natural family – person wants to go home			
Person masturbates at home Person masturbates in public			

Appendix 10:

Children's Section – For use working with the children at the “Family Day Session”

To be used on the family day, working with children of families who are attending training to help give them an understanding of disability. It is useful to know in advance the ages of the children who will be attending the family day as this will allow you to plan age appropriate activities for the children. The group may need to be split into two, depending on the age range.

For these activities you require:

- Pens, crayons, paper
- Flipchart
- Ball
- Hula hoop
- Envelopes for true and false game
- 3 worksheets (use those in children's training folder or in the following pages)
 - My family and friends worksheet (appendix 10a)
 - Sharing Worksheet (appendix 10b)
 - My signboard activity sheet (appendix 10c)
- Two sets of cards (use those in children's training folder or in the following pages)
 - True or false statements regarding Intellectual Disability (appendix 10d)
 - Communication statements for mime game (appendix 10e)

Introduction

Housekeeping; advise the group where the fire exits are, locations of toilets, lunch time etc. Ground

Rules: Ask the group to come up with 'ground rules' and write them up on a flip chart. Example; everyone in the group listens to each other.

Ice Breakers

- **Throw the ball...**

Ask the group to stand up in a circle. Explain that when you throw the ball to someone, that person has to say their name. Continue until everyone is familiar with each other. You can progress the game by saying your name and one thing you like. Example: *My name is Mike and I*

like swimming. Make sure everyone gets a go. This is a fun way of introducing the group to each other.

- **Fruit salad game**

Place chairs facing outwards in a circle there must be one less chair than there are children (similar to musical chairs). The facilitator divides the children as equally as possible into different fruit types for example; oranges apples and pears. One person is selected to be 'on'. This person is standing while all others are sitting in the seats. The person who is 'on' then calls out a type of fruit. If the person calls out 'apples' then all the 'apples' must move from their seat to a different one and this will give the opportunity for the person who was 'on' to get a seat. The last person left standing is now 'on'. The person who is 'on' can also call 'fruit salad' which means all the children must get up and switch their seat. This is a fun activity and provides opportunity for the children to interact with each other.

- **Conversations**

Give each child a piece of paper and a pen. If there are younger children present ask that an older child helps them and maybe goes into a group with them if they are happy to do so. The facilitator now calls out a list of questions, example; *how many people in this room have blue eyes? how many people have a brother?, how many people are in third class?, how many like one direction? etc*

Ask each group to write down their answers. Compare and confirm the answers at the end of game with the group. This is a useful game that allows children to get to know each other and gives the opportunity for the children to start conversations with each other. This game may also be a good link to highlight how each person in the room is different and unique as is the same for a person with an intellectual disability.

The above game can lead into a discussion of what intellectual disability means...

"Intellectual disability" or "learning disability" means basically the same thing. Someone who has an intellectual disability may have difficulty learning and functioning in everyday life. This person could be 10 years old, but may not talk or write as well as a typical 10-year-old. He or she

may also be slower to learn new things and skills, like how to get dressed or how to act around other people

But having an intellectual disability doesn't mean a person can't learn. Ask anyone who knows and loves a person with an intellectual disability! Some children or adults with autism, Down syndrome, or cerebral palsy may be described as having an intellectual disability, yet they often have a great capacity to learn and become quite capable kids and adults. Just like other health problems, an intellectual disability can be mild (smaller) or major (bigger). The bigger the disability the more difficulty someone may have learning and being fully independent (kidshealth website)

Explore with the children any hopes or anxieties they may have about becoming a host family, use the flip chart to write up the different responses and discuss with the group.

Activities

- **My family and friends worksheet.** The purpose of this is for the children to describe their family and routine at home, (usually for children aged 4).
- **Sharing Worksheet.** This will help the child to think about the concept of 'sharing'. How would it feel to share your toys? A pet? or Mum or Dads attention? (usually for children aged 7 – 11 years old).
- **The True or False Post Box Game.** Each child is given a card with a 'statement' that relates to a person with an intellectual disability. They then put the cards into either the 'true' or 'false envelope'. Reassure the children that nobody will know who posted what is the envelope. At the end take out the cards and have a discussion whether they belong in the true or false box. The purpose of this game is to dispel some of the 'myths' children may have about intellectual disabilities.
- **Communication Mime Game.** Each child is given a card with a statement written on it. The child must then mime what the card says to the rest of the group without speaking. Examples of statements: *'I want a drink', 'I feel sick', 'I am sad', 'Give me my toy', 'I am sad'*. The group has to guess what the child wants or is looking for. The mimer can be asked how it felt not to be able to talk. The purpose of this activity is to get the children to think about how it might feel not to be able to speak.

- **My Signboard Activity Sheet:** Give each child a copy of the sign board activity worksheet. Ask them then to make their own signboard and to include the things they would like to say. Then ask each child to use the signboard to communicate, for example; to tell another person how they feel or what they did yesterday or what they would like for dinner this evening. The purpose of this activity is to think about what it might mean to have a disability. It is important to emphasize in the discussion with the group that we cannot experience what it is like to have a disability, but we can try and imagine some of the frustrations, for example not being able to talk.

Additional games.....

Sleeping Fish (Wink Murder)

Give each child a small piece of paper and ask each of them to draw a fish. One child is asked to draw a shark (this could be done with a black marker to distinguish it from any of the fish drawings). Make sure each child knows what the shark card looks like. Ask the children to close over their drawing so they can't be seen. Ask the group to sit in a circle where they can all see each other. Collect the fish cards and the one shark card mix them up and put them in a hat/box and ask each child to take out a card and see what it is without letting anyone else see. All the group should get fish cards except one child who will receive the shark card. It is the 'sharks' job to put the 'fish' to sleep by directly looking at someone and winking. This wink will put the 'fish' to 'sleep' and they must then close their eyes and appear to be asleep as they are now out of the game. The child can guess who the 'shark' is, only if the 'shark' is caught in the act of winking at another person. If someone guesses incorrectly they then must go to 'sleep'. The game continues either until the 'shark' has put all the 'fish' to sleep or until someone has successfully guessed who the 'shark' is.

The Hula Hoop Game.

You will need a Hula Hoop for this game! Ask the group to stand in a circle facing each other ask the group to hold hands with the person next to them. The facilitator then puts the hula hoop in between two members of the circle by asking them to let go of each other's hands, the hula hoop is placed over their hands and ask them again to hold hands. The hula hoop should now be resting over their holding hands, ask the group to get the hula hoop to go around the entire circle without breaking any links (hand-holding) in the group. This game may be made more difficult by asking the

group to do this task silently without using verbal communication, only relying on non verbal communication.

