

“Time to Move On” from Congregated Settings Communication Plan- Stakeholder Mapping Tool

WHO?		WHAT?		HOW?	WHEN?	WHAT IF?
Target Audience	Who Delivers the Message	What is the purpose of the Communication?	What is the content of the message?	What is the Recommended Communication method?	When is the best time?	Dependencies

People with Disabilities						
The individuals who are currently residing in congregated settings	Key workers, frontline and senior staff in service providers. Advocates/Family.	Ensure people are aware of the changes happening in their service that will directly affect them and change the life they lead and where they live for the better.	<p>That it is being driven by evidence based national policy, in all services.</p> <p>That they will have choice and be included in the decision making, planning and all steps of the process.</p> <p>That they will still continue to receive the support they need.</p> <p>That it will lead to a better life for them.</p> <p>Some indication of the timeframe relevant to the target audience should be communicated.</p>	<p>Direct semi-structured engagement as part of the CLTP (Community Living Transition Plan) process.</p> <p>Face to face discussion, small group and 1 to 1 meetings, use of service user forums, family forums, as part of PCP process with individuals and circles of support.</p> <p>Use supporting easy-to-understand documentation, national bulletins, shared life stories, site visits to other services that have moved on.</p> <p>Use of website and social media channels.</p>	<p>Prior to and throughout CLTP process.</p> <p>The timing of the engagement should be tailored to fit with the overall decongregation plan for the service.</p> <p>Cognisance has to be taken of the need to deliver messages incrementally, to repeat messages, and to offer real opportunities for individuals to seek clarifications, reassurance and to voice challenges.</p>	<p>Support of specific staff where there are significant and/or specialist communication requirements i.e. nonverbal, severe/ profound ID, ISL users of DeafBlind.</p> <p>That staff/advocates/ families understand and support message being delivered.</p> <p>Availability of supporting material.</p> <p>Funding for resource material development</p>

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Families, advocates and family/ friend based groups						
<p>The families, guardians and significant people in their lives.</p> <p><i>Families / Guardians will be involved as appropriate in communication process with their family member, but additional pro-active engagement directly with this audience is also recommended.</i></p>	<p>Frontline and senior staff in service providers.</p>	<p>Foster support and engagement in the process.</p> <p>To provide reassurance that changes are focused on improving the life of the family member and that any impact on them and their relative will be focused on delivering a “good life”.</p>	<p>That it is being driven by evidence based national policy in all services.</p> <p>UN Charter on the Rights of Persons with a Disability</p> <p>That focus is on developing and delivering person-centred quality service not to deliver savings.</p> <p>Focus on demonstrated outcomes for individuals and their families; improved relationships; home from home settings; community involvement; positive risk taking; meaningful lives and valued social roles; safety measures etc.</p>	<p>1 to 1 Meetings with individual families as each family is different and will have specific issues/concerns.</p> <p>At frontline level - Face to face meetings, as part of circle of support, PCP and CLTP development, family visits etc.</p> <p>Use supporting public documentation, national bulletins/regular newsletter, shared life stories. Use of website and social media</p> <p>Through pre-existing service provider- family engagement: family forums, AGMs, annual reports/ bulletins, information /annual days.</p> <p>Use of discussion forums, open evenings, opening events should be limited and targeted.</p>	<p>Process to deliver broad messages should commence immediately, if this is not already in hand.</p> <p>The timing of other elements of the communication process should be in line with the individual’s transition plan and overall decongregation plan for the service.</p>	<p>That staff and managers understand and support the message being delivered.</p> <p>Availability of supporting material.</p> <p>Outcome of open forums/ large meetings can be significantly influenced by support/ concerns raised by those who attend. This can lead to an unanticipated negative or positive impact on others attending.</p>

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<p>Parents and family member associations/ forums</p>	<p>Senior and key worker staff within service providers.</p> <p>Parents and family members, including parent and friends associations and family forums</p>	<p>To ensure there is clear and timely information on the policy and what it means in a particular service/location for specific families and individuals.</p> <p>To ensure that organized parent, sibling, family and friend based groups are accurately and well-informed about policy.</p>	<p>That it is being driven by evidence based national policy, in all services.</p> <p>Focus on reassuring this stakeholder group that this is the right way to support people with disabilities.</p> <p>That focus is on developing and delivering person-centred quality service not to deliver savings.</p> <p>Focus on demonstrated positive outcomes for individuals and their families; improved relationships; home from home settings; community involvement; positive risk taking; meaningful lives and valued social roles; safety measures etc.</p>	<p>Through pre-existing service provider- family engagement: family forums, AGMs, annual reports/ bulletins, information /annual days.</p> <p>Use of discussion forums, open evenings, opening events should be limited and targeted.</p>	<p>Process to deliver broad messages should commence immediately, if this is not already in hand.</p> <p>The timing of other elements of the communication process should be in line with the individual’s transition plan and overall decongregation plan for the service.</p>	<p>That staff managers and other stakeholders engaged with this target audience understand and support the message being delivered.</p> <p>Availability of supporting material.</p> <p>Outcome of open forums/ large meetings can be significantly influenced by support/ concerns raised by those who attend. This can lead to an unanticipated negative or positive impact on others attending.</p>
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Advocates who support people with disability living in congregated settings	National Advocacy organizations Senior Staff within service providers	To provide clear information on what the policy involves to enable advocates to engage effectively with residents, family and other stakeholders To provide clear information on the implementation of the policy at local level.	Explanation of national policy and how it is being implemented locally. Explanation of the planning processes for individuals and the role of advocates as identified in the Community Living Transition Planning Toolkit.	Easy-to-understand information Through current methods of communication, staff meetings, employee newsletters, updates. Meetings between service providers and named advocates/ local advocacy organizations /networks.	Process to deliver broad messages should commence immediately.	That Advocates support the policy and champion it. That the policy is being implemented as intended with residents.
Organisational Leaders						
CEO's, Boards of management , Senior Management teams in voluntary disability sector	HSE Staff CEO's, Boards of management, Senior Management teams in Voluntary disability sector	To ensure that the organisation's strategic plan addresses and prioritises the planning and delivery of the Time to Move On policy. To maximize the support and leadership of the policy at the highest level within the organisation.	That it is being driven by evidence based national policy, in all services. That it is a HSE and disability sector priority That it is the recognized model for the delivery of all existing and new residential services in Ireland	Engagement between CEO/ Senior team and HSE Social Care counterparts at IMR meetings. HSE meeting with Boards of Management/ Board Members at a national level to communicate the change through a meeting organized by the umbrella organisations.	Prior to annual service plan/activity targets being set. Prior to revision / development of new strategic plan for each organization.	Commitment of individual stakeholders to policy i.e. CEO, Chairperson etc That IMR meetings take place, that suitably senior personnel attend and that issue is included on agenda.

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Chief Officers/ Social Care Lead/ General Managers/ Disability Managers in HSE	Head of Operations / Office of National Director of Social Care Lead for Time to Move on Policy	To highlight to each CHO their role and responsibility in relation to roll out of “Time to Move On” policy. To ensure CHO’s engage in Service Plan target setting, actions and reporting on same. To ensure CHO’s engage with providers to support roll out of the policy.	Highlight CHO holds operational responsibility and must engage with providers around progression of policy, reporting activity and identifying and escalating blockages. CHO engagement and information is important, to ensure robust national reporting and oversight of policy.	Targeted briefings with CHO staff individually or collectively by National Social Care staff. Targeted correspondence from National Social Care staff to CHO. Engagement with CHO “Time to move on” implementation structure and CHO lead person.	Prior to Annual National and Area Operational Plan development and target setting. Monthly Operational Management meetings between CHO & the Social Care Division.	Scheduling issues- timing of engagement in relation to service planning Competing National and Area priorities. Postholders/ structures in place
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Primary Care Division	National Lead/Disability Managers/Chief Officers in CHO Areas.	To discuss the implications of the implementation of Time to Move on primary care services and the delivery of therapeutic supports for people with disabilities living in the community.	People with disabilities are/ will be moving into the community who have not previously accessed PC services. Discussion needs to happen about implications of policy on primary care services; equality of access/ eligibility; how existing specialist and primary care supports will be integrated and managed.	<p>National engagement between Social Care and Primary Care to agree principles with regard to how people with disabilities will be supported in community.</p> <p>Dissemination of nationally agreed principles.</p> <p>Meetings at local level with PCT/ PC Lead and Disability Managers/Service providers/ SC Lead to address implications of local changes.</p>	<p>National engagement to commence as soon as possible.</p> <p>Engagement at local level should commence prior to transition of individuals to ensure appropriate supports are in place and there is agreement and clarity in terms of responsibility of various personnel.</p>	<p>Significant variation in quantum, skill mix and configuration of PCT and specialist support services will influence how this issue can be addressed at a local level in short term.</p> <p>Level of awareness of Primary Care staff.</p>
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National Representative Bodies

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National Advocacy Representative Bodies	HSE Social Care Division National Lead for Time to Move on policy	To ensure advocacy organisations are aware of policy, the progress of implementation and the role of advocates identified in the CLTP Toolkit. To link advocacy organisations with existing congregated settings.	That role of advocates is identified in CLTP and national policy supports and promotes advocates taking an active role in supporting individuals through transition process. Need for advocacy organizations to self-promote their services in congregated settings and to identify gaps in cover to National Social Care	Meeting with advocacy organizations at a national level	As soon as possible	Need to identify all the advocacy organizations and groups currently working with service providers and across the sector.
Disability Umbrella bodies	HSE Social Care Division National Lead for Time to Move on policy Representative Members of VFM Working Group	To ensure that umbrella bodies are aware of progress of policy implementation, aware of role of representatives on national group and mechanism for engagement with national working group. Ensure this is disseminated from umbrella bodies to member organisations.	Provide update on progress of implementation. Provide update on progress of VFM working group, overview of working group remit and membership. Question how are they supporting their members in implementing Time to Move on policy	Meetings with umbrella bodies attended by relevant working group members and National Lead	Ongoing	Scheduling. Representatives from umbrella bodies need to be in place on working group.

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Trade Unions nationally	HSE Social Care Division	To inform the Trade Unions so they can percolate the information through their communication methods	To outline the policy and what it entails and how service deliver will change and therefore the working arrangements for their members will change	National meetings with ICTU. <i>(2 information briefings completed in 2015)</i> National meeting with specific Union Leaders as required.	On an ongoing basis as issues arise and are escalated nationally.	
Staff/ Staff Representative Bodies						
Line / Service Managers and frontline staff within congregated settings	CEO/Senior Management of organisation	To ensure all key staff within each organisation are fully briefed on the policy and their own organisation’s strategic plans for implementation. To ensure all key staff are aware of their roles in relation to the roll out of the policy. To facilitate engagement with key staff in order to address issues/concerns and identify champions/ blockages etc	Up to date briefing on the “Time to Move on” policy, discussion on the current progress within the organisation and plans for implementation within the service. Support with national newsletter/ update to show national momentum and context.	Facilitated staff meetings. “Open door” policy to encourage individual staff engagement.	As soon as plan is being considered. Need to get staff to be part of the plan	Clarity of key staff roles and identification of key personnel in relation to the roll out of the policy. Knowledge, capacity and commitment of senior staff/facilitators to deliver message Agreement of Board/CEO

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Line / Service Managers and frontline staff working in the wider disability sector (i.e. a day service, respite service or MDT)	CEO/ Senior Manager of organization/ Training Dept	<p>Discuss the policy and what it will mean for the services they provide currently.</p> <p>To facilitate engagement with key staff in order to address issues/concerns and identify champions/ blockages etc</p>	<p>Up to date briefing on the policy and discussion around the services they provide and the access to those services into the future and how they could be potentially reconfigured.</p> <p>Support with national newsletter/ update to show national momentum and context.</p>	Staff meetings	Pro-active engagement with support of services that are transitioning people	
Local trade unions	Managers in relevant service providers including HR support/ expertise.	<p>To ensure there is pro-active engagement prior to implementation of changes that will impact on staff in terms of practice changes.</p> <p>To facilitate timely engagement and resolution of any issues in advance of planned changes.</p>	<p>Up to date briefing on the “Time to Move on” policy, discussion on the current progress within the organisation and plans for implementation within the service and how they will impact services/staff.</p> <p>Support with national newsletter/ update to show national momentum and context.</p>	Information and follow-up meetings with nominated local union representatives	Meetings should be scheduled once the agreed strategic plan for the service in terms of delivering the policy is in place. Meetings should continue to be held on an ongoing basis to address issues/ concerns as they arise and to enable timely escalation of blockages through IR mechanism as necessary.	

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Other health/ community supports

Local Community groups (e.g. women’s groups, tidy towns, neighbourhood watch) Local Employers	Community Coordinator /Local Area Coordinator working within organisation or across services Community Connectors working with individuals	To promote disability awareness within community. To foster natural supports for individuals moving into the community and develop community connectivity. To explore opportunities for valued social roles for people moving from congregated settings into their community.	Promote awareness of people with disabilities and encourage groups and employers to adopt inclusive policies and practices that facilitate inclusion of people with disabilities.	Direct contact with relevant body by Coordinator or Community Connector. Community Connector may facilitate engagement of individual with a specific group or employer.	Engagement with groups should take place in advance of transitions being undertaken to promote disability awareness and enhance services/supports available. Engagement focused on individuals will need to be targeted in line with each person’s CLTP	That dedicated Community Coordinators/ Local Area Coordinators are in place
Local County Development Committees/ Networks	HSE Reps on LCDC Committees throughout the country. Community reps working in the disability sector who sit /work with PPN’s	To inform the LCDC what is happening so when they are developing plans they can factor “Time to Move on” in their plans	People will be moving from the congregated settings into the community and the communities will need to be accessible not just from an infrastructure perspective.	LCDC committee & PPN PPN meetings presentations/talk Use of HSE National LCDC Reference Document LCDC reps to be briefed on policy by national group to support engagement	Early 2016 onwards	Familiarity and understanding of policy by HSE reps on LCDC. Whether LCDC/Network views the policy as a priority.

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Primary Care services (PCT’s) <i>(See also National Primary Care Division)</i>	Disability Managers, Service providers and Social Care Lead with PC lead	To engage with PCTs to determine how the local primary care services and specialist services will be configured to deliver therapeutic supports for people with disabilities living in the community.	<p>People with disabilities are/ will be moving into the community who have not previously accessed PC services.</p> <p>Discussion needed about implications of policy on primary care services; equality of access/ eligibility; how existing specialist and primary care supports will be integrated and managed.</p>	Meetings at local level with PCT/ PC Lead and Disability Managers/Service providers/ SC Lead to address implications of local changes	Engagement at local level should commence prior to transition of individuals to ensure appropriate supports are in place and there is agreement and clarity in terms of responsibility of various personnel.	<p>Significant variation in quantum, skill mix and configuration of PCT and specialist support services will influence how this issue can be addressed at a local level in short term.</p> <p>Level of awareness/buy-in of Primary Care staff.</p>
Local Gardai	Local Service Provider	<p>To promote awareness with local Gardai that people with disabilities are moving into communities from congregated settings.</p> <p>To inform local Gardai that there will be people who are unused to living in the community who may be potentially vulnerable or may not have the social norms of behaviour.</p>	<p>General information regarding policy direction and how service providers are supporting people in the community.</p> <p>Some specific details regarding location of houses and contact details of the service if appropriate</p>	Engagement with local Gardai directly	Prior to transitions and ongoing during transition phase to address any anti-social behavior or other issues arising.	Consultation with individuals and their advocates to secure permission before engaging with Gardai about individuals.

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Other housing /community supports						
Local authorities	Service provider representatives through local Disability Housing Steering Committees	To highlight the unmet need for housing for the individuals moving into the community	Need for housing and adaptations if appropriate and the potential numbers each year for a five year period. The need for accessible communities	Pro-active engagement of HSE and service provider representatives on Local Authority National Housing Strategy for PWD groups.	As soon as possible	Representatives in place on local groups. Representatives understanding of their brief on the group. Focus of group and group chairperson facilitates meaningful engagement.
Approved Voluntary Housing Bodies /Associations (AHBs)	Housing Agency, Disability Housing Steering Committees, Local Provider, ICSH	To highlight the need AHBs to support the development of housing options for the individuals moving into the community.	Need for housing and adaptations if appropriate and the potential numbers each year for a five year period	Direct engagement between providers and locally based AHB’s to examine housing needs/options Review need/benefit of national group engaging through ICSH/ Housing Agency with AHB sector.	As soon as possible	Willingness of providers to engage with generic AHB’s. Awareness of service providers of landscape of housing provision.

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Community Welfare Officers/ Social Protection	DOH/HSE Service Providers	To highlight that residents are moving into the community and will need to access rent allowance and other financial/social welfare supports.	Individual are moving into the community, bringing about a change in their living arrangements and financial status. There will be a need to review and address their social welfare needs/entitlements	<p>Once off engagement with DOH/HSE/ DSW to explore implications of policy implementation and agree principles that might streamline processes at local/individual level.</p> <p>High level communication from DOH/HSE to DSW for dissemination to CWOs</p> <p>Dissemination of briefing document to service providers for use in local engagement with CWO’s</p> <p>Service providers to link with local CWO’s as and when needed.</p>	Early 2016	Willingness of DSW representatives to engage in processes.
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Other Interested Parties						
Other Government Departments	DOH	Ensure other government departments are aware of potential implication of policy implementation on their services. i.e. increased demand for accessible public transport, demands on capacity legislation, housing, CWO/SW supports etc	That policy of supporting people to move from institutional congregated settings into their local communities will impact on the provision of services of other government departments. i.e. increased demand for accessible public transport, demands on capacity legislation, housing, CWO/SW supports etc	DOH briefing documents for cross-departmental posting – compiled by working group	Mid 2016	Competing work priorities
Political and public representatives	DOH Nationally, Working group , HSE Locally, Service Providers	Ensure all local representatives are aware and appropriately briefed on policy. Potentially reduce the number of PQs, representations that arise as a result of concerns about changes.	That it is being driven by evidence based national policy, in all services. That the individuals will have choice and be included in the decision making, planning and all steps of the process. That they will still continue to receive the support they need. That it will lead to a better life for them.	Nationally drafted briefing note/newsletter Pro-active engagement of local service providers with local public representatives prior to transitioning substantial groups or making significant workplace changes	Before significant changes are made that will impact families/ residents or staff.	