New Directions Benchmarking Report 2016

Person Centeredness

Quality

New Directions

Community Inclusion

Active Citezenship

HSE

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Executive Summary

The launch of the **New Directions Personal *Supports Services for Adults with Disabilities*** in 2012 proposed a new approach to Day Service provision in Ireland. With the underlying core values of person centredness, community inclusion and active citizenship, and quality, the key message called for a blurring of the boundaries between 'special' and 'mainstream' services so as to ensure that people can access the support most suited to enabling them to put their personal plans into action. The document specified many recommendations on how this challenge should be progressed. In particular, Recommendation 2 proposed that service providers should be supported to carry out a self-assessment process to benchmark their existing services against the New Directions model of provision. A sub Group of the National New Directions Implementation Group was established in 2014. This group designed and circulated the Benchmarking Tool to all service providers for completion by May 2015. The analysis of 73 organisations from the Non-Statutory sector and 55 service locations from HSE direct provision participated in the self-assessment survey. While the HSE is regarded as one service provider the term HSE Service Location was deemed appropriate to reflect the diversity of practices and protocols within HSE and CHO areas throughout the Country.

The overall results of the benchmarking self-assessment survey has validated what has been anecdotally evident among day service provision in recent years. Significant effort is being made on the part of a number of service providers to re-configure and align services with the core values of New Directions. There are 'pockets' of really good initiatives demonstrated throughout the Country. These initiatives, are focused, seem to be achieved within the existing funding mechanism or coupled with the support of Genio funding. However, they seem few in number when compared with the amount of people with disabilities in receipt of day services in Ireland today. These efforts need to be recognised, acknowledged, resourced and promoted as the way forward in supporting people who use services to lead independent lives.

Person Centredness

Many services seem to be 'philosophically' aligned to the concept and core values of New Directions, though it is difficult to be definitive about this. The results should be interpreted with caution, where services did not mention specific examples in their responses in the free text questions does not necessarily mean that it is not happening.   For example, in the area of person centredness there was a significant positive response in relation to services stating that they had a Person Centred Planning process in place, however where additional information was provided less than half the services reported that people had up to date plans.

Similar findings emerged with regard to the provision of accessible information and communication to meet people's requirements with an overwhelming 90% positive response. However, the services that offered further details of the type of information that they provided mainly referred to Policies and in particular 'Complaints Policies'. This demonstrates that the type of accessible information that we are aware of is limited. The additional information did not indicate that there was evidence to suggest that communication is a two way process and in the examples given no review loop was included to check for peoples' understanding or satisfaction with the information received.

Community Inclusion and Active Citizenship

The provision of guidance in Community Inclusion and Active Citizenship to staff was evident in the response statements across both sectors, 70% and 20% respectively. Although a specific question was not asked with regard to staff training what was noticeable was only 7 providers made reference to the provision of formal training for staff to support people in accessing the community.

The use of facilities such as Libraries, Gyms, Swimming Pools etc., in community settings was very evident as the main type of community inclusion reported by services. However, a very small number of service providers stated that people held meaningful roles and were engaged in active citizenship type activities in non-segregated community environments. Overall the presence of Advocacy structures (where appropriate) was evident across service provision.

A common thread that emerged throughout the analysis indicated that many services depend on staff to facilitate meetings. What was noticeable in the response statements provided by some services was the low rate of access to either frontline or senior management by self- advocates or advocacy groups. Thus, potentially limiting service users' ability to have their concerns and issues dealt with in a formal structure. Also noticeable was the small number of services who indicated that self-advocates had access to the National Advocacy Service. While a small number of services provide advocacy training to service users, the majority of services did not report that they provided training for advocates or for staff supporting advocacy forums.

Quality

The overall analysis demonstrated that a number of service providers in the non-statutory sector have engaged with a recognised Quality Assurance Body. The responses presented an array of quality models which were currently in place or were in the process of working toward re-accreditation.
What was noticeable was the small number of services involved from the statutory sector and those that did engage with Quality Assurance were mainly from a Clinical perspective.

A similar picture emerges regarding the frequency of satisfaction surveys carried out with people who use services and/or their parents and carers respectively (where appropriate). The results indicated that less than half carried out satisfaction surveys.

New Directions proposes a new and better quality of life for people, it is time to actively engage in the change process. Focused resources should be made available as part of the implementation and change management programme to support people with disabilities currently in segregated day services and their families to lead fuller and inclusive lives in their communities. However, financial resources may not be the only barrier to formulating implementation plans for New Directions. Cultural Leadership that favours a person centred approach should become the foundation in the formulation of strategic implementation plans that encompass all levels involved in service provision.

Chapter 1

Introduction

In Ireland, day services for adults with disabilities provide a vital network of support for approximately 18,000 people. The people who use these services have a diverse set of interests, aspirations and personal circumstances. They are people with a wide range of abilities and ages, who live in small communities, in isolated rural areas and in cities and towns. For people with disabilities the reconfigured HSE funded service provision for adults with disabilities involves a radical shift from group programmes provided in mainly segregated settings. Within the framework of *New Directions: Personal Support Services for Adults with Disabilities* it is envisaged that each person will be offered a flexible and individualised set of supports so that they can live a life of their choosing in accordance with their own wishes, aspirations and needs.

The core purpose of services will facilitate and enable people to participate as equal citizens in all aspects of social living, to be part of their community and to make use of the services in their community. The approach to the future provision of personal support services for adults with disabilities are based on the core values of:

- person centeredness
- community inclusion and active citizenship
- quality

These values are closely linked and form the foundation of support for adults with disabilities, they should be reflected in governance structures, programmes, policies and relationships.

New Directions Personal Supports Services for Adults with Disabilities HSE 2012

The New Directions Policy Document was launched in 2012 and made available to organisations providing services to people with disabilities in Ireland. In addition to the Core Values listed above the document underpins these core elements within a framework of 12 Supports. Each support explicitly lists an outcome and a framework within which outcomes should be achieved.

A National Implementation Group was established in 2012 to progress the implementation of new Directions. The HSE reconfigured their internal structures in 2013 which resulted in Disability Services coming under the remit of the Social Care Directorate in 2014.

A framework to implement the recommendations contained in the Value for Money and Policy review of Disability Services in Ireland was established in 2014 and the New Directions National Implementation Group was revised as part of that change. The national framework for Transforming Lives (VFM and policy review of disability services in Ireland) has established six Working Groups. New Directions is part of Working Group 2 together with the national implementation of two other key disability policies – Progressing Disability services for Children and Young People and Time to Move On from Congregated Settings.

The National New Directions Implementation Group reviewed the New Directions Implementation Plan in 2014 and agreed priority actions linked to specific recommendations in the report for attention in 2015. One of the actions targeted for specific focus related to the bench Marking of Services.

Rationale for Benchmarking Exercise

New Directions acknowledges the significant change of approach that the implementation of this policy presents for many service providers as well as participants and families. In this context the recommendations in New Directions strongly call for support for the change agenda. Recommendation 2 in New Directions identified as a priority the necessity to support service providers to carry out a self-assessment exercise to benchmark their existing services against the twelve supports. As a starting point the National Implementation Group agreed that as the Draft Interim Standards for New Directions would be moving to an implementation phase that would involve detailed self- assessment by each provider, an appropriate starting point for benchmarking would be to do so against the core values and principles enshrined in New Directions. Anecdotal evidence suggested that some organisations were adopting the new model and aspiring to develop new services which underpin the core values of New Directions.

These initiatives were taking place within the context of annual reductions in disability budgets since 2008. The implementation of Recommendation 2 provided the impetus to develop a tool which would capture relevant information and provide a snapshot of current national provision. The New Directions Self-Assessment Benchmarking Tool (Appendix 1 and 2) was developed by the group with support from the NDA. Following the self-assessment process, the information gleaned from the self-assessment tool will inform implementation plans, future developments and the roll out of New Directions.

Chapter 2 - Methodology

Overview of Methodology

The Benchmarking Tool was developed by the New Directions National Implementation Subgroup to support Organisations and HSE Direct Service provision to check their progress in implementing ***New Directions, Personal Support Services for Adults with Disability*** and in particular against the core values of Person Centredness, Community Inclusion and Active Citizenship and Quality as per recommendation 2 in New Directions.

Given the nature of the project it was decided to adopt a mixed method approach. This gave the option of collecting both Quantitative and Qualitative data to reflect a rich and diversified picture of day service initiatives. An additional Organisational Section afforded the 73 organisations in the non-statutory sector the opportunity to evaluate their respective mission statements, strategic plans and support structures in relation to New Directions. A number of questions in the Organisational Section for the 55 HSE service locations was deemed not relevant in the self-assessment tool as the Health Service Executive has one mission statement which reflects the diversity of services within HSE singular service provision. The tool was piloted with 3 organisations, suggested adjustments were made before the Benchmarking Tool was finalised and circulated.

Benchmarking Objectives

- The overall aim of the Benchmarking Tool is to support service providers to capture evidence from their respective day services, both Statutory and Non-Statutory, utilising a self-assessment approach. This approach benchmarks service provision against the Core Principals of New Directions.

- The Benchmarking Tool will support service providers to develop a realistic reconfiguration plan for delivering New Directions. (Recommendation 2, New Directions).

- ***The Benchmarking Exercise will highlight issues*** that the National Implementation Group will focus on to support the roll out of New Directions.

- ***The Benchmarking Exercise will*** capture examples of changed/reconfigured services in line with New Directions.

The Collection of Data

The Benchmarking Tool was launched in March 2015 and circulated to 73 non-statutory organisations and 55 HSE service locations at a specifically convened information day. A detailed presentation was made to all present which entailed a step by step demonstration on how to complete the Benchmarking Tool with a Glossary of Terms and Guidelines provided giving detailed explanations (Appendix 3 and 4). All Service Providers were asked to complete the Benchmarking Tool and return it to the working group by May 2015.

The Analysis of Data

The analysis of the combined Quantitative and Qualitative data commenced in December 2014. The construction of the quantitative questions generated statistical data which are presented in diagrammatical format in the next chapter. The Qualitative data was analysed using Content Analysis which enabled the data to be refined into themes. Using the Qualitative approach afforded the respondents the flexibility to describe and give examples of their current service provision benchmarked against the core principles of New Directions. A combined presentation of Qualitative and Quantitative responses from both Non-Statutory and HSE provision respectively are presented in Chapter 3.

Scope of the Analysis

73 (100%) organisations from the Non-Statutory sector and 55 (100%) service locations from HSE provision participated in the self- assessment survey. While the HSE is regarded as one service provider the term HSE Service Location was deemed appropriate to reflect the diversity of practices and protocols within HSE and CHO areas throughout the Country.

The analysis, results and recommendations presented are limited to the information contained in the response statements presented in the Benchmarking Self-Assessment Survey. The information contained in the self-assessment responses are not validated and are thus open to subjectivity and service bias based on each individual service providers' culture, values, underlying principles and experiences.

Chapter 3 - Presentation and Analysis of Findings

This chapter presents the results for 73 Non-Statutory organisations and 55 HSE service locations. The chapter is divided into 2 parts: Part 1 (pages 5-34) presents findings on Non-Statutory organisations. Part 2 (pages 35-58) presents on HSE service locations. The findings are presented in the sections below:

1. Organisational
2. Person Centredness
3. Community Inclusion & Active Citizenship
4. Quality

However, parts of section 1 (Organisational) are not applicable for HSE service locations. The HSE has one mission statement which reflects the diversity of services within one singular service provision.

Non Statutory

Section 1 – Organisational/Non Statutory

Questions 1-3 provide an overview of the organisations participating in the survey. Items include information on whether the service has a mission statement, and the degree to which this reflects the core values of **New Directions**. The results are outlined in greater detail below.

1. The organisation has a Mission Statement.
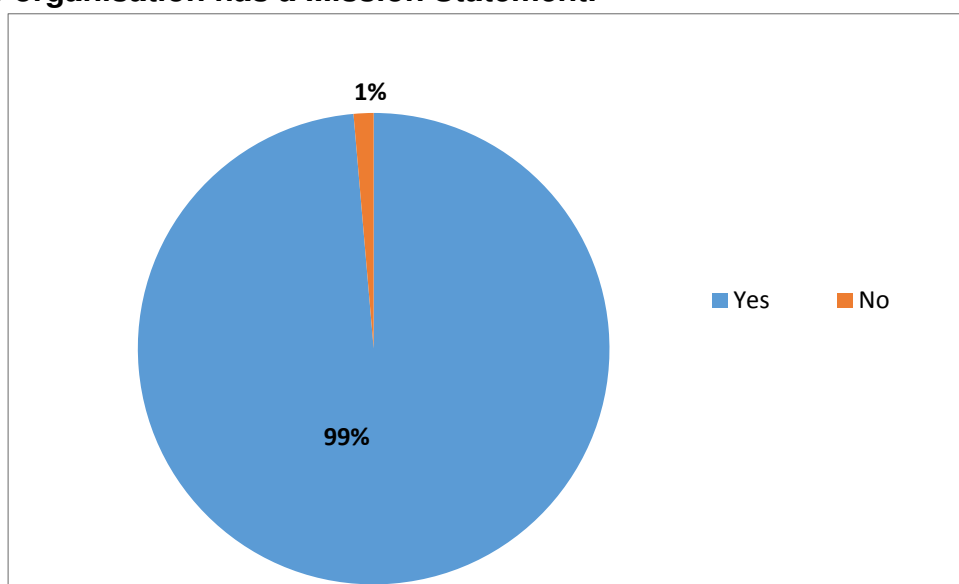
| Yes | 72 |
| No | 1 |

1.1. The organisation has a Mission Statement which reflects the core values in New Directions of Person Centredness, Community
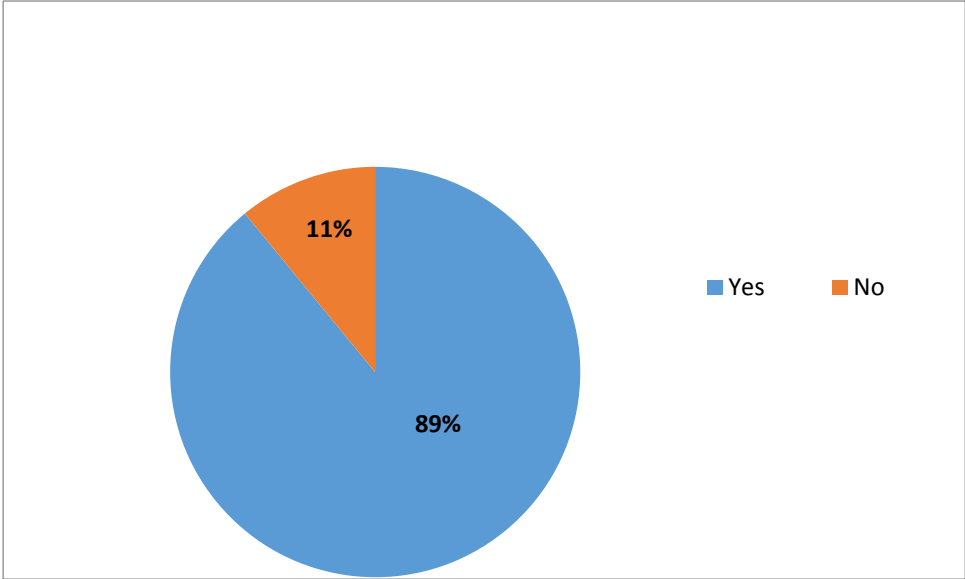
Yes	65
No	8

2. The Organisation has in place Statement/s of Purpose
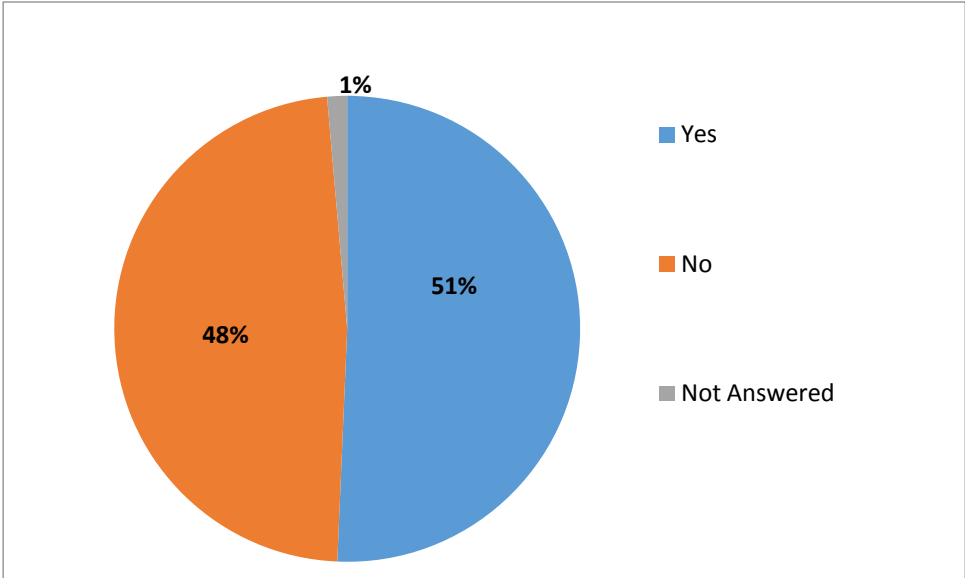
Yes	37
No	35
Not Answered	1

2.1 The organisation has in place Statement/s of Purpose that reflects its aims and objectives in line with New Directions.

2.1 The organisation has in place Statement/s of Purpose that reflects its aims and objectives in line with New Directions. (of the 51% that answered yes)

- Yes 86%
- No 14%
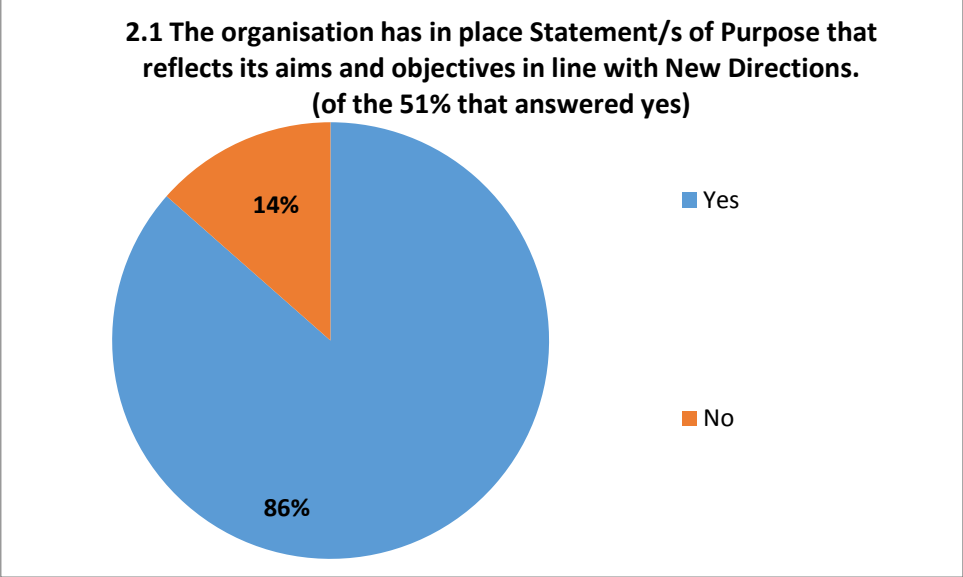
Yes	32
No	5

3. The Organisation has a Strategic Plan

- Yes 70%
- No 30%

Yes	51
No	22

3.1 The organisations Strategic Plan reflects a commitment to individualised services and supports within the community.
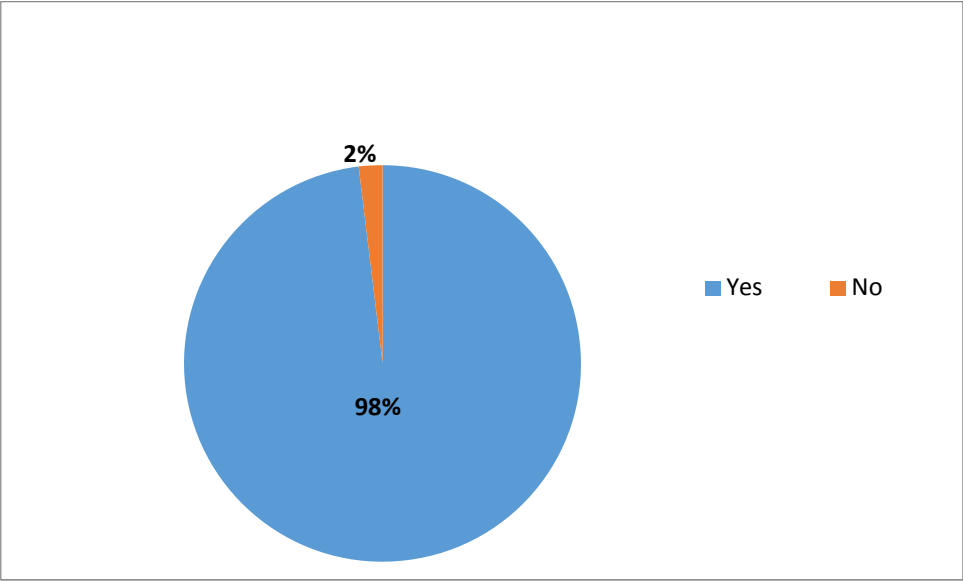
Yes	51
No	1

In response to questions 1 and 1.1 respectively, 99% percent of organisations reported that they had a mission statement, 1% do not. Eighty-nine percent reported that their mission statements reflect the core values in New Directions, while 11% of organisations mission statements do not reflect the core values.
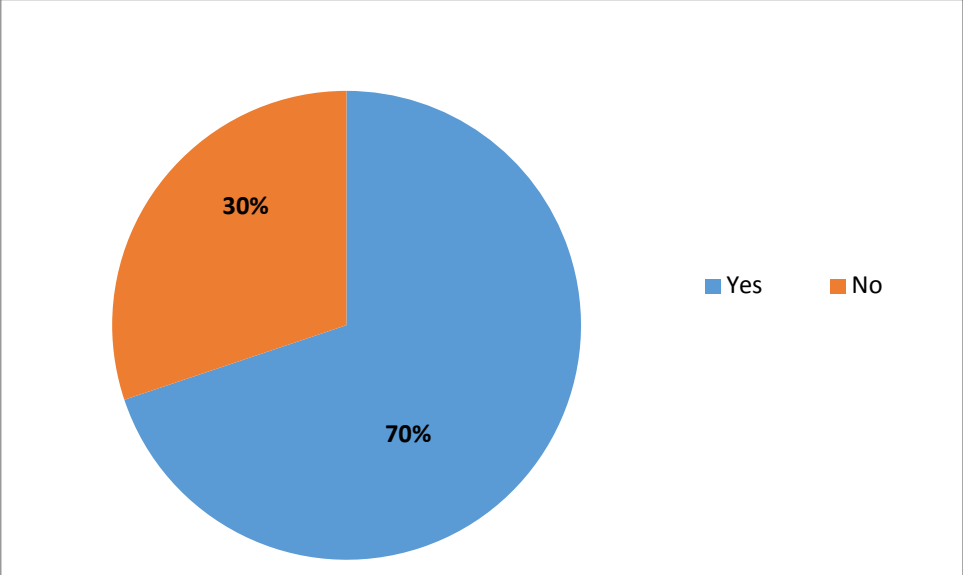
The responses to questions 2 and 2.1 show that 51% of organisations have a statement of purpose, 48% do not. One percent did not provide and answer to question 2. The responses to question 2.1 demonstrate that 86% of the 51% of organisations who have a statement of purpose reflects its aims and objectives in line with New Directions. Fourteen percent of organisations' statements of purpose do not reflect the aims and objectives of New Directions.

4. The organisation ensures people have access to information provided in a format that is accessible to their information and communication needs.
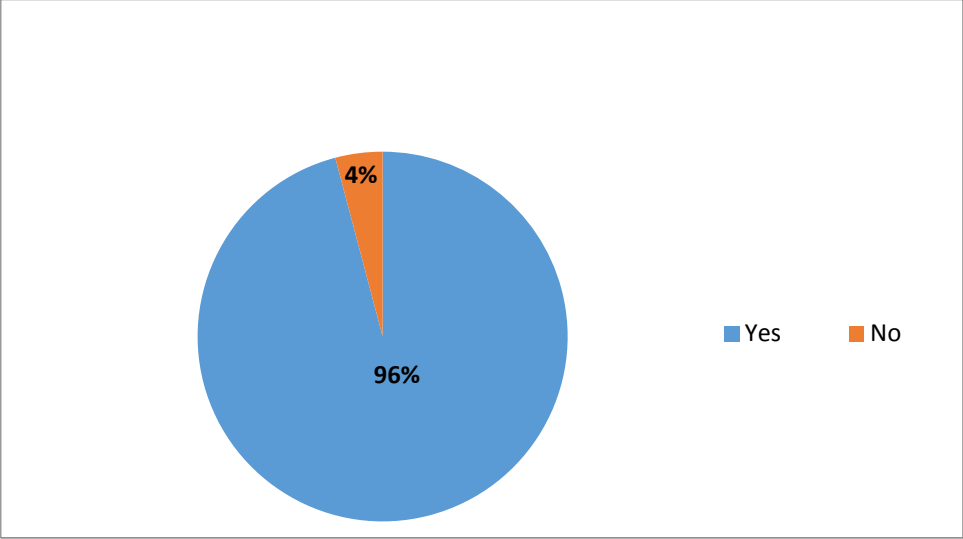
Yes	70
No	3

4.1. The organisation ensures people have access to information provided in a format that is accessible to their information and communication needs.

Organisations were requested to comment if required regarding the access they provide for people to information in an accessible format in line with their communication needs. Of the overall 70 organisations only 46 provided written commentary in response to the invitation to comment on this question. The responses ranged in length from a minimum of one sentence to a maximum of 17 sentences to describe the ways in which people who use their services have access to information and how that is communicated to them in an accessible format. Of the 46 written responses provided 17 cited that they were engaged in the process of developing accessible resources which was ongoing and work in progress.

A combination of Easy Read, Person Centred Approaches/Individual Planning meetings, Key worker groupings and Individual Aid/Technologies were cited as ways in which information was communicated in an accessible format to service users. 16 organisations stated that policies were the main types of information given to service users, of these 14 were complaints policies. Other types of information cited in the responses related to person centred planning and POMs documentation. More

detailed responses, frequencies and examples are outlined in Tables 4.1 and 4.2 below.

Table 4.1: Frequency of statements made by services in response to a request for information on provision of accessible communication needs.

Domain: Accessible Communication Approaches	Number of Responses	Examples
Easy Read Versions	27	*"We have a number of Easy to Read Policies and endeavour to ensure that any policies which directly affect the people we support are in an Easy to Read format…."* *"Easy read daily schedules are also developed for individuals where required…"* *"Our Communication Division have created a number of Easy Read format of Brochures…"*
Person Centred Approaches/ Individual Plans/Key workers	16	*"Each person supported by the service has an Individual Plan which is accessible to them…"* *"Local subgroups working on ensuring Person Centred Plans are more accessible to Service Users…."* *"The services operate a key worker system to ensure that information both relevant to their service and general information is communicated in an accessible to service users…"*
Individual Aids/Technologies	11	*"Personal Communication Devices, IPads, Braille, Plain English, Pecs, Visual supports, Picture Communication Books, Audio supports, Body Language, Dramatisation, Lamh, Magnifiers…."*

Table 4.2: Frequency of statements made by services in response to a request for information on provision of accessible information needs.

Domain: Accessible Types of Information	Number of Responses	Examples
Policies	16	"we have a communications policy for people accessing our services which is supported by our SLT department…t" "All policies where relevant are produced in simplified English..." "New policies are presented in "easy read" format..."
Complaints	14	"Complaints and rights documents are in accessible format…"
Rights	4	"easy read documents are available…..charter of rights, complaints procedure, fire evacuation
Fire Evacuation	4	"easy read" policies are available e.g. fire evacuation, complaints..."
Safe Guarding	3	"..safe guarding document is in the process of being service user friendly due to collaborative work by staff and service users"
Health & Safety	3	
Person Centred Planning / POMs/ Individual Planning Documentation	10	"Person Centred Plans are inaccessible format…there are a number of other documents yet to be put in accessible format..."
Timetables	2	"..Daily timetables and weekly schedules are in easy read format..."
Weekly Schedules	2	
Daily Schedules	2	"..Easy read daily schedules are also developed for individuals where required..."

From the commentary received from the 46 organisations it is clear that while efforts are laudable, the range and types of accessible information reported by these agencies is quite restricted. Broader areas of social inclusion, education, employment and leisure are noticeably absent from the commentary.

During the analysis of the data it was noticeable that a sizable number of services that provided commentary cited *policies* and in particular *complaints policy* as their first examples of accessible documentation. It may be that HIQA requirements are influencing this trend. *Person centred/individual planning meeting and schedules* documentation were the second most frequently mentioned examples of accessible information. Three stated that they had a communications policy with service user collaboration and were supported by a SLT department, 17 services acknowledged that improvements were required and it was *a work in progress*, of these 2 cited financial resources as a barrier.

The overall picture based on the commentary received, suggests that a number of services are making some efforts to ensure information is given in an accessible manner. No evidence was apparent in any of the responses to suggest that communication is a two way process and in the examples cited, no review loop was included to check service user understanding or satisfaction.

5. The organisation's approach to risk management supports positive risk taking as a means to enhancing quality of life and independence for people.
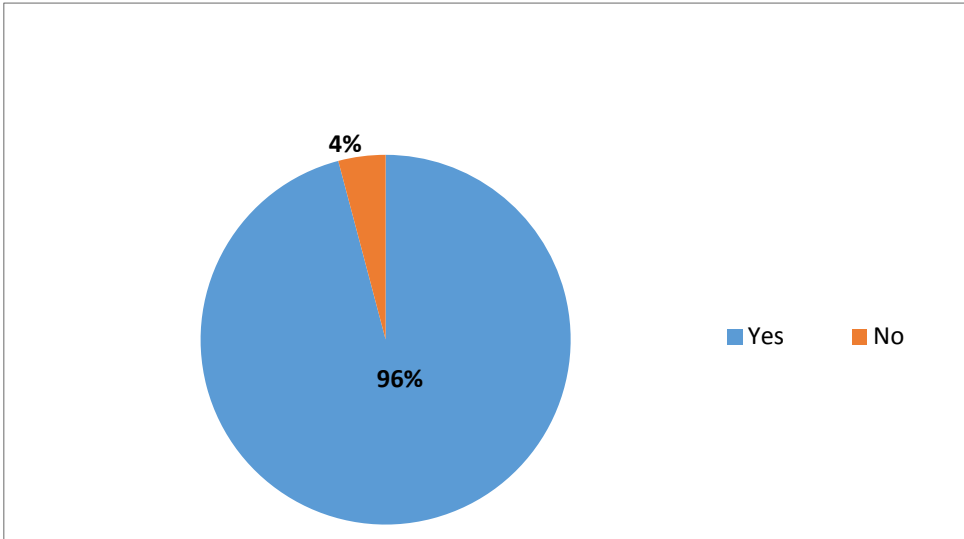
Yes	70
No	3

6. The organisation has an Advocacy Forum/Structure
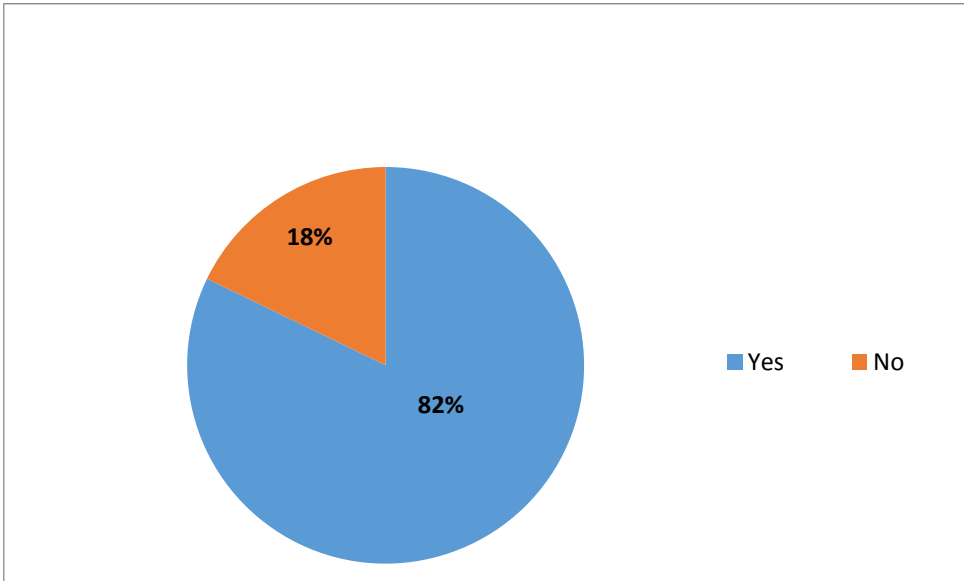
Yes	60
No	13

6.1. The organisation has an Advocacy Forum/Structure. If 'Yes' please give details.

All organisations that had indicated that they have an Advocacy Forum/Structure in place were asked to give details of this structure. Whilst 60 organisations had responded Yes – 64 organisations provided details. Fifty-seven stated that they have an Advocacy Forum/Structure and 7 referred to informal engagements with service user representatives. Four organisations that had answered No - cited that the establishment of a structure was work in progress.

The type of structures that details were provided on were diverse in format varying from local individual service up to and including formal local, regional and organisational with a formal communication loop to senior and executive management. More detailed responses, frequencies and examples are outline in the Table below.

Table 6.1.1: Frequency of statements by services in response to the existence of an Advocacy Forum/Structure in the organisation.

| Category	Number of responses	Examples
Presence of Advocacy Forum/Structure Informal	57 7	*"Local and regional advocacy forums and platforms are available to each adult in the service"* *"Each location has a service user representative committee"* *"Weekly meetings to promote self-advocacy"* *" whilst there is not an actual Advocacy Forum per se, staff advocate for the service-users as part of their service"* *"There is a works committee that is a representative sample of the service users. Any issues of concern are discussed are brought to the attention of management..."*

Frequency of service user advocacy meetings
  - Weekly
  - Monthly
  - Regularly
	
	7
	10
	4
		" The advocacy groups in day services generally meet on a weekly basis"
		"The organisation has an advocacy committee which meets once per month…"
		"Local advocacy groups are set up and meet regularly and all matters highlighted are discussed..."

Frequency of Advocacy reps meeting with senior management	24	*"The …self-advocacy platform meets with the senior management team of the services to discuss issues arising from local and regional advocacy meetings"* *" Representative from Advocacy Groups meet the Service managers, one of whom is a member of the Service Steering Committee"*
Services who support people to access NAS in addition to internal structure	16	*". All residents and all service users are fully informed regarding the National Advocacy Service available to them".* *"People are also supported to source external advocacy support where necessary..."* *"Service users are also encouraged to use the services of the National Advocacy Service is required..."*
Services who do not have an internal Advocacy structure and only use the NAC	4	*".. The service supports people who use our services to access the expertise of the NAS."* *"Access to Independent Advocacy Service..."*

The overall picture based on the analysis of the response statements suggests that a significant number of organisations - 57 have an Advocacy Forum/Structure. A number of agencies indicated that their service users elected their representatives from their peer groupings.

These groups represented individuals at service level, from these local groups an elected representative from each group sat on a regional forum. The regional advocacy forums had access to senior management to discuss concerns and issues in their respective organisations. Whilst the evidence suggests that advocacy structures are present in services, only 24 services mentioned that their structure provides for formal feedback from the advocates to senior management.

A common theme that emerged throughout the analysis indicated that many services depended on staff to facilitate advocacy meeting and to support service users to bring issues and concerns to management. No inference could be gleaned from the responses to support or suggest that any significant numbers of either staff or service users were trained in any formal manner to support Advocacy. In light of the public revelations around safe guarding in service provision it may be worth considering whether formal external training for both service users and staff in all matters pertaining to advocacy would be beneficial. Four respondents stated that they used external courses through the IT colleges to support advocacy in their services.

The National Advocacy Service (NAS) featured to a lesser degree given that this is a free service available to a number of service users and services. 16 organisations stated that they support people to access the NAS in addition to internal advocacy forum/structures.

7. The organisation has a Parents/Carers Forum/Structure where appropriate.
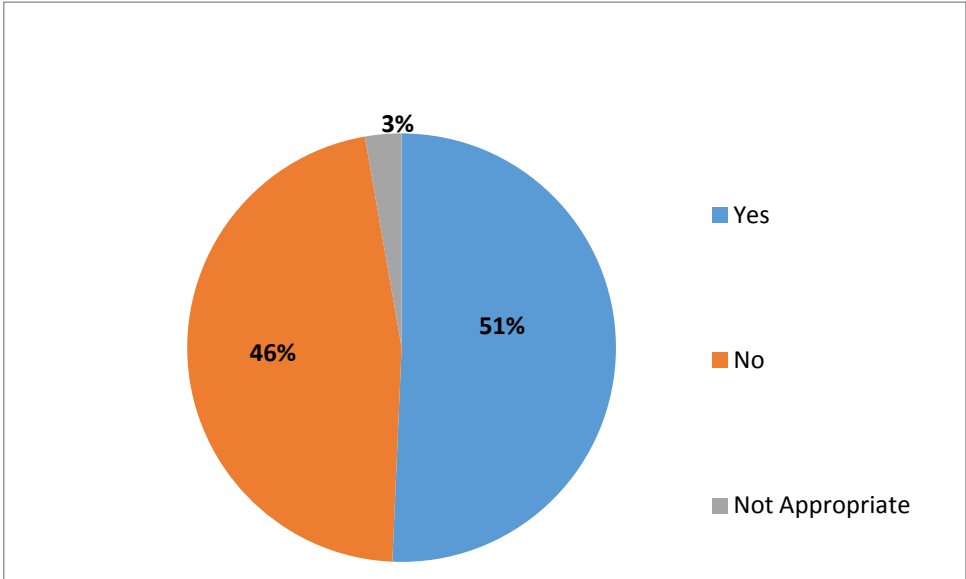
Yes	37
No	34
Not Appropriate	2

In response to question 5. 96% of organisations reported that their approach to risk management supports risk taking as a means to enhancing quality of life and independence for people, while 4% of organisations cited that this was not the case. The responses to questions 6 and 7 respectively indicate that 82% of organisations have an Advocacy Forum/Structure, with 18% demonstrating that they do not. Fifty-one percent of organisations have a Parents/Carer structure where it is appropriate, while 46% reported that they do not.

7.1. The organisation has a Parents/Carers Forum/Structure where appropriate. If 'Yes' please give details.

All organisations that had responded Yes to having a Parents/Carers Forum were asked to provide details about that Forum/Structure. Although only 37 organisations had answered Yes – 50 organisations provided details/commentary. Of the Fifty organisations that provided written commentary to this question, 20 stated that they had a dedicated forum for parents/carers. Further information from this group of 20 provided a variety of responses. A small number commented on well-established structures, others referenced varying types of contact structures citing examples of communication with families through information meetings, PCP and Annual General PCP and Annual General Meetings. 2 organisations cited that advocacy structures were not appropriate to their respective service user population. These varied approaches are presented in the Table below.

Table 7.1.1: Frequency of statement responses to existence of Parent/Carers Structure. (n=50)

Category	Response	Examples
Dedicated Forums	20	*"Family meetings are held twice a year to which all family members are invited. Four family members have been appointed to the Board…."* *"..Parent and family councils nominate three members to the Board…….."* *"We have a Parent/Family forum that meets three times a year….on average 130 people attend these meetings... this forum arranges working groups as required…"*
Contact Structure		
Parents and Friends Associations	11	*"Invited to attend AGM..."*... *"Memorandum of Article of Association detail parent involvement"*
Information Meetings	11	*"Information meetings are held with Parents 7 Guardians but a formal structure/forum has not yet been established..."* *"Family Information meetings are held and all parents are invited to attend..."*
PCP/POMS Meetings/Quality Enhancement Forums	3	*"…we do not have a specific parents/Carers Forum/Structure in place but representatives of parents/carers are members of the 3 Quality Enhancement Forums..."* *" ..Service users are encouraged to involve their family members in the PCP process..."*
Fundraising	2	*"We have a Parents & Friends Committee whose primary function is to fundraise for the service users…"*
Work in Progress/ Pathways to Possibilities	2	*"..The structure is currently being explored with a number of parents following participation in the "Pathway to Possibilities" course run by Inclusion Ireland..."*
Not Appropriate	2	*"Quarterly Network Forum for Clients & Carers (parents n/a)..."*

The variance in the details received in connection with this question would indicate that the guidance note describing what a Parent/Carer Forum is was not followed by organisations. Whilst 37 organisations responded Yes that they had a Parents/Carers Forum in place, the free text details provided questions the validity of these answers. Responses would indicate that in some organisations, interface with families/carers in connection with person centred planning and any related service issues are cited as being part of a Parent/Carer/Forum/Structure.   Two services stated that the Parents/Carers forum was used as an avenue from which potential board members were nominated. These services stated that the purpose of their respective structures was to ensure parents and family members had an input into ensuring the best possible services were provided to service users and to build on local partnership with families. There is definite evidence throughout the transcripts that the Family/Carer forums are used to disseminate information on national policy and general organisational information, whilst a very small number are dedicated to fundraising.

Section 2-Person Centredness

8. The organisation operates a Key Worker system.
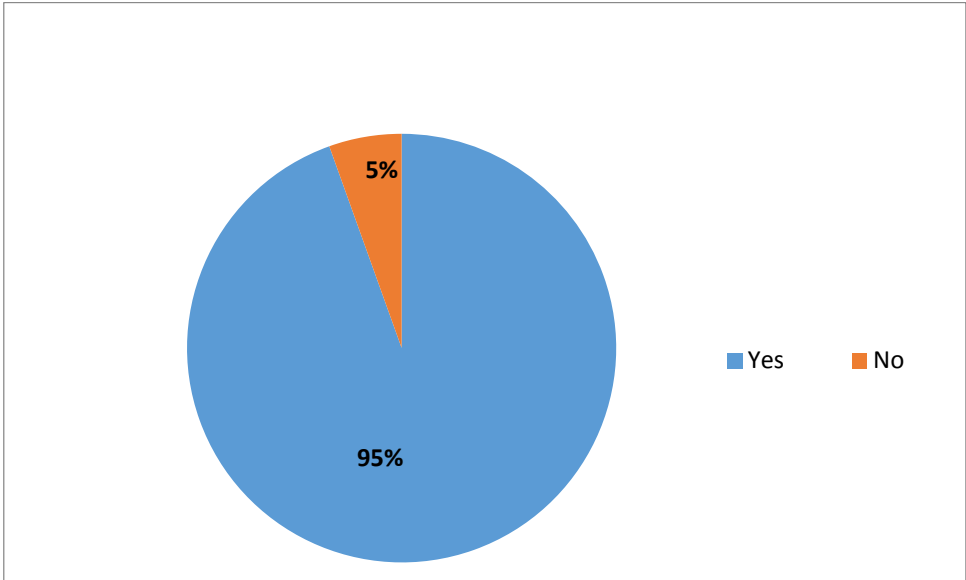
Yes	69
No	4

8.1. The organisation operates a Key Worker system. If 'Yes' please give details.

Organisations that had responded Yes to having a Key Worker System in place were asked to provide details of the system. All 69 organisations provided written responses to this question.

Sixty-five stated that people have access to a key worker. Four who do not provide or use a key worker gave an explanation as to why, in written commentary. Five cited that their system operated on a case load or group system, whilst another 5 stated that people get to choose their key worker. The remaining 59 assigned key workers to people.

Table 8.1.1: Frequency of statements made in response to operating key worker system.

Category	Response	Example
Dedicated system		
Yes	65	"All service users have a nominated key worker who is responsible for working with the person and their circle of support..."
No	4	"We do not have a key worker system, we believe that the needs of our individuals are best served by collective responsibility on the part of all of our staff..."
Group/Case Load	5	" Senior instructors with supports provide planned services to a group of 20 (approx.)
Individuals choose key worker	5	" Each individual has a facilitator that they choose to support them" " All service users are given the opportunity to select their key worker from the list of staff involved in their service delivery"

It was clear from the information provided that 65 organisations had a key worker system in place. Four organisations who do not provide or use a key worker gave an explanation as to why, in written commentary.

The overall results suggest a significant number of services provide a dedicated key worker system on an individual basis to support a person centred approach in their respective organisations. The majority of commentary suggests that the main responsibility of the key worker is to support the person in identifying goals and supporting them through the person centred planning process.

9. A Person Centred Planning process is in place in the organisation.
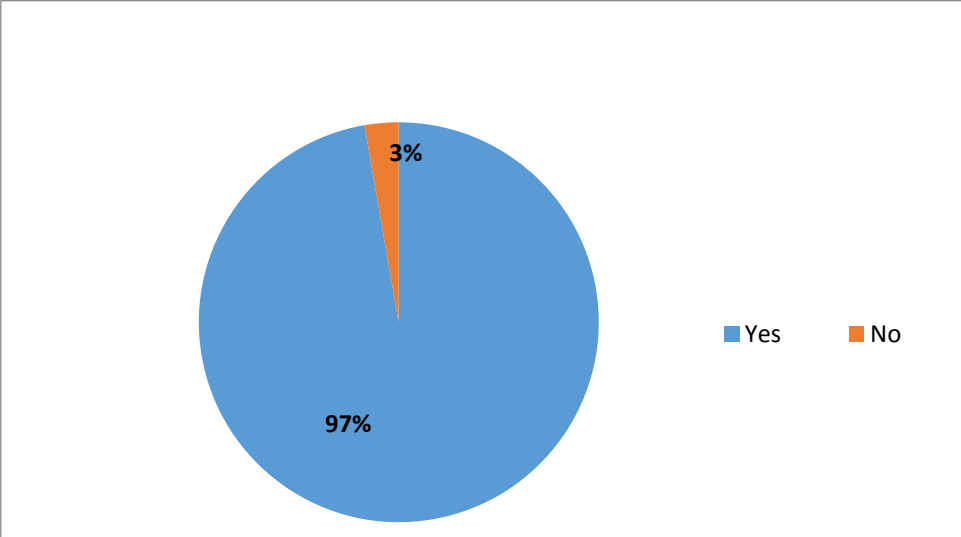
Yes	71
No	2

Responses to question 8 indicated that Key-Worker systems are present in 95% of organisations, while 5% stated that they were not. In relation to question 9 the responses demonstrated that 97% of organisations have a Person Centred Planning process in place, with only 3% reporting that they do not.

10. The organisation supports each person through the development of a Person Centred Plan.
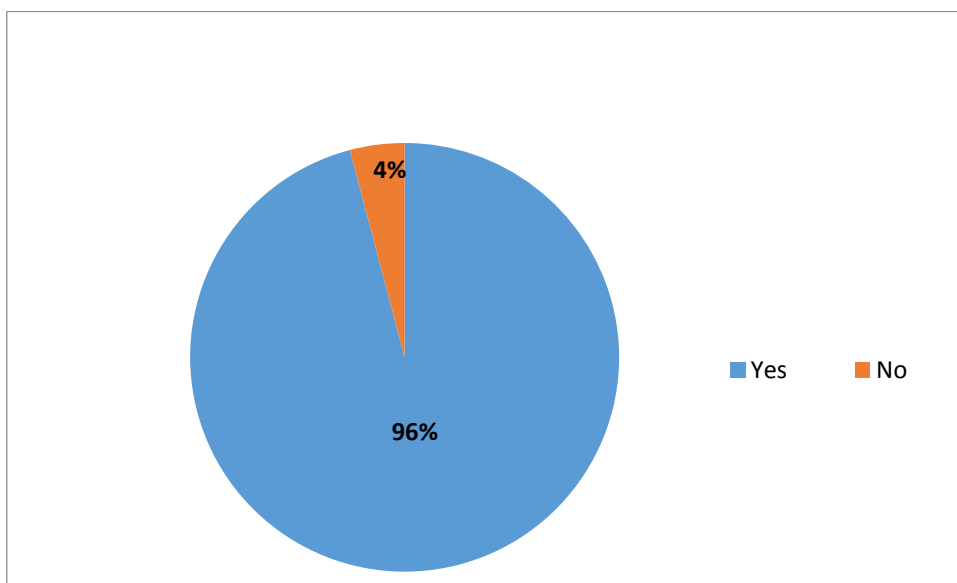
Yes	70
No	3

11. What percentage of People in the organisation have an up-to-date Person Centred Plan

Seventy-two organisations provided a response to this question. 30 of these organisations indicated that 100% of their service users had up to date person centred plans whilst the remaining respondents indicated a range of responses with supporting text as set out below.

Table 11. What percentage of People in the organisation have an up-to-date Person Centred Plan

Percentage %	Number	Examples
100%	30	" As this is the means by which our programme…is delivered within the community "
80%-100%	15	
60%-80%	10	"It is estimated that between 70 and 80 per cent of people have an up-to-date plan"
40%-60%	2	
20%-40%	3	Local centres began with staff training last year and steady progress is being made toward every person who wishes to have a PCP being supported to do so""
Not specified	5	"Plans only apply to a percentage who attend on a regular basis"

12. Please give examples of Outcomes that have been achieved in the past year

Seventy-two organisations responded to this question with written commentary. The results are presented using the 12 support framework in New Directions. Of the 72 respondents 7 provided numbers of people who achieved particular outcomes. The remaining 65 of services provided statements which gave a generalised view of the number of outcomes achieved by people. Being cognisant of the fact that many of the outcomes achieved transcend all 12 supports within the framework, the 6 domains presented in the Table below have been identified as most frequently cited.

Table 1: Frequency of Outcomes achieved by people in the past year.

Support Number	Category	Response	Examples

5	Maximising Independence
	
	Supported Living
	Living Independently
	Buying own home
	Learning to cook independently
	Travelling Independently
	    - Public transport
	    - Driving
	    - Walking
		72
		
		12
		1
		1
		3
		
		16
		2
		6
			"4 young women have moved from their family homes into supported living accommodation"
			"Supported to live independently" "Purchase own home"
			" a number of people have learned to cook independently"
			" 2 service users travelling independently via public transport"
			"Individuals walking to town on their own, walking to and from home to the centre"

3	Inclusion in Local Community	36	*"Third level courses, FETAC courses"* *"attending courses in the community including the IT"* *" Community based training courses"* *"an individual achieved their goal of attending University"* *" participation on external mainstream education and training opportunities, ranging from third level accredited courses, vocational training to literacy classes in various educational organisations"*
9	Vocational Training and Employment Opportunities	33	*"access to supported employment" "Progression to open employment following a TUS placement"* *"…8 participants obtained p/t jobs"* *"part time open employment has been secured with two local employers for 2 services users"*
4	Education and Formal Learning	31	*"Third level courses, FETAC Courses"* *"Attending courses in the community including IT"* *"An individual achieved their goal of attending University"*
6	Personal and Social Development	19	*" managing own money,* *One person wanted to make window boxes as a present for his mother, he was supported to attend a woodwork class where he designed, built and painted these for his mother"* *" reduction of disruptive behaviour"* *, improved level of fitness"* *"meeting new friend (volunteer) at weekend"* *" driver theory training with view to getting a driving licence"* *" overnight in a hotel with friends and attending a concert"* *"one person has purchased a car" " became a member of a gym"* *" the service user council succeeded in getting work done to the paths in …… through advocating the CEO "*

The results show that maximising independence is by far the most popular response demonstrating outcomes achieved, followed closely by inclusion in the local community, vocational training and employment opportunities, education and formal learning opportunities. The response statements were extremely dense in content and text. However, on further analysis the results indicate that very few people were actually recorded as having achieved outcomes in the past year. Examples referred to in the response statements number individuals and/or small groupings of 1 to 10 people. No inference can be gleaned as to whether respondent's examples took place in non- segregated settings.

13. The organisation has a system for monitoring Outcomes for people on an ongoing basis.
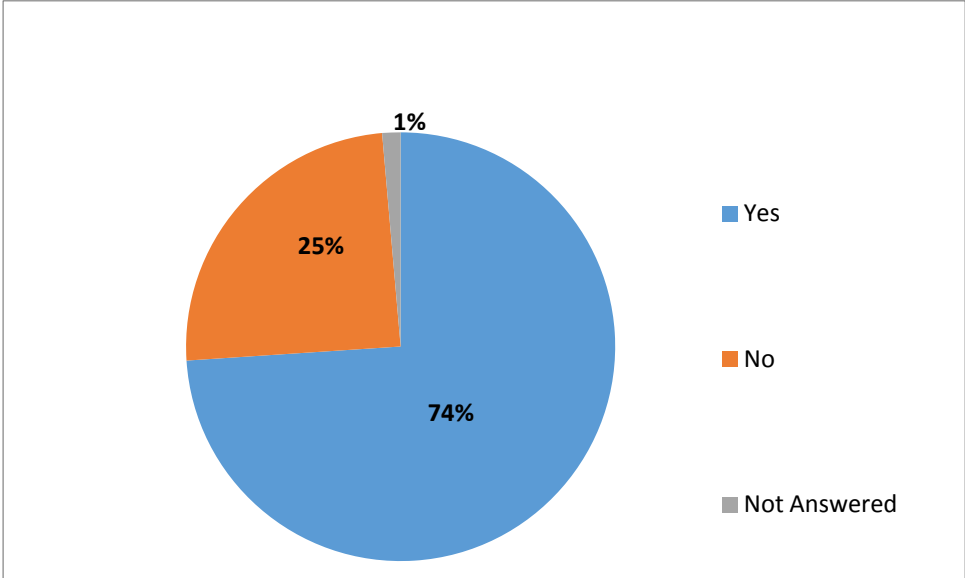
Yes	54
No	18
Not Answered	1

Question 10 results show that 96% of organisations support each person through the development of a Person Centred Plan, with 4% stating that they do not. The responses to question 13 indicate that 74% of organisations have a system in place for monitoring Outcomes for people on an ongoing basis, 1% did not provide an answer, while 25% of organisations do not monitor Outcomes.

14: Please give examples of Barriers/Obstacles that have been overcome in the past year.

Seventy-one organisations provided written commentary to support their responses. 48 stated that they had overcome barriers/obstacles and gave examples of same. Of these 14 referred to lack of funding as an ongoing barrier to achieving more outcomes. Five respondents referred to the introduction of flexible working contributing to service enhancements for service users. One cited the setting up of alternative respite options as a significant development and it could not have been achieved without Genio funding. However, Respite options are not included in day service provision. Increased community inclusion was referred to on 5 occasions which was prefaced on two occasions that this was dependent on the use of volunteers.

Two organisations suggested that the opening of new community based hubs relieved the use of service based transport, people were able to use public transport where it was available. Barriers overcome in relation to transport were referred to by 17 organisations. A further 2 stated that lack of accessible public transport was limiting the lives of people who were wheelchair users. Engaging with families and getting "buy in" with the *New Directions* model was cited as a barrier that was overcome with a small number of families, whist still recognising that many families preferred the traditional day service model. Some organisations also commented on improved access to mainstream education and employment. This occurred on 4 and 3 occasions respectively.

Changes in environmental settings were achieved by 6 organisations in relation to door widening, footpaths, signage and increased training to all staff in administering medication which heretofore was limiting service user participation in the community. Building links and networking in the community was referred to on 7 occasions and included referencing the increase use of positive risk taking. A further 9 referred to barriers in relation to accessing employment, transport; of these 3 referred to family financial circumstances as being expensive on service users to use the community under the New Directions model. The results are presented in the Table below:

Table 14: Frequency of responses in relation to examples of Barriers/Obstacles overcome in the past year.

| Domain	Number of Responses	Examples
Barriers/Obstacles overcome	48	*"The setting up of Hubs in the villages of local communities has addressed these barriers for some adults who are now not totally reliant on organisational transport to access hairdressers, cafes, shops, swimming pool, library, etc."* *"Opening of Vocational training places to where people live and community base services"* *" A relationship has been developed with whereby service users use many local amenities such as café, book shops, library and local swimming pool"* *One service user moved to a day support service which is smaller and more autism specific"*
Barriers/Obstacles not overcome	14	*"The chief obstacle has been lack of funding and we have stretched staff ratios and staff mixes until breaking point and cut back on training and other non-essential costs"* *"ongoing concerns in relation to finance and accessing financial support has been a barrier to providing maximum support"*
	9	*"The barriers/obstacles have almost always been ones of limited staff vision and imagination"*
Types of Barriers/Obstacles overcome: Transport. Accessible environment Education Community Relationships Flexible Working		*"Accessing more community based projects increased the ways people were able to move away from more day service based activities. We have overcome obstacles in relation to transport"* *"There is not sufficient access to transport within the service and as a result individuals began to use public transport so as to achieve community based goals. This has worked well but it is limited to bigger urban centres. However, travel by public transport is not sufficient for wheelchair users and this is a barrier to their inclusion into society and activities"* *"Inappropriate signage was removed and replaced"* *"developed a strategic partnership with the IT so that inclusive pathways to mainstream education could be forged for our service users"* *"Family reluctance to support change for their loved ones; service user access to personal finance"* *"one obstacle that we have faced and overcome in the last year was building a relationship with community groups and ensuring our service users were accepted as active citizens in their community"* *"Building consensus with family in relation to an individual's preferences can be a challenge and is often only overcome through ongoing communication with the named staff and positive risk taking"* *"Staff working in flexible ways e.g.; duties/hours of work/activities with service users.*

From the initial analysis of the statements provided it was clear that the respondents had not interpreted the question correctly and as a consequence the analysis proved more difficult. The question specifically asked to give examples of Barriers/obstacles overcome in the past year. Only one respondent stated the outcomes were achieved within the past 12 months.

The examples provided by the 48 organisations that responded to overcoming barriers/ obstacles referenced only a small number of people that had benefited from overcoming barriers/obstacles. The majority of examples given referred only one or two individuals. Some commentary referred to the opening of hubs and other services in the community as relieving pressure on service based transport thus, presenting opportunities for people to be trained in and use public transport. The barrier that was most frequently referred to was the increased use of public transport where it was available, followed by networking with community groups and mainstream educational establishments including local VEC's and Third Level Institutions.

In conclusion, many of the services appear to be making efforts to overcome barriers and obstacles against reducing budgets by reaching out to the community and increased use of volunteers.

15. The organisation has a system for monitoring Barriers/Obstacles to achieving individual Outcomes
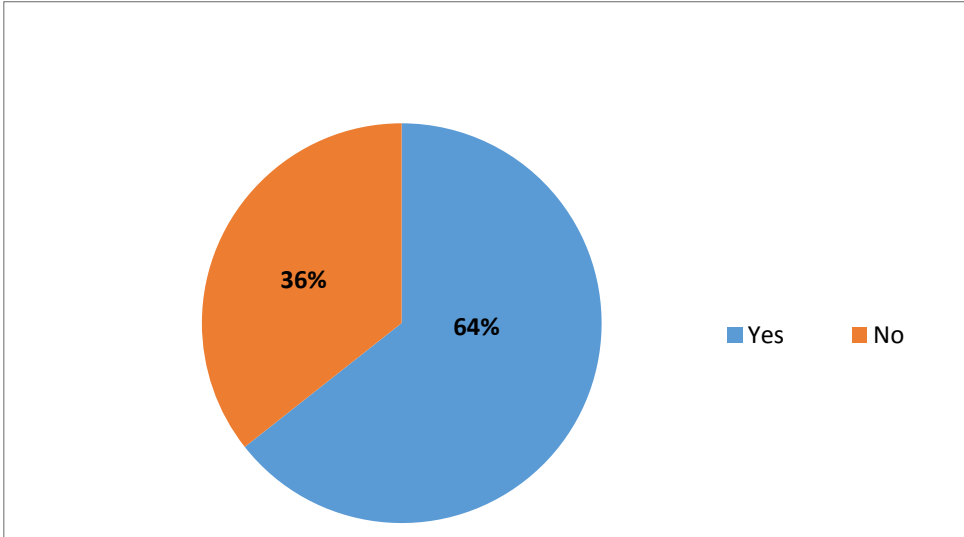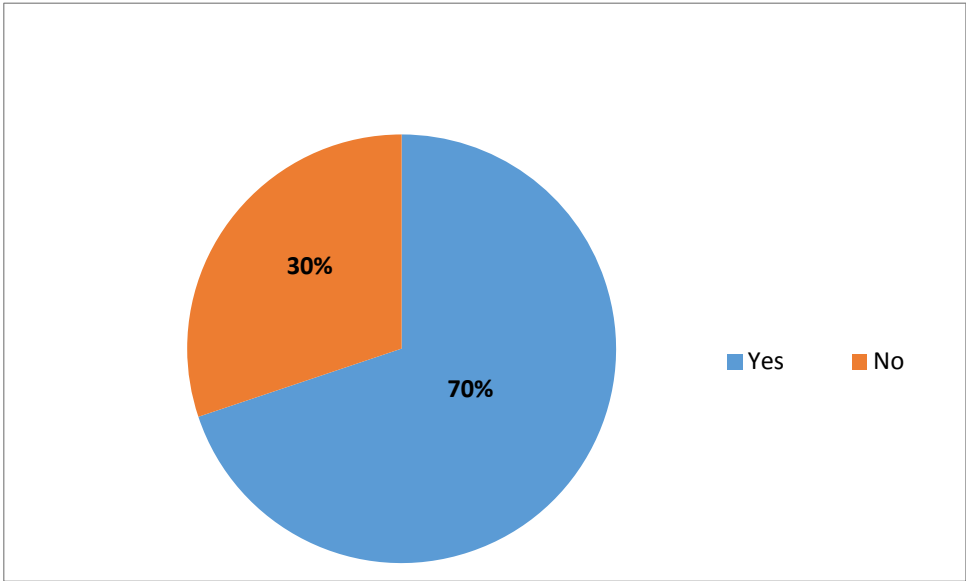

| Yes | 47 |
| No | 26 |

Responses to question 15 demonstrate that 64% of organisations have a system for monitoring Barriers/Obstacles, with 36% reporting that they do not.

Section 3 - Community Inclusion & Active Citizenship

16. Staff have been provided with guidance in Community Inclusion & Active Citizenship.

Yes	51
No	22

17. The organisation provides information to people about Community Inclusion & Active Citizenship, including community access and participation options/opportunities.
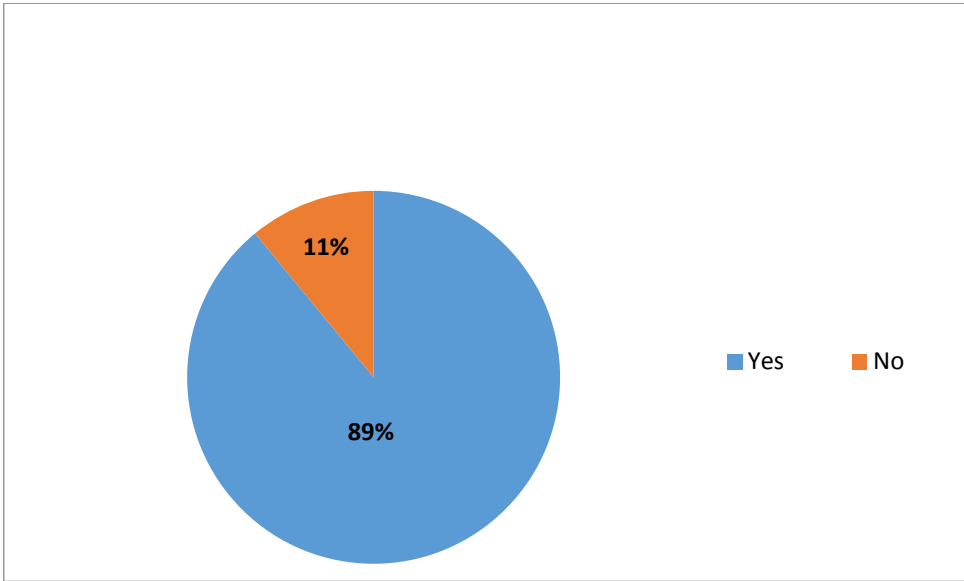
Yes	65
No	8

Responses to questions 16 and 17 respectively demonstrate that 70% of organisations provide guidance to staff on Community Inclusion & Active Citizenship, while 89% provide information to people who use services on Community Inclusion & Active Citizenship.

17.1. The organisation provides information to people about Community Inclusion & Active Citizenship, including community access and participation options/opportunities.

Organisations that had replied Yes to providing information to people about Community Inclusion & Active Citizenship, including community access and participation options/opportunities, were asked to give details. Sixty-five organisations provided written statements in response to this question. Twenty stated that they provide information on community inclusion, while, 14 stated that they provided information but gave no supporting commentary. Twenty mentioned use of community facilities with a further 15 supporting people through active citizenship.

15 cited ways in which people are supported to access community through educational courses and a further 10 supported people to get involved in employment initiatives. Detailed results are outlined in the Table below.

Table 17.1.1: Frequency of statements made by services in response to a request for information on community inclusion.

Category	Responses	Examples
Access to and provision of information Access to and provision of information (no examples)	20 14	"Information is provided via newsletters, community resource centres information on events happening locally ..." "We give information and supports on an individual basis in area like voting, volunteering, advocacy, employment opportunities"
Citizenship Active involvement in local organisations/community groups Volunteering	15 9	"Active citizen projects are organised locally to engage in meaningful community activities" "... some individuals volunteer in the local community e.g. ISPCA, Charity shops."
Training and education in the community	15	"The organisation engages with many colleges ..." "people access education, training, work experience"
Use of community & local facilities Use of local amenities (sports, theatre, etc.) Attendance at community events	 11 20	"A large group of individuals are supported each week to use the local running track ..." "Some individuals avail of local amenities - local sliming club; the swimming pool; the gym ...IFA centre, Library ...
Work experience and employment	10	"People we support are also involved in supported employment "The service through its partnership with local employment services provides information on mainstream and supported training, work and education opportunities
Staff Staff trained specifically to deliver community support	7	"some staff have been trained ... on community inclusion..." " service employs a community development co-ordinator to promote active participation in local communities through attendance at VECs, work placements and community projects"

Overall the 'provision of information' is by far the more popular service response followed by involvement in citizenship and training and education. However, the results should be interpreted with caution as just because services did not make specific mention of a recommended module, does not necessarily mean that it is not happening. Clearly, these modules may be subsumed and delivered via many of the activities outlined in the Table above. Evidence to that effect is present throughout the transcript in many of the comments. Nonetheless, these results are interesting in so far as they may reflect the extent to which services are philosophically 'aligned' with and sensitised to *'New Directions: Personal Supports for adults with disabilities'* (HSE 2012).

In conclusion, many services are making some effort towards social inclusion. Services with a definite focus provide an array of different initiatives and approaches, including training staff specifically to deliver on social inclusion.

18. People are supported to develop new relationships and friendships in the community.
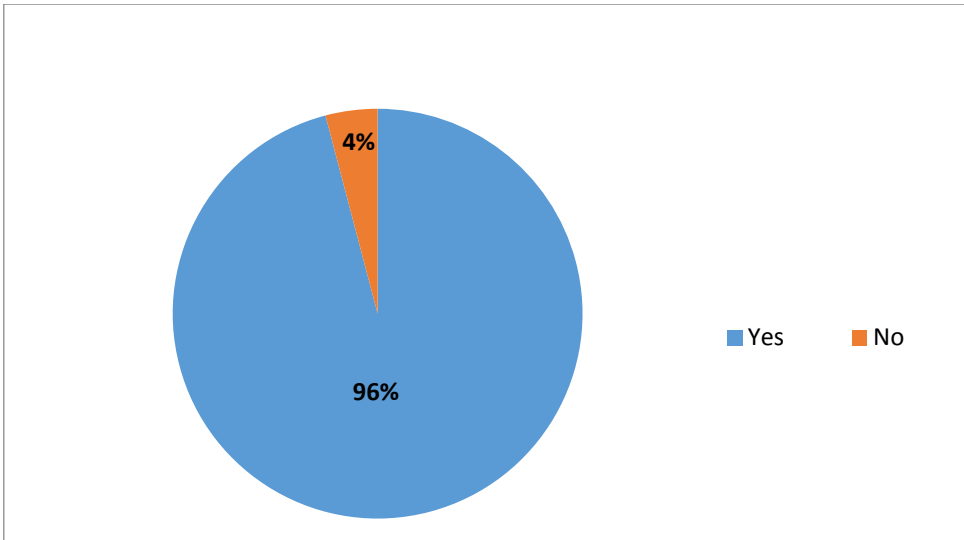
Yes	70
No	3

19. The organisation actively promotes and works with a person's natural supports.
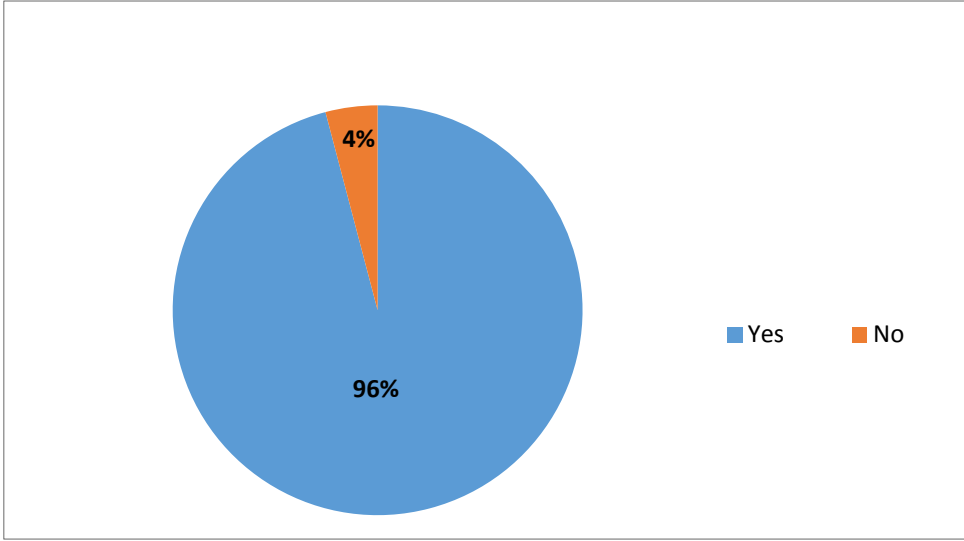
Yes	70
No	3

In response to questions 18 and 19 respectively, 96% of organisations stated that they support people to develop new relationships and friends in the community, with 4% indicating that they do not. 96% also stated that their organisation actively promotes and works with a person's natural supports.

19.1. The organisation actively promotes and works with a person's natural supports.

Organisations that answered Yes to actively promoting and working with a persons' natural supports were asked to give examples. Sixty-nine organisations provided written commentary to support this question. Sixty four stated that they actively promoted and worked with peoples natural supports. Twenty five cited Person Centred Planning (PCP) and Personal Outcomes Measure (POM) process' as the most utilised means of engaging peoples natural supports. Others cited that they actively engaged with Families as part of the underpinning ethos of the organisations. Family members were identified by 47 organisations as the primary natural support in people's lives, followed by people in the community and community links which were supported by staff. Seven cited volunteers as playing a part in supporting people in the community.

A further 5 stated working with natural supports was limited. 2 cited family involvement was limited and restrictive on individuals in certain circumstances and a further 2 stated that they empowered the individual to take personal responsibility and ownership and the individual decides if their natural supports are to be involved and utilised. The results are presented in the Table below.

Table 19.1: Frequency of statements by services in response to working with peoples natural supports.

Domain	Number of Responses	Examples
Family	47	*"families are involved (where the person wishes them to be) in supporting the person to achieve positive outcomes"*
PCP/POM	25	*" Families are a welcome to be part of what goes on in each area, they are invited to be part of the personal outcomes interview"* *" As part of our PCP process we actively engage with families"*
Community	21	*" Meaningful goals are identified and focus is on providing natural supports to support these"* *"natural supports often come from the family but others are in place such as access to men's sheds, GAA, resource centres"*
Volunteers	7	*"Volunteering providing Yoga and Pilates. Volunteers providing tennis coaching"* *"trainees are volunteering in their own communities"*

When taken as a whole the overall picture suggests that services are making efforts to promote and work with peoples natural supports where it is appropriate. The results are interesting in so far as they indicate the PCP and POMS processes are utilised to actively engage with natural supports. Many of the other respondents did not indicate how they promoted or engaged with a person's natural support system, however, they gave supporting statements stating that they did actively engage. Overall, taking into consideration the seventy three organisations that were surveyed, the results suggest a significant level of effort and engagement with peoples natural supports.

20. The organisation actively engages with mainstream services and supports towards the inclusion of people in the community.
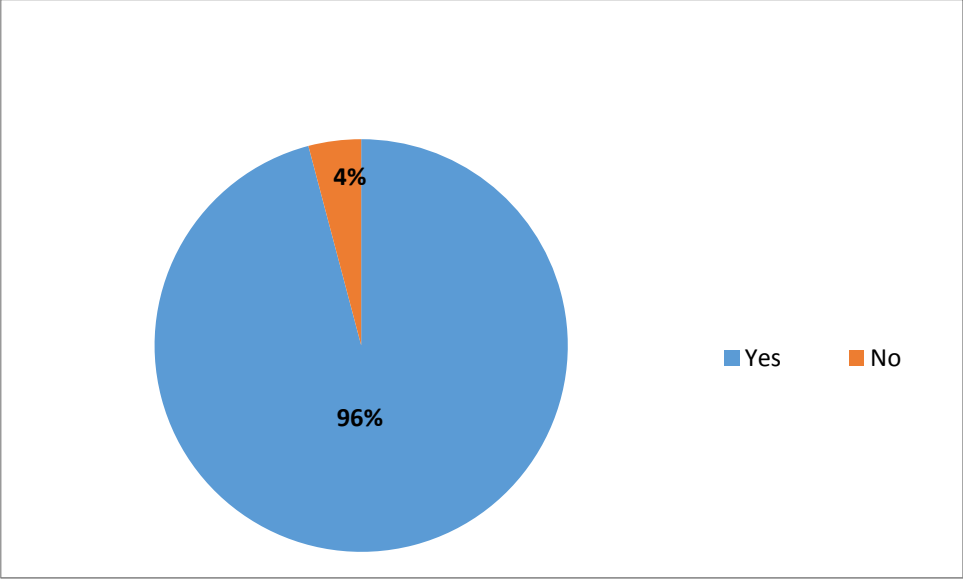
Yes	70
No	3

96% of organisations reported that they actively engage with mainstream services and supports, with 4% of organisations stating that they do not.

20.1. The organisation actively engages with mainstream services and supports towards the inclusion of people in the community.

Organisations that answered Yes to actively engaging with mainstream services and supports were asked to give examples of how they do this. Seventy organisations provided written statements in response to this question. All 70 stated that they were actively engaged with mainstream services and supports towards the inclusion of people in their community. However, the analysis shows engagement occurs within services to varying degrees. 39 stated that they actively engaged with mainstream services, citing educational institutions, service professionals, health professionals, medical and transport services as examples. The use of educational institutions both community based and national occurred on 19 occasions.

Other mainstream services identified were health professionals including GP, Dental, Chiropractors, Pharmacies, MABS and Public Transport. The use of facilities in the community was cited by 37 services, with a further 23 services providing examples of people actively involved in their respective communities with meaningful social roles. The results are presented in the Table below.

Table 20.1.1: Frequency of statements made by services in response to a request for information on engagement with mainstream services and supports toward community inclusion.

Domain	Number of Responses	Examples
Mainstream Services	39	" the mainstream accessed include medical, GP, Speech Therapy" " supported employment with local employers, engagement with other voluntary/community organisations such as Meals on Wheels, Men's Sheds, Family Resource centres" "Doctors, Dentists, Chiropractors" Our agency " actively engages with Further Education and Training Sector so that we can ensure that our service users can pursue their educational goals in a mainstream setting"
Using Facilities in the Community	37	"Use of Public Libraries, sports facilities, gyms, shops, hairdressers, cinemas, parks" " Some of the day service bases are located in Family Resource Centres throughout the county" " Use of mainstream leisure/community facilities"
Community Inclusion	23	" Integrated classes with sporting and educational bodies" "Volunteering is supported and encouraged and four people volunteer in local charity shops" "Service users access a local mainstream community garden and take part in the planning, organising and running of the garden" " actively involved in the Tidy Towns Committee"

Taken as a whole the use of facilities in the community is by far the most frequently referred to example of active engagement with the community, followed closely by engagement with mainstream services. The analysis indicates an effort on the part of organisations to actively support the inclusion of people in the community.

Given that *Support for Inclusion in One's Local Community* underpins the ethos of New Directions the above results gleaned from 70 organisations seems average. Community inclusion and active citizenship is a basic right enshrined in the UN Convention on the Rights of Persons with Disabilities, and the provision of support for this is a core value in a modern, person centred service. *New Directions HSE* (2012) lists '*using publicly funded services'* as part of an outcome for Community Inclusion, however, the outcome also cites *'people developing relationships with people who are not involved in specialist service provision and should participate in normal, everyday community activities.'* The analysis show that while some effort is underway from respondents to engage and support mainstream inclusion it needs to be emphasised that this outcome is a core underpinning value of new directions and should be a primary focus of future service developments.

Section 4 - Quality

21. The organisation is currently accredited by a recognised Quality Assurance Body.
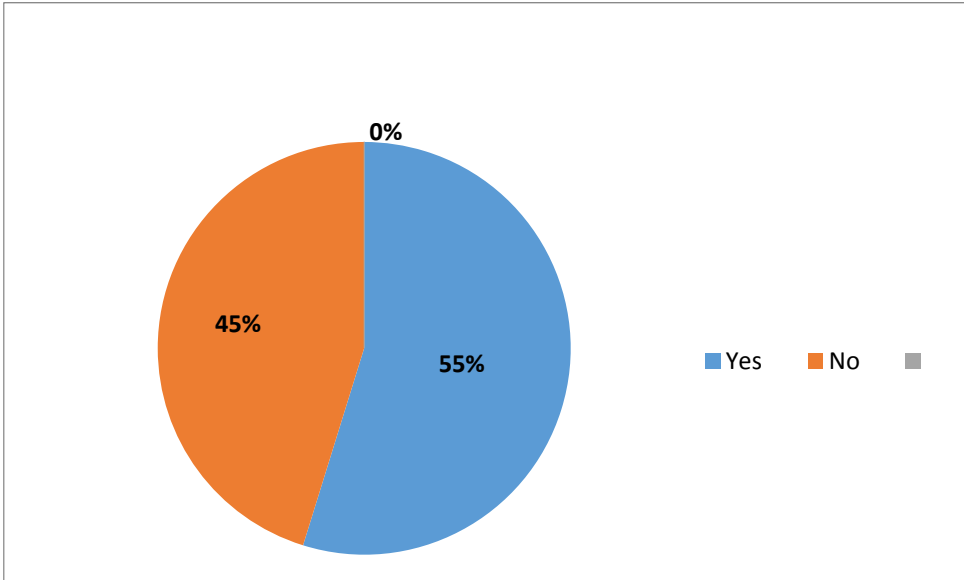
Yes	40
No	33

The response to question 21 shows that 55% of organisations are currently accredited by a Quality Assurance Body, with 45% reporting that they are not.

21.1. The organisation is currently accredited by a recognised Quality Assurance Body.

Organisations that responded Yes to having current accreditation by a recognised Quality Assurance Body were asked to give details of the name of the body, start date of the accreditation and the period of the accreditation. Although only 40 organisations responded Yes to this question - Forty-two organisations provided written responses to this question. Forty stated that the organisation has a current Quality Assurance Award. Two organisations who do not have a current award gave an explanation in written commentary. In total 11 Quality Assurance Bodies were identified. The Table below sets out the results and is self- explanatory.

Table 21.11: Frequency of organisations who have a current Quality Assurance Award

Quality Assurance Body	Response	Period of Accreditation
QQ1/FETAC	12	*The 12 respondents indicated Training Programmes were accredited*
CQL	7	*All responses stated they were up to date with 2 for review in 2015 and 2016 respectively*
EFQM	4	*3 of the 4 responses cited 5 star excellence with current accreditation*
HIQA	5	*5 respondents cited current accreditation*
CARF (Commission on Accreditation of Rehabilitation Facilities)	3	*2 responses cited up to date accreditation. 2017*
EN ISO 9001	3	*2 respondents cited accreditation until 2016, 1 renewed annually.*
CARED4	2	*2 respondents did not indicate current accreditation, other than it was in use.*
NSAI	2	*June and November 2015 respectively.*
QMark	1	*Level 1 (2014). Level 2 (2015).*
Solas	1	*No indication.*
National Autistic Society	1	*No indication*

OTHER
    IOFGA
    EQUASS
		These examples were cited in addition to other Quality Assurance measures in organisations.

The results show a significant effort on the part of many organisations to engage with a recognised Quality Assurance Body in the absence of a standardised approach to national accreditation. However, there seems to be some confusion between Quality Assurance and Certification. Also, HIQA standards do not apply to day service provision. The responses reflect the diverse nature and array of quality models. During the analysis it was noticeable only one organisation cited that the accreditation was organisation wide; while, this may be the case in other organisations no assumptions can be inferred.

22. The organisation is working towards accreditation / reaccreditation by a recognised Quality Assurance Body.
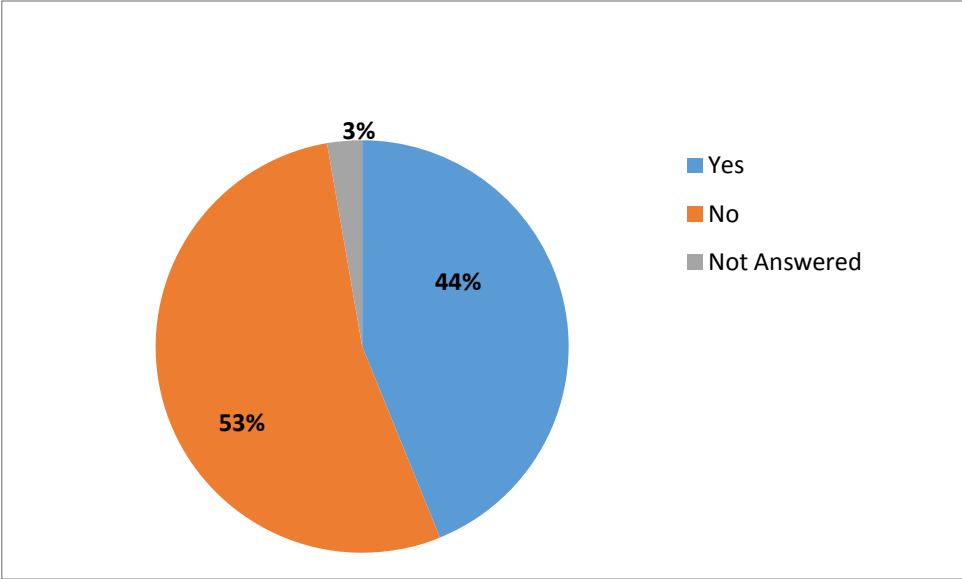
Yes	32
No	39
Not Answered	2

53% of organisations are working towards re-accreditation with a recognised Quality Assurance body, with 44% indicating that they are not and 3% not providing an answer either way.

22.1. The organisation is working towards accreditation / reaccreditation by a recognised Quality Assurance Body.

Organisations that responded Yes to working towards accreditation/reaccreditation by a recognised Quality Assurance Body were asked to provide details of the body and the date of expected accreditation. Although 32 organisations answered Yes to this question - Forty-four organisations provided written responses to this question. 29 stated that the organisation was working towards or exploring accreditation / reaccreditation for a recognised Quality Assurance Award. 15 repeated the information cited in Question 21. and therefore are not included in the Table below. 2 stated that they were exploring external Quality Assurance measures. The results are set out in the Table below and are self- explanatory.

Table 22.1.1: Frequency of organisations who are working toward accreditation / reaccreditation.

Quality Assurance Body	Response	Expected date(s) of Accreditation
CQL	3	*"the next accreditation visit is due in November 2015"*
PQASSO	3	*" we are in the final stages of working towards Level 1 of PQASSO which is accredited by the Charities Evaluation Services"*
QQ1/FETAC	3	*"2011 and ongoing."*
EQUASS	3	*" reaccreditation 2015"* *"10 centres preparing for EQUASS" (No Date Given)*
CARF (Commission on Accreditation of Rehabilitation Facilities)	1	*September 2015*
EN ISO 9001	3	*2 respondents cited accreditation until 2016, 1 renewed annually.*
CARED4	1	*"accreditation date not set".*
NSAI	2	*June and November 2015 respectively.* *"The current arrangement with the NSAI will remain in place for another year… moving to the CHKS process"*
Q Mark	1	*Level 1 (2014). Level 2 (2015).*
National Autistic Society	1	*No indication/date*
CDETB	1	*"the organisation works well with CDETB" (no time frame included in the response)l*
Exploring quality assurance.	2	*"awaiting QA system for programmes funded under RT/ New Directions"*
HIQA	5	*"5 respondents cited current accreditation"*

23. The organisation conducts Satisfaction Surveys for people who use the service.
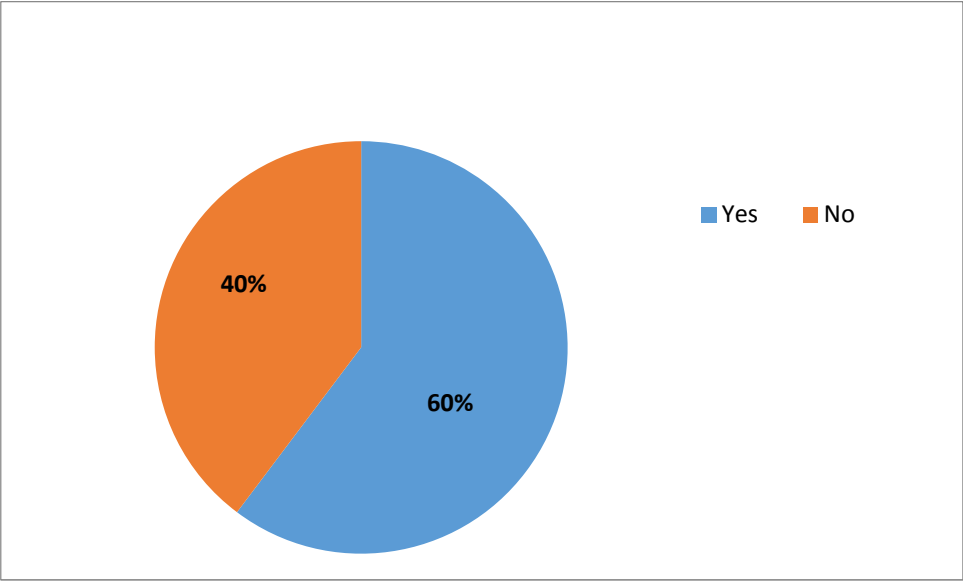
Yes	44
No	29

24. The organisation conducts Satisfaction Surveys for parents and carers.
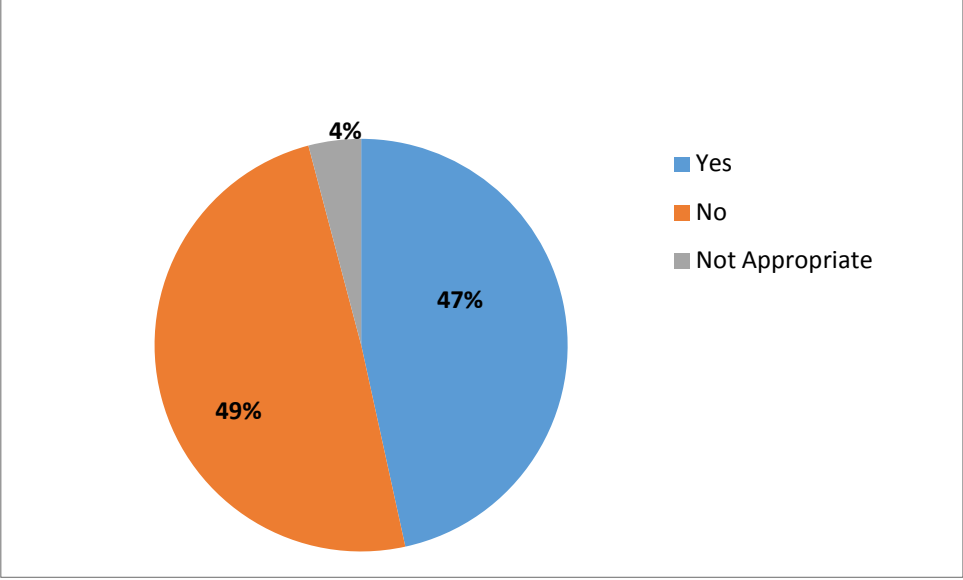
Yes	34
No	36
Not Appropriate	3

60% of organisations reported that they conducted satisfaction surveys with people who use their service, with a further 47% carrying out satisfaction surveys with parents/carers where appropriate.

Statutory

Presentation and Analysis of Findings HSE Service Locations

The section is divided into 4 main areas for ease of reading for both categories:

1. Organisational
2. Person Centredness
3. Community Inclusion & Active Citizenship
4. Quality

However, parts of section 1 (Organisational) are not applicable for HSE service locations. The HSE has one mission statement which reflects the diversity of services within one singular service provision. Questions 1-3 are deemed not relevant and therefore are included in this section.

Section 1 - Organisational

4. The Service ensures people have access to information provided in a format that is accessible to their information and communication needs.
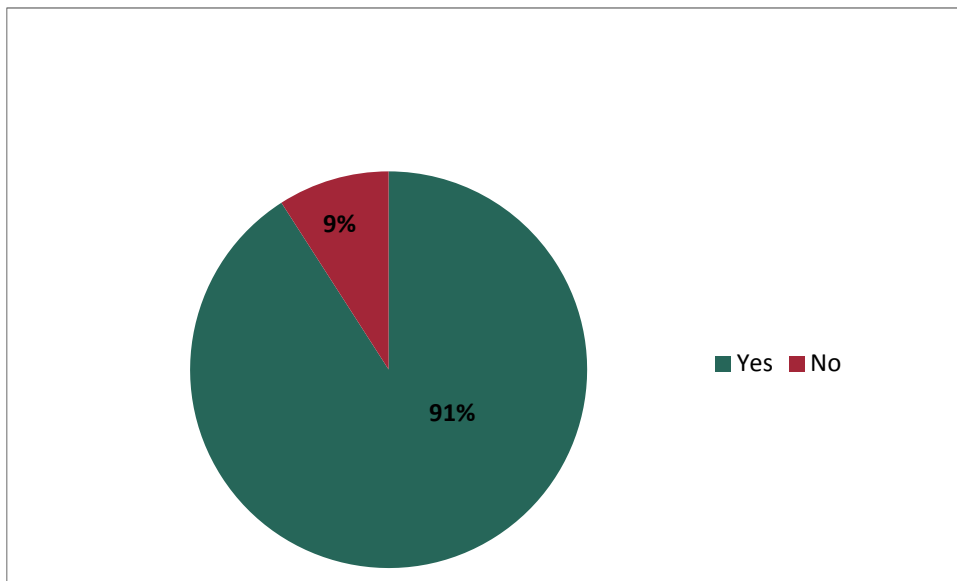
Yes	50
No	5

In response to question 4, 91% of service locations confirmed that they ensure people have access to information in a format that is accessible to their information and communication needs, while 9% stated that they did not.

Q 4.1. The service ensures people have access to information provided in a format that is accessible to their information and communication needs. Please comment if required.

HSE Service locations were requested to comment if required regarding the access they provide for people to information in an accessible format in line with their communication needs. Of the overall 50 service locations who replied 'Yes' 45 provided written commentary in response to the invitation to comment on this question. Thirty stated that they ensure people have access to information that is provided in a format that is accessible to their information and communication needs. Ten stated that they did not provide information in an accessible format. Ten cited using pictures/visual methods, while 8 cited "user friendly". A further 5 mentioned "accessible" but did not provide examples of the chosen medium. Easy Read and the use of Sign Language was referred to on 2 occasions respectively. The results are presented in Table 4.1.1 below; **Communication Approaches**; i.e. how/what medium is used to communicate with people. Table 4.1.2 presents; **Information Content**; what information/knowledge is imparted.

Table 4.1. 1: Frequency of statements made by services in response to a request for information on provision of accessible communication needs.

Accessible Communication Approaches	Number of Responses	Examples
Easy Read Versions	3	"The centre has easy read folder on health information" "Easy Read Documents"
Pecs/Visual	10	"Pecs boards for communication" "Mission Statement is in both written and visual form" "Picture formats used for PCP's"
User Friendly	8	" Complaints procedure is service user friendly" "Advocacy officer information available in service user friendly format"
Accessible	5	"There are care plans and goals to be achieved displayed in formats that are accessible"
Sign Language/SLT	2	"Use of sign language" "ongoing with help from SLT"

Table 4.1. 2: Frequency of statements made by services in response to a request for information on provision of accessible information needs.

Accessible Types of Information	Number of Responses	Examples
Policies	15	*"Complaints Policy is service user friendly"*
Complaints	11	*"Complaints procedure and information for service users in relation to safeguarding are service user friendly"*
Safe Guarding	4	*" Information for service users around safeguarding and Complaints procedure are both in user friendly format"*
Person Centred Planning / Care Plans and Goals	10	*"Picture format used for PCP's."* *"There are care plans and goals to be achieved displayed in formats that are accessible"*

When viewed as a whole, from the commentary received it is clear that while efforts are laudable, the range and types of accessible information reported by these service locations is quite restricted. Broader areas of social inclusion, education, employment and leisure are noticeably absent from the commentary.

The results suggest that the preferred communication approaches/medium were: pecs/visual, user friendly and accessible. A small number of service locations cited *policies* and in particular *complaints policy* as their first examples of accessible documentation. It may be that HIQA requirements are influencing this trend. Person centred planning/Care Plans and Goals documentation were the second most noticeable examples of accessible information.

No evidence was apparent in any responses to suggest that communication is a two way process and in the examples cited, no review loop was included to check service user understanding or satisfaction.

5. The Service's approach to risk management supports positive risk taking as a means to enhancing quality of life and independence for people.
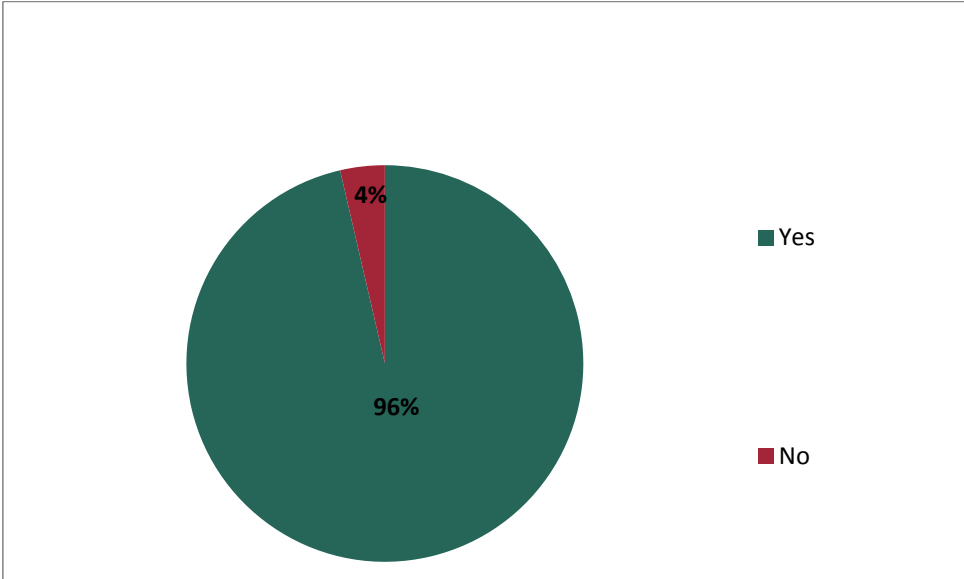
Yes	53
No	2

6. The Service has an Advocacy Forum/Structure
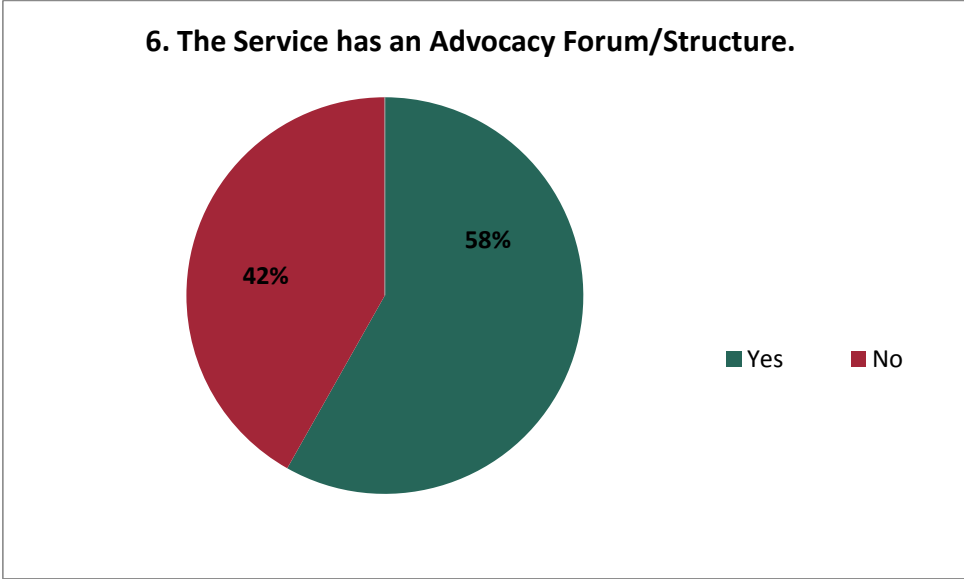
Yes	32
No	23

In response to questions 5 and 6 respectively, 96% of service locations reported that their approach to risk management supports risk taking as a means to enhancing quality of life and independence for people, while 4% of demonstrated that this was not the case.

The response to question 6 indicate that 58% of service locations have an Advocacy Forum/Structure, with 42% demonstrating that they do not.

6.1. The service has an Advocacy Forum/Structure If "Yes", please give details.

The service locations that indicated that they have an Advocacy Structure in place were asked to give details. Thirty nine service locations provided written commentary to this question. 17 stated that they have an Advocacy Forum/Structure where meetings are held weekly/fortnightly. While 15 stated they have an informal structure and an additional 4 citing work in progress. A further 3 cited that they circulate information regarding the National Advocacy Service. The detailed responses, frequencies and examples are outline in Table below.

Table 6.1. 1: Frequency of statements by service locations in response to the existence of an Advocacy Forum/Structure.

Category	Response	Example
Presence of Structured Advocacy	17	*"At present we hold weekly meetings and provide training sessions"* *"Sheltered Service users run their own self advocacy meetings- they have elected a Chairperson and Secretary and record meetings which are run monthly. These outcomes are presented to the Centre Manager who meets the full group"* *"Advocacy forum takes place on a monthly basis and is facilitated by external advocates"*
Informal Structure	15	*"Small numbers of service users will attend advocacy meetings when they occur within the service"* *" This is in the format of meetings discussing issues, goals and wishes of the individuals"*
National Advocacy Service	3	*"Advocate assigned to service from National Advocacy Service"* *"National Advocacy Service, information circulated to service users"*
Work in Progress	4	*" We are progressing the development of a Service Users Council where each person can represent themselves and/or ask a peer to present any issues or items of importance to them in a neutral environment"*

Overall the analysis suggests that more than half of service locations engage with the people who use their services in a structured manner. A common theme that emerged throughout the analysis indicated that many service locations depended on staff to facilitate advocacy meetings.

The type of structures were diverse and unique to each individual service location. Interestingly, only one service location had a feedback loop to management where concerns and issues were discussed. No inference could be gleaned from the responses to support or suggest that any significant numbers of either staff or service users were trained in any formal manner to support Advocacy. In light of the recent public revelations around safe guarding in service provision it may be worth considering whether formal external training for both service users and staff in all matters pertaining to advocacy would be beneficial.

7. The Service has a Parents/Carers Forum/Structure where appropriate.
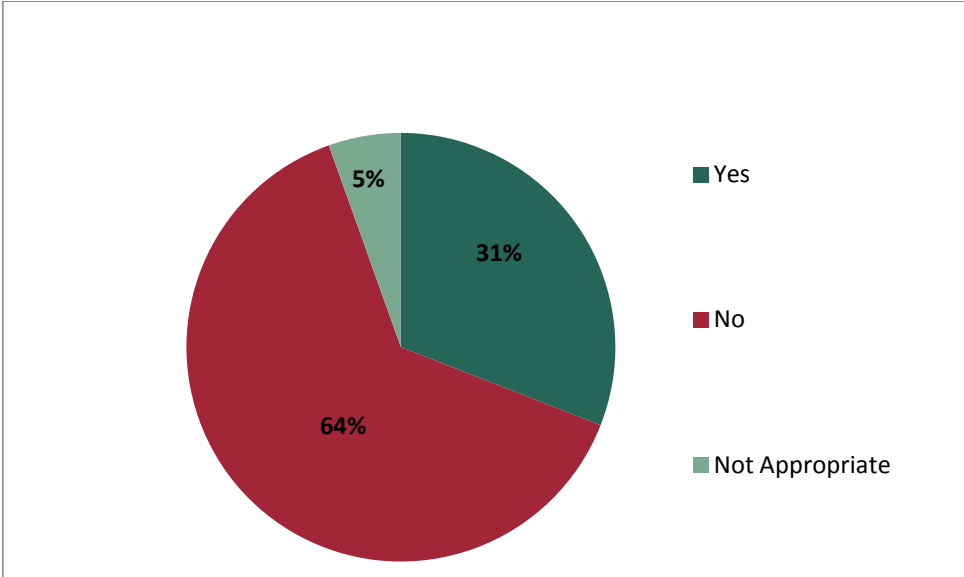
Yes	17
No	35
Not Appropriate	3

In response to question 7, 31% if service locations have a Parents/Carer structure where it is appropriate, with 31% reporting that they do not. 5% of respondents did not provide and answer.

7.1. The organisation has a Parents/Carers Forum/Structure where appropriate?

Of the seventeen service locations that provided written commentary, 7 stated that they actively engaged with parents/carers. Four service locations cited Annual Review process as a means of engaging with parents/carers. A further 3 stated that service management and monthly meetings were used to encourage parent involvement. Parents and friends committees meet service managers regularly, this was cited on two occasions. Parents support was referred to on two occasions in relation to organising fundraising events.

Table 7.1.1: Frequency of statement responses to existence of Parent/Carer Structure where appropriate.

Category	Number of Responses	Examples
Family	7	*"Family/Advocates are encouraged to engage with the service by attending ITP meetings"* *"Parents/carers/advocates are encouraged to visit the centre particularly if there are issues, invited to performances or art exhibitions, etc."* *"Parents are very involved in service users delivery of service, they advocate on their loved ones behalf and are encouraged to do so always"*
Annual Review Meetings	4	*"Parents/family members/carers who are recorded as next of kin attend the individual attendees annual reviews"*
More Regular Arrangements	3	*"Parents and friends committee meet service management regularly"*
Day Service Review Group (New Directions)	3	*"Parents and Guardians are encouraged to participate in PCP meetings and decisions surrounding collections after day trips to the theatre or rehearsals"*

The overall response rate was very low in relation to this question, 17 of a possible 55 service locations provided written commentary. The introduction of a comprehensive person centred planning (PCP) framework would initially provide an approach for families to meet service providers where appropriate.

A Parents Forum/ Structure could be established in parallel with the PCP framework. This could potentially establish networks for widening circles of supports, networking in the community and also be used as a medium for educating and informing parents and families.

Section 2 - Person Centredness

8. The Service operates a Key Worker system.
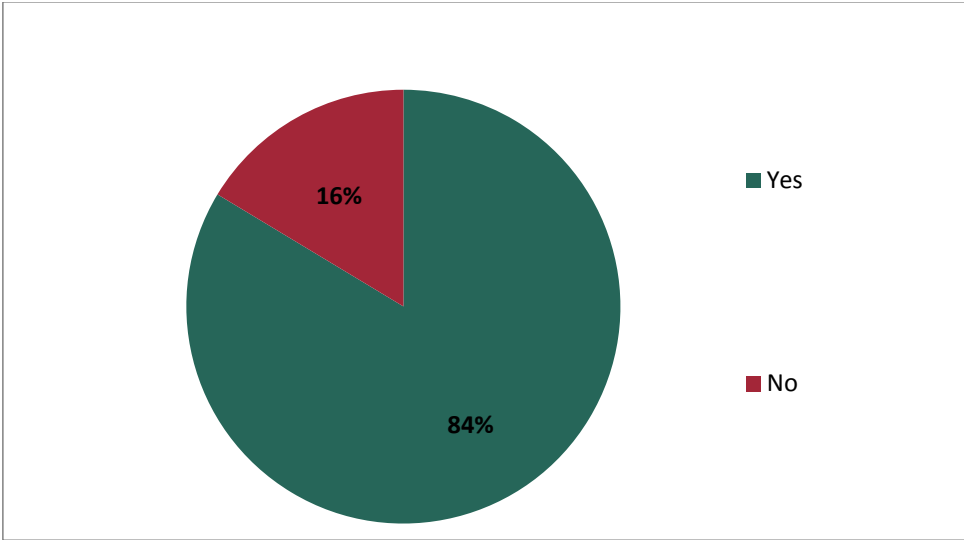
| Yes | 46 |
| No | 9 |

Eighty-four percent of service locations indicated that they operate a key-worker system, while 9% stated that they did not.

8.1. The service operates a Key Worker system

Fifty Three service locations provided written responses to this question. 44 stated that people have access to a key worker. The 9 service locations who do not provide or use a key worker system cited staff shortages by way of explanation. Of the overall positive responses 3 cited that their system operated on a case load or group system. A further 3 service locations stated that people get to choose their key worker, while 19 assign key workers to people.

Table 8.1.1: Frequency of statements made in response to operating key worker system.

Category	Response	Example
Dedicated system		
Yes	44	*"Key worker system in place, staff accompany some residents to the day service and staff within the day service are key workers to other residents"* *"Each client is assigned a keyworker who is responsible for supporting a person centred approach to the needs of the client"* *" Basic system in place where by staff are allocated to individual service users, but does not meet the definition outlined in the guidance notes"*
No	9	*"Difficult to provide this as current ratio is 2 staff to 16 service users"* *"Due to staff shortages a key worker system is not possible"*
Group/Case Load	3	*"The centre has a Key worker system in place for al service users attending the centre. We have 28 Service users broken down into 4 groups with one Key Worker per group"*
Individuals choose key worker	3	*"Where possible regular and familiar staff continue to provide care and assistance in each area. Through this familiarity, Service users can decide along with other staff who they would like to be their key worker"*

The results suggest a significant number of services provide a dedicated key worker system. However, on further analysis there seems to be varying approaches and understanding as to the responsibility of the key worker when compared to definition of the term in the accompanying Glossary of Terms with this Survey. Lack of resources and very low staff ratios were very evident throughout the transcripts as reasons for services being unable to provide a supportive key worker system.

9. A Person Centred Planning process is in place in the Service.
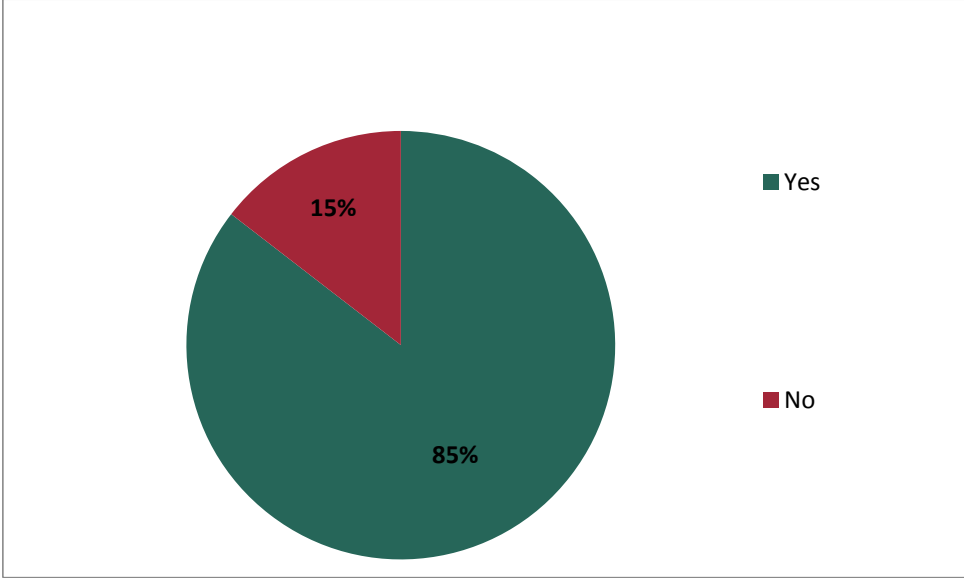
Yes	47
No	8

The results of question 9 shows that 85% of service locations have a person centred planning process in place, with 15% reporting that they did not.

10. The Service supports each person through the development of a Person Centred Plan.
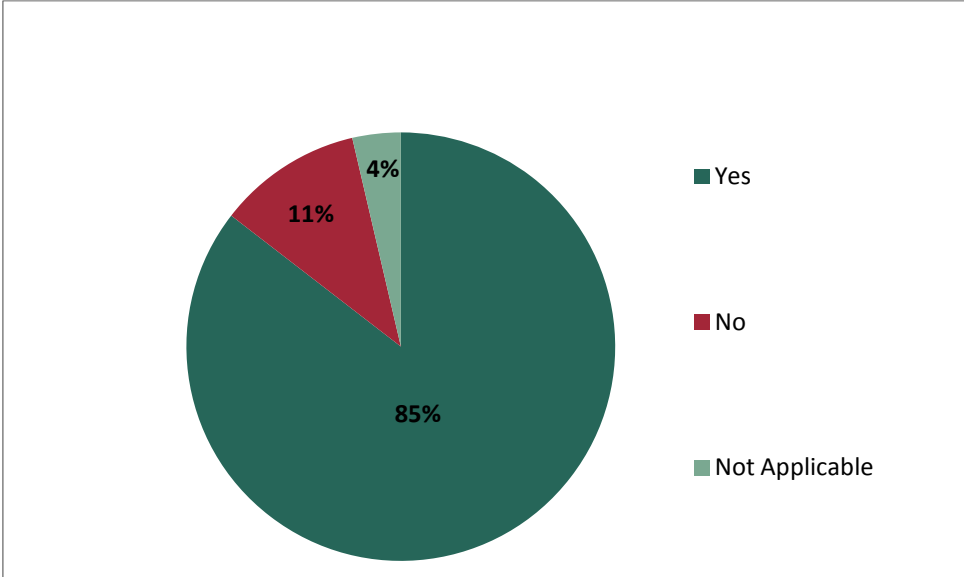
Yes	47
No	6
Not Applicable	2

In response to question 10, 85% of service locations stated that they support people through the development of a person centred, with 11% of service locations reporting that this is not the case.

11. What percentage of people in the organisation have an up-to-date Person Centred Plan?

Fifty- three service locations provided a response to this question. Sixteen of these service locations stated that 100% of the people who use their services had up to date person centred plan, whilst the remaining respondents indicated a range of responses with supporting text as set out below.

Table 11. What percentage of people in the organisation have an up-to-date Person Centred Plan?

Percentage %	Number	Examples
100	16	*" Each service user has a Person Centred Plan"*
80-100	12	
60-80	3	*" 75% but it is a work in progress"*
40-60	3	
20-40	2	*"25% at present. Work has commenced on a new PCP format"*
< 20	1	
Not specified	11	*PCP is ongoing in the service*
No	4	*"We don't have person centred plans presently however we are working towards identifying goals for each service user"*

12. Please give examples of Outcomes that have been achieved by people in the past year.

Fifty five service locations responded to this question with written commentary and provided examples of outcomes achieved by people using their respective services. The results are organised under the 12 supports framework published in "New Directions *Personalised Support Services for Adults with Disabilities"(*HSE 2012).

Of the 55 service locations 21 cited examples of community inclusion. Access to further education was referred to on 20 occasions, while employment opportunities and work experience were cited 11 times. 3 stated that outcomes had been achieved through people attaining independent living. Other generalised achievements of outcomes both in segregated and centre based settings were referred to on 15 occasions and statements were provided which gave a generalised view of the outcomes achieved by people. No service indicated that the examples of outcomes listed were achieved within the past 12 months. . Being cognisant of the fact that a number of the outcomes achieved transcend across the 12 supports framework (HSE 2012) the categories presented in the Table below have been identified as most frequently cited.

Table 12: Frequency of outcomes achieved in the past twelve months.

Domain	Response	Example
Community Inclusion	21	" More access to outside therapies and local amenities" " A number of participants have successfully participated in community art club classes at local Family Life centre" " Trips to cinema, have the opportunity to have lunch in local restaurants and engage with the local community"
Education	20	" Attending local IT" " Advocacy training course" " A number of participants attending a computer course in our local ETB" " Participating in driving theory course"
Employment	11	"Securing jobs in the community" "Paid employment" Supported Employment" " Part time work"
Independent Living	3	" Independent Living" " Facilitated registration for Centre for Independent Living"
Other	15	"Most of our outcomes are centre based" " Family events, attending wakes and funerals" "Outcome of goals are identified are measured continuously throughout the four year training programme through Individual Training Plans which are reviewed every year"
12 Supports Framework	1	"**Support for Making choices and plans**: purchased a magazine unaided in a local store, Support for Health and well -being: went for an eye test and got new glasses **Support for Inclusion in one's community**: Went on a trip to Galway for birthday as requested on wish list. Went for a drink with parents to a local pub as per wish list. Bowling Outings. **Support for Accessing education / formal learning**: Receiving certification on completion of ASDANS Programme in local VEC, **Support for Personal expression and creativity:** Completion of picture which is to be given as a gift to nieces. **Support for Social and personal development:** secured the aid of an independent Advocate **Support for Maximising independence**: moved into a new home in the community where his wish is to live alone with supports from sister organisation. **Support for Meaningful social roles**: became an uncle for the first time when his sister had twins and is very proud of all his visits and photos of the babies. **Support for Influencing service policy / practice**: Voices and Choices Group completed a project redecorating and upgrading the dining room involving the choosing of new tablecloths, curtains, lighting. Voices and Choices Group involved in preparing new picture menus"

The results indicate an array of outcomes achieved but no consistent thread is demonstrated to suggest that these involve a significant number of people who use the respective services. Of note is the low frequency for efforts demonstrating outcomes across all 12 tailored personal supports (New Directions 2012). On further analysis there seems to be very low reference to person centred planning or a person centred approach in which people engage in making personal choices and plans, given that Support for Making Choices and Plans underpins New Directions "*In line with the principles of person-centred planning, the individual's participation in any programme or module should be designed, monitored and evaluated on an individual basis to help them achieve the particular goals they have chosen*"

13. The Service has a system for monitoring Outcomes for people on an ongoing basis
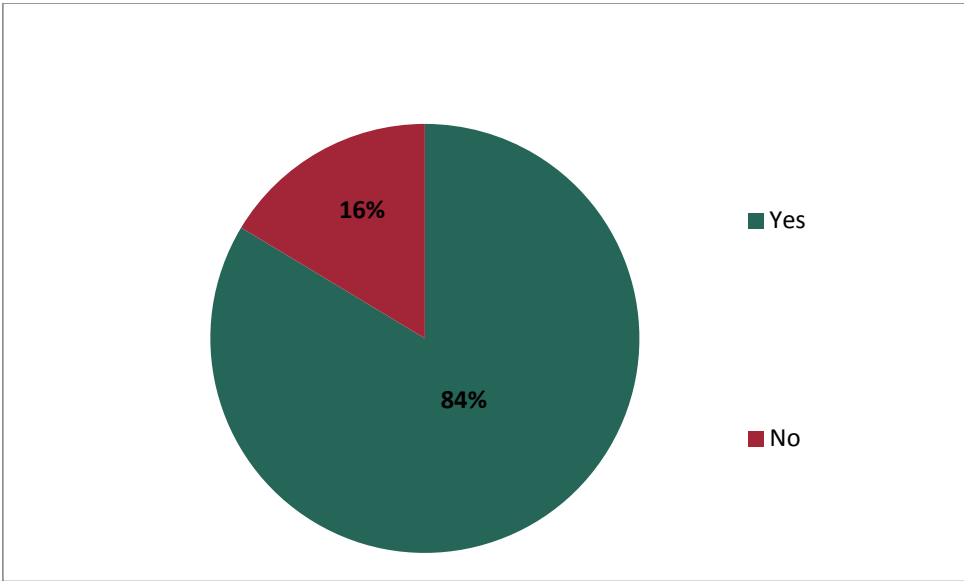
Yes	46
No	9

Outcomes are measured by 84% of service locations, 16% reported that they do not measure outcomes.

14: Please give examples of Barriers/Obstacles that have been overcome in the past year.

Fifty five service locations provided written commentary to support their responses. 43 services stated that they had overcome barriers/obstacles and gave examples of same. Of these 7 cited cut backs to funding had limited the achievement on overcoming additional barriers. Resolving transport issues both centre and community based were referred to on 15 occasions, while 3 stated that access to rural transport was an ongoing issue in their respective areas.

A further 9 stated that the acquisition of additional staffing resources had led to increased quantum and quality of service provision. Increased staff training in the areas of person centred planning, independent travel training and risk assessment were referred to on 3 occasions. The recommencement of volunteering and an increase in community relationships were referred to on two occasions.

12 stated they had not overcome any barriers/obstacles due to staff shortages and lack of funding. The results are presented in the Table below.

Table 14: Frequency of responses in relation to examples of Barriers/Obstacles overcome in the past year.

Domain	Number of Responses	Examples
Barriers/Obstacles overcome	43	*"Accessing funding to provide classes rather than asking parents to provide money"*
	7	*" Through service cut backs we have managed to maintain our programmes and deliver it to the highest possible standard"*
Barriers/Obstacles not overcome Staffing	12	*"Staff working without a full complement"* *" Transport is a big issue with some of our service users"* *" Staffing: we have been experiencing consistent staffing shortages as a result of reconfiguration"* *"We aspire to be a modern progressive Day Service, however we are embedded in a congregated setting on the grounds of a residential service. We hope to overcome these obstacles and provide clarity around the identity of the Day Service through the implementation of New Directions as a transformational idiom"*
Types of Barriers/Obstacles overcome: Transport. Staffing Levels Staff Training	15 9 3	*"Transport issues being resolved"* *"Transport issue overcome in order for service users to attend college"* *"Staffing levels have been increased so easier to achieve goals"* *" Increase in staffing to support new directions* *" Staffing levels have been increase which enables us to carry out more appropriate programmes""* *"All staff have received PCP training in the past year"*

Taken as a whole, the results appear to indicate a correlation between increased staffing resources and obstacles being resolved, while also indicating the lack of staffing and resources as barriers in implementing New Directions.

Taking into consideration the overall picture of responses the majority of examples referred to small numbers of individuals who had overcome specific barriers/obstacles. However, overall the results seem to suggest a willingness from services to engage and reconfigure in line with New Directions.

15. The Service has a system for monitoring Barriers/Obstacles to achieving individual Outcomes
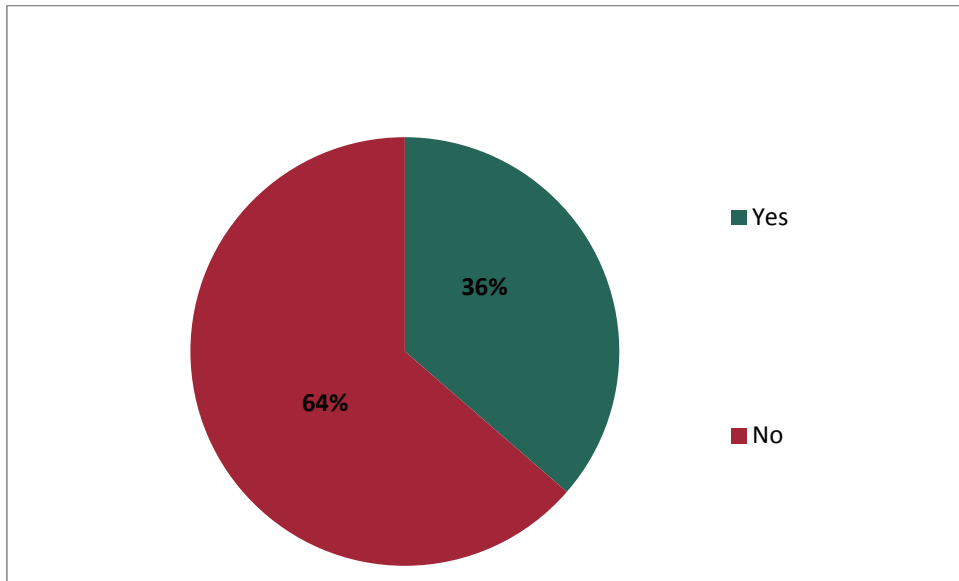
Yes	20
No	35

Section 3 - Community Inclusion & Active Citizenship

16. Staff have been provided with guidance in Community Inclusion & Active Citizenship.
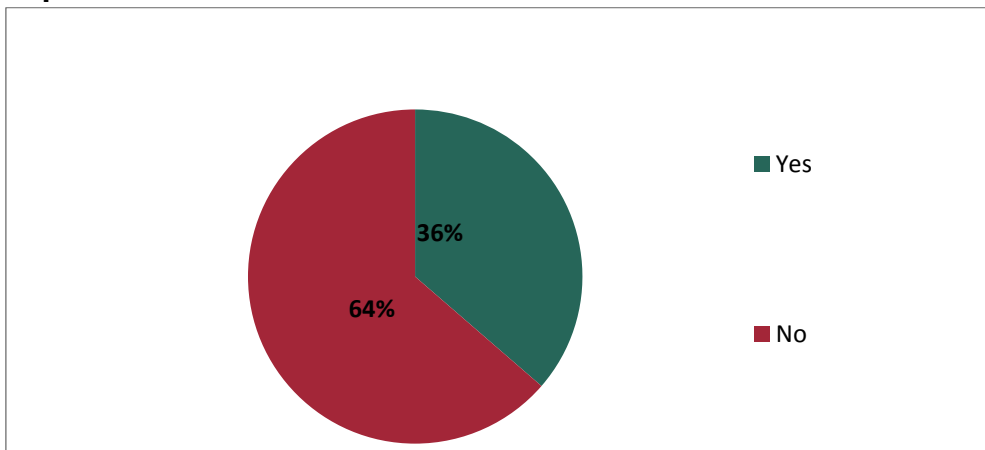
Yes	20
No	35

17. The Service provides information to people about Community Inclusion & Active Citizenship, including community access and participation options/opportunities.
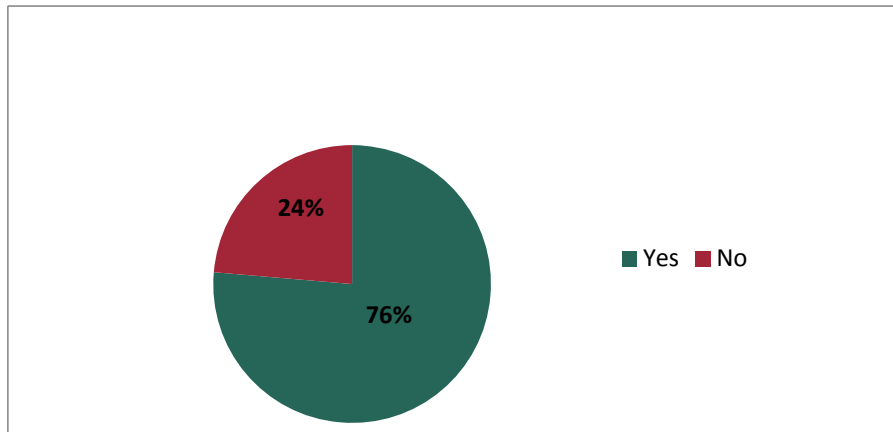
Yes	42
No	13

Responses to questions 16 and 17 respectively demonstrate that 64% of service locations provide staff with guidance in relation to community inclusion and active citizenship, with 76% providing information to people who use services about community inclusion and active citizenship.

17.1 The organisation provides information to people about community inclusion & active citizenship, including community access and participation options/opportunities.

Forty-four service locations provided written commentary to support responses to this question. Five services stated community activities and supports were provided only when requested by service users. Some services also commented on the difficulties encountered in delivering the support programme. This occurred on 13 occasions. Of these 8 service locations referred to logistical difficulties because of service location or geography; 2 mentioned financial pressures and budget cuts and 2 suggested they were limited by the level of ability of the service users; one service commented that social inclusion was 'difficult' but failed to provide a reason. More detailed service responses, their frequencies and example statements are outlined in the Table below.

Table 17.1.1: Frequency of statements made by services in response to a request for information on community inclusion.

Domain	Reponses	Examples
Access to and provision of information (with examples)	4	*"Noticeboard available and leaflets ..."*
Access to and provision of information (no examples)	5	
Training and education in the community	7	*" ... local community classes and courses are sourced and presented to the group to choose ..."* *"External training programmes with the VEC ..."*
Work experience and employment	5	*"Work experience programme devised through the support of the community inclusion officer"*
Citizenship Volunteering	0	
Active involvement in local organisations / community groups	2	*"Active citizen projects are organised locally to engage in meaningful community activities"*
Use of community & local facilities Use of local amenities (sports, theatre etc)	12	*" ... local walking groups, community allotments ... Attend local theatre"*
Attendance at community events	14	
Staff Staff trained specifically to deliver community support	0	
Other Special Olympics	3	
Limited budget	1	
Request for staff training specific to the area	0	

Analysis of the data was difficult as many of the services statements were 'soft' and rather vague. The results suggest that there is a major piece of work to be completed in encouraging services to become 'philosophically aligned' with *'New Directions: Personal Supports for adults with disabilities* (HSE 2012). The introduction of clear outcome measures and advice to services on setting targets for social inclusion would greatly aide organisations in delivering social inclusion with tangible results.

18. People are supported to develop new relationships and friendships in the community.
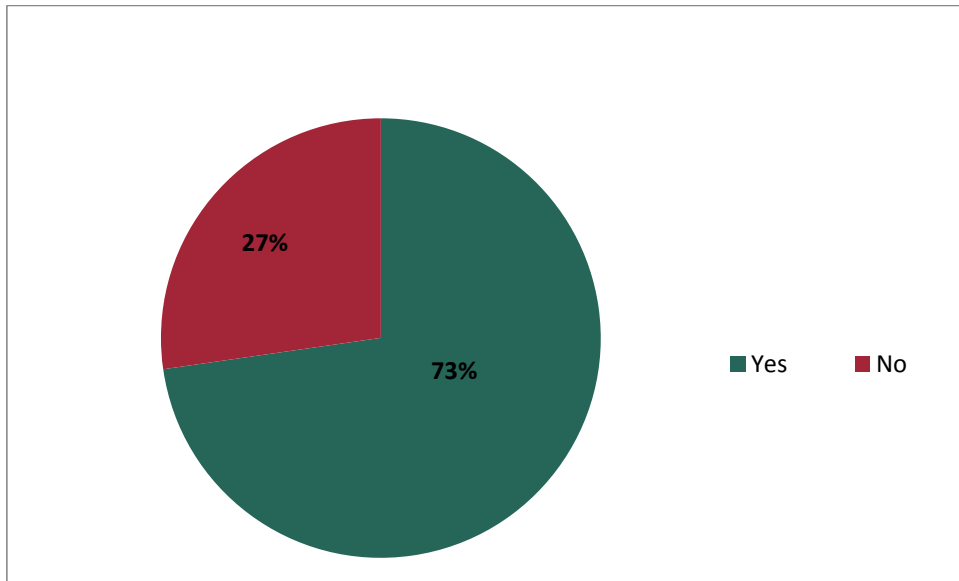
Yes	40
No	15

The results of question 18 show that 73% of service locations indicate that they support people to develop new relationships and friendships in the community, with 27% reporting that they do not.

19. The Service actively promotes and works with a person's natural supports.
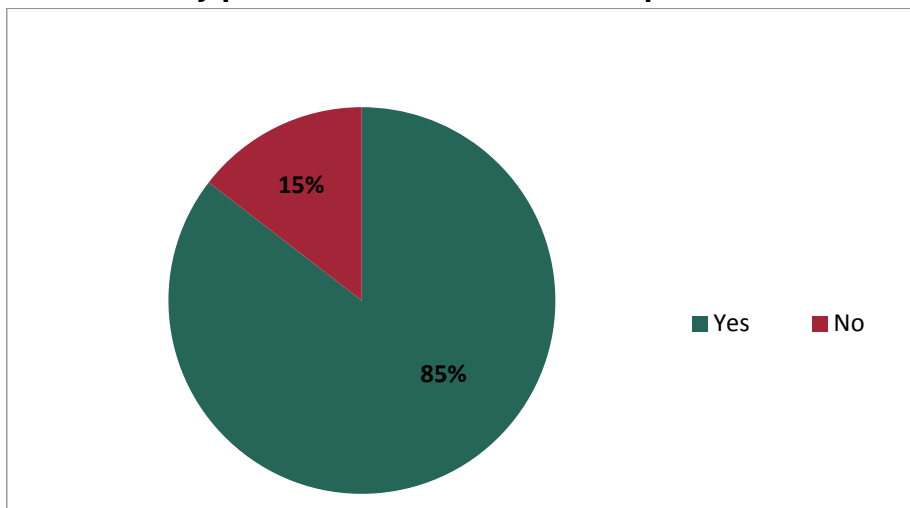
Yes	47
No	8

In response to question 19, 85% state that their service location actively promotes and works with a person's natural supports, with 15% reporting that they do not actively work with people's natural supports.

9.1. The organisation actively promotes and works with a person's natural supports, if "Yes", please give examples.

Forty seven service locations provided written commentary to support this question. 45 stated that they actively promoted and worked with peoples natural supports. 6 service locations cited PCP and Annual Review process' as the most utilised means of engaging peoples natural supports.

Family members were identified by 24 service locations as the primary natural support in people's lives, followed by Volunteers on 6 occasions. Peer support was utilised on social outings. Students and Staff were cited as natural supports within the services. 2 service locations stated that working with peoples' natural supports was an area identified for improvement. The results are presented in the Table below.

Table 19.1.1: Frequency of statements by service locations in response to working with peoples natural supports.

Domain	Number of Responses	Examples
PCP/Annual Reviews	6	*"Yes-we work using a centred approach taking into account the individual's circle of support and the Multi-disciplinary support"* *"Families are involved with the service user's person centred planning and all parties support in achieving goals and inclusion in the wider community"*
Family	24	*""All family members, neighbours and friends are actively supported to engage with the service"* *" Families play a large role in supporting a service user inclusion within the community"* *" Regular communication with families"*
Staff/Students/Peer	7	*"Peer support is utilised to facilitate social outings for coffee."* *"Peer mentoring programme"* *"Family and Students"* *"Unit staff supports presently"*
Volunteers	6	*"Recent sessions from a Drama Therapist on a voluntary basis"* *"Volunteer involvement in day services"*

When taken as a whole the overall results appear to suggest a fairly low baseline for actively promoting and engaging with people's natural supports. The results are interesting in so far as they indicate the low frequency to PCP and Annual Review processes as a natural framework to engage with people's natural supports. Many of the respondents' examples were 'vague' and did not provide information on how families were supported to engage with the services. Overall, taking into consideration the fifty five locations that were surveyed, the results suggest a low baseline for actively promoting and engaging with peoples natural supports.

20. The Service actively engages with mainstream Service's and supports towards the inclusion of people in the community.
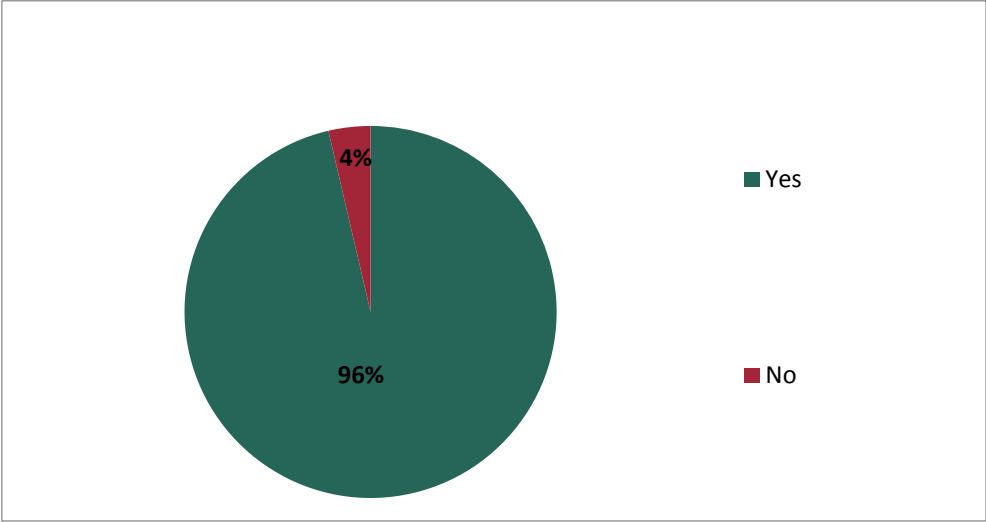
Yes	53
No	2

96% of organisations reported that they actively engage with mainstream services and supports towards community inclusion with 4% of organisations stating that they do not.

20.1. The service actively engages with mainstream services and supports toward the inclusion of people in the community, if 'Yes', please give examples.

Service locations that answered Yes to actively engaging with mainstream services and supports were asked to give examples of how they do this. Fifty Three service locations provided written statements in response to this question.

Of the 53 responses 7 stated that they were not actively engaged with mainstream services and supports towards the inclusion of people in their community, whilst the remaining 46 stated that they were actively engaged. However, the analysis shows engagement occurs within services to varying degrees. 14 stated that they actively engaged with mainstream services, citing educational institutions, service professionals, health professionals, medical and transport services as examples. The use of educational institutions both community based and National occurred 4 occasions. Other mainstream services identified were health professionals including: Health Centres, GP, Dental, Chiropractors, Pharmacies, Church, Chiropodist and Public Transport. The use of facilities in the community was cited by 37 service locations with a further 23 providing examples of people actively involved in their respective communities. The results are presented in the Table below.

Table 20.1. 1: Frequency of statements made by services in response to a request for information on engagement with mainstream services and supports toward community inclusion.

Domain	Number of Responses	Examples
Mainstream Services	14	*"participants actively use mainstream services including the local town bus and local rural buses, local hospital canteen, mainstream yoga classes..."*
Community Inclusion	4	*" the service users attend a local integrated art club"* *" performing in local theatres"* *"engagement with Chamber of Commerce"* *" Using Men's Sheds"*
Using Facilities in the Community	37	*" local Golf Club, Bowling Alley"* *" Swimming pool, Library, Community Centre, Cafes/Shops, Local Church and other facilities, Supermarkets"*

Taken as a whole the use of facilities in the community is by far the most frequently referred to example of active engagement with the community. Of the 7 service locations that stated they were not involved with mainstream services and the inclusion of people in the community, 2 cited lack of resources and location of services on campus as challenges.

The remaining 5 acknowledged that they were working on improving engagement with mainstream services. Given that *Support for Inclusion in One's Local Community* underpins the ethos of New Directions the above results gleaned from services locations seems very low. Community inclusion and active citizenship is a basic right enshrined in the UN Convention on the Rights of Persons with Disabilities, and the provision of support for this is a core value in a modern, person centred service. New Directions HSE (2012) lists using publicly funded services as part of an outcome for Community Inclusion, however, the outcome also cites; *people developing relationships with people who are not involved in specialist service provision and should participate in normal, everyday community activities.* The analysis show the latter is a potential area for increased focus of service developments.

Section 4 - Quality

21. The Service is currently accredited by a recognised Quality Assurance Body.
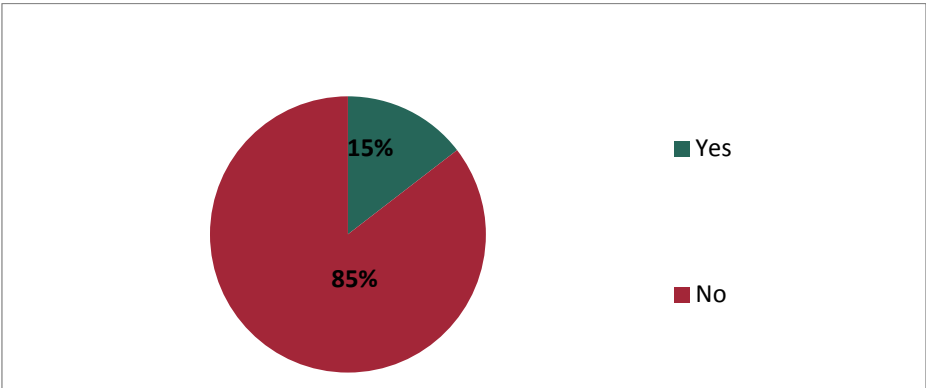
Yes	8
No	47

The response to question 21 shows that 85% of service locations reported that they are currently accredited by a Quality Assurance Body, with 15% reporting that they are not.

21.1. The organisation is currently accredited by a recognised Quality Assurance Body.

Twelve service locations provided written responses to Question, 21.1. Seven Quality Assurance Bodies were listed in statements provided. Three service locations cited that their accreditation was out of date and were concentrating on New Directions. The Table below sets out the results and are self- explanatory.

Table 21.1.1: Frequency of organisations who have a current Quality Assurance Award

Quality Assurance Body	Response	Period of Accreditation
QQI	2	No date
ISO	1	No date
ETB	1	2015 reviewed annually
DKIT	3	Audit completed two yearly
ASDAN	1	No date
Nursing Midwifery Board Irl. LYIT	1	Ongoing
Mental Health Commission	1	2016

22. The Service is working towards accreditation / reaccreditation by a recognised Quality Assurance Body.
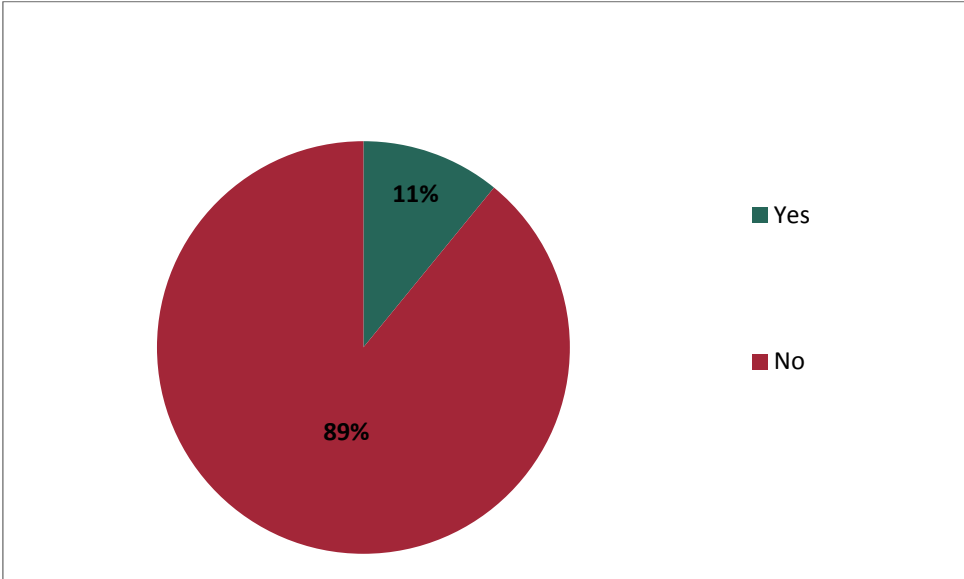
Yes	6
No	49

89% of service locations report that they are working towards re-accreditation with a recognised Quality Assurance body, with 11% indicating that they are not.

22.1

Eight service locations provided written responses to Question 22.1. Three stated that the services were awaiting New Directions. Two service locations cited HIQA accreditation. However, HIQA does not apply to Day Service provision. One service location was awaiting funding for ASDAN training. Two renewed with ETB and The Mental Health Commission, annually and three yearly respectively.

When the combined analysis of questions 21.1 and 22.1 is taken as a whole the evidence suggests the Quality Assurance measures presented by the 12 service locations seem to be mainly from a Clinical perspective. This approach may potentially limit the measurement of services within a holistic framework of a Social Model of inclusion. Overall organisational cultural efforts to progress the Core Values of New Directions and implement a person centred approach may not be measured when using some of the Quality approaches outlined in the responses presented.

23. The Service conducts Satisfaction Surveys for people who use the Service.
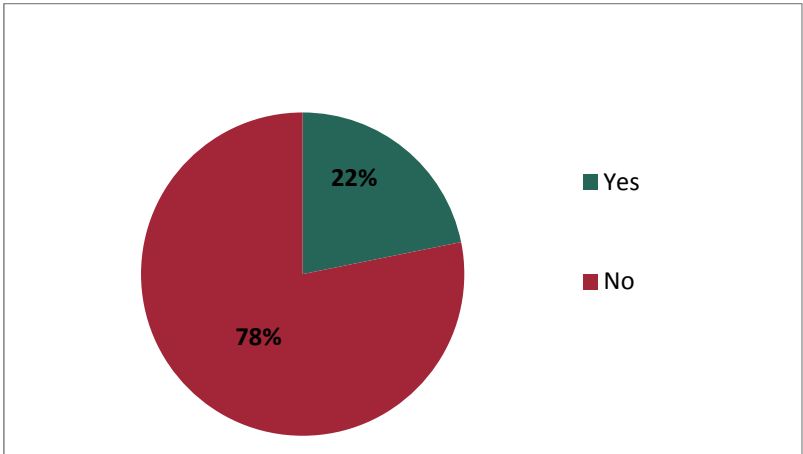
Yes	12
No	43

24. The Service conducts Satisfaction Surveys for parents and carers.
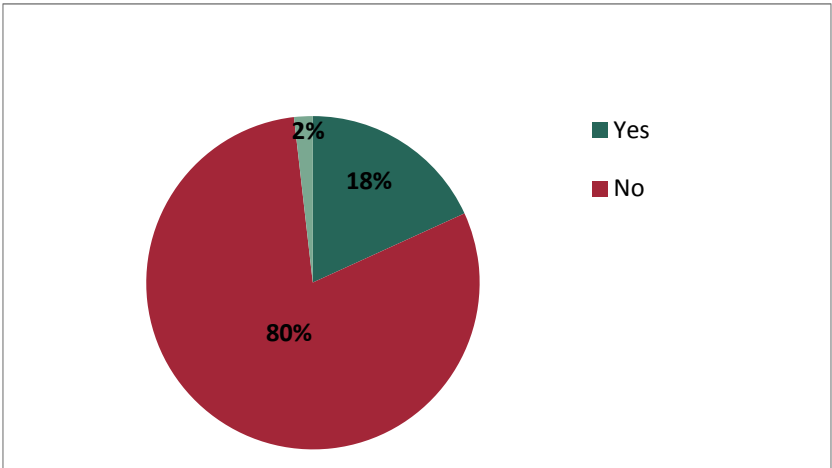
Yes	10
No	44
Not Appropriate	1

In response to questions 23 and 24 respectively, 22% of service locations reported that they conducted satisfaction surveys with people who use their service, with a 78% reporting that they so not carry out surveys with people. A similar picture demonstrated 18% carrying out surveys with parents/carers, 80% do not with 2% stating that they are not appropriate.

Chapter 4 - Discussion and Recommendations

The Context

This chapter briefly discusses the findings and a number of recommendations are presented following an analysis of the information supplied in the Self-Assessment Benchmarking Tool by 73 organisations in the non- statutory sector and 55 HSE service locations. The overall aim of the exercise within the context of Recommendation 2 of New Directions was to support service providers to capture evidence from their respective day services and to provide support to develop a realistic reconfiguration plan for delivering **New Directions**. The discussion and recommendations are presented using the framework of the Benchmarking tool namely responses offered where relevant under sections below:

1. Organisational
2. Person Centredness
3. Community Inclusion & Active Citizenship
4. Quality

Section 1 - Organisational

Vision and Mission statements are standard and critical elements of an organisation's strategy and offer an insight into what company leaders' view as the primary purpose of their service provision. Equally, they provide a framework whereby organisational strategy and strategic plans may be developed in consultation with service users, families and staff and disseminated to all involved in developing the new model of **New Directions**.

The majority of organisations in the non-statutory sector have a mission statement. 89% reported that they have a mission statement that reflect the core values in **New Directions**, thus, leaving a small gap in the number of organisations whose mission statements do not reflect the core values. A number of questions in the

Organisational Section for the 55 HSE service locations was deemed not relevant in the self-assessment tool as the Health Service Executive has one mission statement which reflects the diversity of services within HSE singular service provision.

70% non-statutory providers have a strategic plan. 98% said that their plan reflects a commitment to individual's services and supports within the community. Details presented in the earlier part of this report illustrate the gap between the commitment to and actual support of individual services in the community. A little over half of the organisations in the responded 37 (51%) have a statement of purpose that describe the aims and objectives of the service.

Recommendation 1.1 Vision and Mission Statements

- Each organisation should develop a Vision and Mission Statement that envisions and reflects the core values of the New Directions model of day service provision.
- The development of Vision, and Mission statements from which strategic implementation plans should be formulated is essential in the alignment of services to the New Directions model.
- The strategic plan should encompass the core values and utilise the outcomes proffered within the 12 supports to provide an organisational framework within which to implement new directions.
- Recognising that a Strategic Plan will be unique to each organisation and potentially may have a timeframe of 3 or 5 years, each organisational objective and deliverable outcome should be costed annually over the timeframe of the strategic implementation plan.
- A Statement of Purpose should be developed for each service and should include the aims and objectives of each service including how resources are aligned to deliver objectives. The Statement should also describe the range, availability and scope of services and the overall supports provided by the organisation.

Services across the sector reported that they ensure people have access to information and communication in a format that is accessible to their needs. However, the evidence in the written commentary shows that the type of accessible information that we are aware of is limited. The majority of services had very limited documentation or information in accessible format. What was significant with this

benchmarking assessment in the examples provided was the absence of any of the services referring to a system of review to check service user understanding or satisfaction where appropriate.

Recommendation 1.2 Provision of Information

- Each provider, as part of their implementation plan, should review with people who use their services what type of information they require and what would be the most appropriate format.
- The type of communication media and feedback loop should also be identified in the review.

Overall the presence of Advocacy structures was greater in the non-statutory sector 82% when compared to the statutory sector 44%. A common theme that emerged throughout the analysis indicated that many services depend on staff to facilitate meetings. What was noticeable in the response statements across both sectors was the low rate of access to either frontline or senior management by self- advocates, thus limiting service users' ability to have their concerns and issues dealt within a formal organised structure. The lack of access to management by advocates limits involvement in any meaningful way their potential to exercise influence in service planning and development. Also noticeable was the small numbers of self advocates who have access to the National Advocacy Service. While a small number of services reported that they provide Advocacy training to service users, the majority of services did not make reference to the provision of training for advocates or for staff supporting advocacy forums.

Recommendation 1.3 Advocacy

- The introduction of a formal advocacy structure is necessary where appropriate.
- External training should be provided to self- advocates and staff at both frontline and management levels before the Advocacy structure is introduced.
- The structure should be formulated in a manner whereby people have opportunities to be involved in all service planning, development, monitoring and evaluating, including staff recruitment.

- The structure should contain an access route to the National Advocacy Service.

The presence of Parents/Carers forums (where appropriate) was surprisingly low given that the majority of providers identified 'Family' as the key contact in peoples natural supports. A small number of providers use their Parents/Carers forum as an avenue to identify potential board members and working sub groups. Where informal structures were present the responses indicated that they were used to disseminate information. Of note was a small number of references to the 'Pathways to Possibilities' course run by Inclusion Ireland.

Recommendation 1.4 Parent/Carers Forum

- Service Providers should consider the potential benefits of a Parent/Carers forum (where appropriate) for enhancing communication, sub group working, natural support networks, community inclusion networks, employment opportunities, influencing national policy, lobbying both locally and nationally.

Section 2 - Person Centredness

The majority of service providers across both sectors operate key worker systems that support people who use their services. While services were not specifically asked about choice it would appear that very few people get the opportunity to choose their key worker. A number of service locations (16%) do not provide key workers to support people and stated on a number of occasions that lack of resources and very low staff ratios were reasons for the absence of appropriate systems.

Recommendation 2.1 Key-Worker Systems

- Where systems are not in place priority should be given to implementation as soon as possible (where appropriate).
- Key workers systems, where they already exist, should be reviewed. Training requirements and clear descriptors of key worker roles and responsibilities should

be reviewed using the 12 Support Framework (New Directions HSE 2012) and the Interim Standards for New Directions (2014) as reference documents.

A significant number of services stated the existence of a Person Centred Planning process in their respective service provision: 97% in the non-statutory and 85% in the statutory. However, where additional information was provided less than half of the services reported that people had an up to date plan. There seems to be a significant gap in actual outcomes achieved when numbers of plans completed and outcomes/barriers/obstacles are compared. Lack of resources and staffing levels paradoxically posed both a positive and negative influence on outcomes. Some providers gave examples of outcomes achieved through the support of volunteers identified in the circle of support. Other examples stated increased outcomes were linked to increased staffing levels. Although the number of outcomes achieved and barriers overcome seemed relatively low they represent evidence of a significant effort on the part of some providers to achieve outcomes aligned to the core values of New Directions.

Where providers cited obstacles that were overcome a number of the responses indicated that the environment within which outcomes were achieved was still segregated. This suggestion of segregated services and environments was present across both sectors.

This finding was reflected further during analysis of the responses to outcomes achieved within the past 12 months. The results indicated that maximising independence, support with living and learning to drive, access to education, employment, and community inclusion were evident in small numbers. References made to the opening new Community Hubs demonstrated and increase in the use of public transport, and increased access to people's local communities. Outcomes achieved within the statutory sector seemed to indicate small numbers had access to their communities on an ad hoc basis and many services seemed to be segregated and resource limited. However, where resource concerns had been recently addressed alignment to New Directions appeared to be evident.

Recommendation 2.2 Person Centred Planning Approaches

Support for making Choices and Plans is a key component for implementing New Directions in each service. A Person Centred Planning process should be introduced as a priority within service provision where it is not currently established. This identified support of Choices and Plans on the 12 Support Framework underpins and transcends all aspects of New Directions and its Core Values. The PCP approach should:

- Encompass effective facilitation by competently trained personnel of the individuals choosing.
- Provide information in an accessible format which meets the requirements of each individual.
- Be supported by meaningful advocacy and key worker systems which can negotiate on behalf of the individual where appropriate.
- Consider training for people who will engage in the process including families, potential members of a circle of support network and the community within which the person will participate as an active citizen.
- Internal review structures for PCP approaches should be formulated in a manner which monitors outcomes and not activity levels.
- The PCP approach should be supported by meaningful review structures which should be benchmarked against the Day Services Standards.

Within the context of Recommendation 6 of New Directions a National Person Centred Planning Framework is currently being developed and will be available by the end of 2016. Each PCP approach currently in use will be required to meet Quality Outcomes contained in the National PCP Framework. Part of the work of developing this framework has been extended to identify appropriate training packages for the different stakeholder groups involved in the person centred planning process.

Section 3 - Community Inclusion and Active Citizenship

The provision of guidance in Community Inclusion and Active Citizenship to staff was evident in the response statements across both sectors, 70% and 20% respectively. Although a specific question was not asked with regard to staff training what was noticeable was only 7 providers made reference to the provision of formal training for staff to support people in accessing the community. Services referenced use 'of facilities' as examples of active engagement by people in the community, whilst, a very small number provided examples of people holding active meaningful roles in their communities.

It was apparent from the analysis that many services are making some effort towards meaningful community inclusion. It seems that services with a definite focus provided examples of an array of different initiatives and approaches, including training staff specifically to deliver on social inclusion.

Recommendation 3.1 Statement of Outcomes

- A definitive statement should be formulated emphasising that Community Inclusion and Active Citizenship does not involve people with disabilities in segregated environments.
- A clear and unambiguous statement defining the difference between 'Using facilities in the Community' and people with disabilities 'Developing relationships with people who are not involved in specialist service provision and participate in normal everyday community activities'.
- The introduction of clear outcome measures and advice to services on setting targets for social inclusion would greatly aide organisations in delivering social inclusion with tangible results.

Supporting people to develop new relationships and friendships in the community elicited a resounding positive response across both sectors 96% and 73% respectively. In the area of natural supports 'Family' was identified by both sectors as people's primary support. However, previous examples indicated a low rate for people having up to date personal plans, and less than half of providers across both sectors have family/carers structures where appropriate.

A significant number of services stated that they actively engage with mainstream services and provide support toward the inclusion of people in the community. Taken as a whole across both sectors, the use of facilities in the community is by far the most frequently referred to example of active engagement with the community, followed closely by engaging with mainstream services which were identified across both sectors primarily as GP, Dentistry and external Educational VEC and IT institutions. The analysis show that an effort is underway from the respondents to engage and support mainstream inclusion.

Recommendation 3.2 Community inclusion and Active Citizenship

- Service providers should ensure that community inclusion and active citizenship is the focus of all service delivery.
- Community inclusion and active citizenship should inform service developments, service locations, training design and schedules, staff recruitment and family engagement where appropriate.
- Plans should be focused and actively promote engagement with communities and mainstream organisations which enable active citizenship and inclusive meaningful social roles in non- segregated environments

Section 4 - Quality

The results of the survey demonstrated a significant number of service providers in the non-statutory sector have engaged with a recognised Quality Assurance Body. The evidence presented an array of quality models which were currently in place or were in the process of working toward re-accreditation. What was noticeable was the small number of services involved from the statutory sector and those that did engage with Quality Assurance were mainly from a Clinical perspective.

A similar picture emerges regarding satisfaction surveys carried out with people who use services and parents and carers respectively (where appropriate).

The results showed 50% in the non-statutory sector and less than 80% in the statutory sector were surveyed with regard to their satisfaction levels of service provision.

Recommendation 4.1 Quality Assurance

- Differentiation between Quality Assurance and Certification should be clarified within service provision.
- All Quality Assurance measures should meet the requirements of the Interim National Standards.

When the Interim Standards for New Directions are implemented a CQI approach will be developed to support their implementation.

Concluding Commentary

The overall results of the benchmarking self-assessment survey has validated what has been anecdotally evident among day service provision in recent years. Significant effort is being made on the part of service providers to re-configure and align services with the core values of New Directions. There are 'pockets' of really good initiatives demonstrated throughout the Country which are focused and seem to be achieved within existing funding mechanisms with other examples supported by Genio funding. However, they seem to be few in number when compared with the numbers of people with disabilities in receipt of day services in Ireland today. These efforts need to be recognised, acknowledged and promoted as the way forward in supporting people who use services to lead independent lives.

Focused resources should be made available as part of the implementation and change management programme to support people with disabilities currently in segregated day services and their families to lead fuller and inclusive lives in their communities. However, financial resources may not be the only barrier to formulating implementation plans for new directions. Cultural Leadership that favours a person centred approach needs to be central to the formulation of strategic implementation plans that encompass all levels involved in service provision.

In Ireland, day services for adults with disabilities provide a vital network of support for over 18,000 (approx.) people. The people who use these services have a diverse set of interests, aspirations and personal circumstances. They are people with a wide range of abilities and ages, who live in small communities, in isolated rural areas and in cities and towns, New Directions proposes a new and better quality of life for people across the disability sector.

Appendices

Appendix 1 - New Directions Benchmarking Tool – Non Statutory

New Directions Benchmarking Tool 2015		
Please read the Guidance Notes (inlcuding Glossary of Terms) in full before you start to complete the Benchmarking Tool		
Part 1: Profile of Organisation		
Organisation Details	Name of Organisation	
	Address	
	Telephone	
	Name of CEO (or Equivalent Post Holder)	
	Email Address	
	Number of Adult Day Service Locations	
Primary disability of people using day services and supports	Primary Disability	Number of people
	Physical and/or Sensory	
	Intellectual Disability	
	Autistic Spectrum Disorder	
	Other (please specify)	
	TOTAL	
Age profile of people using day services and supports	Age Group	Number of people
	Under 18	
	18 - 25	
	26 - 40	
	41 - 55	
	56 - 65	
	65+	
	TOTAL	

New Directions Benchmarking Tool 2015

Part 2: Benchmarking of Organisation

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 1 - Organisational	1	The organisation has a **Mission Statement**. *If the answer is 'No' - please move to Statement No. 2 below.*		
	1.1	The organisation has a **Mission Statement** which reflects the core values in New Directions of **Person Centredness, Community Inclusion and Active Citizenship and Quality.**		
	2	The organisation has in place **Statement/s of Purpose.** *If the answer is 'No' - please move to Statement No. 3 below.*		
	2.1	The organisation has in place **Statement/s of Purpose** that reflects its aims and objectives in line with New Directions.		
	3	The organisation has a **Strategic Plan.** *If the answer is 'No' - please move to Statement No. 4 below.*		
	3.1	The organisations **Strategic Plan** reflects a commitment to individualised services and supports within the community.		
	4	The organisation ensures people have access to information provided in a **format that is accessible** to their information and communication needs. *Please comment if required.*		
	5	The organisation's approach to **risk management** supports **positive risk taking** as a means to enhancing quality of life and independence for people.		
	6	The organisation has an **Advocacy Forum/Structure**. *If 'Yes', please give details.*		
	7	The organisation has a **Parents/Carers Forum/Structure** where appropriate. *If 'Yes', please give details.*		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 2 - Person centredness	8	The organisation operates a Key Worker system. If 'Yes', please give details.		
	9	A Person Centred Planning process is in place in the organisation. If the answer is 'No' - please go to Statement No. 12.		
	10	The organisation supports each person through the development of a Person Centred Plan.		
	11	What percentage of People in the organisation have an up-to-date Person Centred Plan?		
	12	Please give examples of Outcomes that have been achieved by people in the past year.		
	13	The organisation has a system for monitoring Outcomes for people on an ongoing basis.		
	14	Please give examples of Barriers/Obstacles that have been overcome in the past year.		
	15	The organisation has a system for monitoring Barriers/Obstacles to achieving individual Outcomes.		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 3 - Community Inclusion & Active Citizenship	16	Staff have been provided with guidance in Community Inclusion & Active Citizenship.		
	17	The organisation provides information to people about Community Inclusion & Active Citizenship, including community access and participation options/opportunities. If 'Yes', please give details.		
	18	People are supported to develop new relationships and friendships in the community.		
	19	The organisation actively promotes and works with a person's natural supports. If 'Yes', please give examples.		
	20	The organisation actively engages with mainstream services and supports towards the inclusion of people in the community. If 'Yes', please give examples.		
Section 4 - Quality	21	The organisation is currently accredited by a recognised Quality Assurance Body. If 'Yes', please provide: - Name(s) of Quality Assurance Body - Start date(s) - Period(s) of Accreditation e.g. 1 year, 2 year.		
	22	The organisation is working towards accreditation / reaccreditation by a recognised Quality Assurance Body. If 'Yes', please provide: - Name(s) of Quality Assurance Body - Expected date(s) of Accreditation.		
	23	The organisation conducts Satisfaction Surveys for people who use the service.		
	24	The organisation conducts Satisfaction Surveys for parents and carers.		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 5 - Demonstration Sites	25	Does your organisation have an example of a service that has been changed or reconfigured in the last five years in line with New Directions? If 'No' move to Section 6.		
	25.1	Where is this service located? (i.e. Name of City or County)		
	25.2	How many People are involved?		
	25.3	What is the primary disability of the People involved, i.e.: Physical and/or Sensory; Intellectual Disability; Autistic Spectrum Disorder; Other?		
	25.4	What is the age group of the People involved, i.e.: 18 - 25; 26 - 40; 41 - 55; 56 - 65; 65+?		
	25.5	Which of the New Directions Core Values and/or 12 Supports are demonstrated?		
	25.6	Are you willing to share this information with other interested parties in the sector?		
Please ensure all white spaces above are completed before moving onto the next section.				
Section 6 - Completion & Return Details	Form Completed by: *(on behalf of the Organisation)*			
	Position in the Organisation:			
	Phone Number:			
	Date of Completion:			
	Please return to: anne.melly @hse.ie New Directions, National Implementation Group by close of business on Wednesday 20th May 2015. Queries to New Directions National Implementation Office Tel: 046-9251315.			

Section	No.	Statement	Self Evaluation *(Drop Down Menu)*	Give Details, Comments, Examples in open spaces below where applicable *(please note you cannot enter text in the greyed out cells)*

Thank you for completing the New Directions Benchmarking Tool 2015.

For Office Use Only:				
Date received:		Data Entry Completed by:		
Received & Reviewed by:		Date of Data Entry:		
Follow up Action (if any):				

Appendix 2 - New Directions Benchmarking Tool – HSE

New Directions Benchmarking Tool 2015 (HSE Direct Service Provision)		
Please read the Guidance Notes (inlcuding Glossary of Terms) in full before you start to complete the Benchmarking Tool		
Part 1: Profile of Service		
Service Details	Name of HSE Service Location	
	Address	
	Telephone	
	Name of HSE Day Service Manager (or Equivalent Post Holder)	
	Email Address	
	Name of Disability Manager	
Primary disability of people using day services and supports	Primary Disability	Number of people
	Physical and/or Sensory	
	Intellectual Disability	
	Autistic Spectrum Disorder	
	Other (please specify)	
	TOTAL	
Age profile of people using day services and supports	Age Group	Number of people
	Under 18	
	18 - 25	
	26 - 40	
	41 - 55	
	56 - 65	
	65+	
	TOTAL	

New Directions Benchmarking Tool 2015 (HSE Direct Service Provision)

Please read the Guidance Notes (including Glossary of Terms) in full before you start to complete the Benchmarking Tool

Part 2: Benchmarking of Service

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 1 - Service Provision	1	The service has a **Mission Statement**. *If the answer is 'No' - please move to Statement No. 2 below.*		
	1.1	The service has a **Mission Statement** which reflects the core values in New Directions of **Person Centredness, Community Inclusion and Active Citizenship and Quality.**		
	2	The service has in place a **Statement of Purpose**. *If the answer is 'No' - please move to Statement No. 3 below.*		
	2.1	The service has in place a **Statement of Purpose** that reflects its aims and objectives in line with New Directions.		
	3	The service has a **Strategic Plan**. *If the answer is 'No' - please move to Statement No. 4 below.*		
	3.1	The service's **Strategic Plan** reflects a commitment to individualised services and supports within the community.		
	4	The service ensures people have access to information, provided in a **format that is accessible** to their information and communication needs. *Please comment if required.*		
	5	The service's approach to **risk management** supports **positive risk taking** as a means to enhancing quality of life and independence for people.		
	6	The service has an **Advocacy Forum/Structure**. *If 'Yes', please give details.*		
	7	The service has a **Parents/Carers Forum/Structure** where appropriate. *If 'Yes', please give details.*		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 2 - Person centredness	8	The service operates a **Key Worker** system. *If 'Yes', please give details.*		
	9	A **Person Centred Planning process** is in place in the service. *If the answer is 'No' - please go to Statement No. 12.*		
	10	The service supports each **person** through the development of a **Person Centred Plan.**		
	11	What percentage of **People** in the service have an up-to-date Person Centred Plan?		
	12	Please give examples of **Outcomes** that have been achieved by people in the past year.		
	13	The service has a system for monitoring **Outcomes** for people on an ongoing basis.		
	14	Please give examples of **Barriers/Obstacles** that have been overcome in the past year.		
	15	The service has a system for monitoring **Barriers/Obstacles** to achieving individual **Outcomes.**		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 3 - Community Inclusion & Active Citizenship	16	Staff have been provided with guidance in **Community Inclusion & Active Citizenship.**		
	17	The service provides information to people about **Community Inclusion & Active Citizenship,** including community access and participation options/opportunities. *If 'Yes', please give details.*		
	18	People are supported to develop new relationships and friendships in the community.		
	19	The service actively promotes and works with a person's **natural supports.** *If 'Yes', please give examples.*		
	20	The service actively engages with mainstream services and supports towards the inclusion of people in the community. *If 'Yes', please give examples.*		
Section 4 - Quality	21	The service is currently accredited by a recognised **Quality Assurance Body.** *If 'Yes', please provide:* - *Name(s) of Quality Assurance Body* - *Start date(s)* - *Period(s) of Accreditation e.g. 1 year, 2 year.*		
	22	The service is working towards accreditation / reaccreditation by a recognised **Quality Assurance Body.** *If 'Yes', please provide:* - *Name(s) of Quality Assurance Body* - *Expected date(s) of Accreditation.*		
	23	The service conducts **Satisfaction Surveys** for people who use the service.		
	24	The service conducts **Satisfaction Surveys** for parents and carers.		

Section	No.	Statement	Self Evaluation (Drop Down Menu)	Give Details, Comments, Examples in open spaces below where applicable (please note you cannot enter text in the greyed out cells)
Section 5 - Demonstration Sites	25	Has your service (or part of your service) been changed or reconfigured in the last five years in line with New Directions? If 'No' move to Section 6.		
	25.1	How many People are involved?		
	25.2	What is the primary disability of the People involved, i.e.: Physical and/or Sensory; Intellectual Disability; Autistic Spectrum Disorder; Other?		
	25.3	What is the age group of the People involved, i.e.: 18 - 25; 26 - 40; 41 - 55; 56 - 65; 65+?		
	25.4	Which of the New Directions Core Values and/or 12 Supports are demonstrated?		
	25.5	Are you willing to share this information with other interested parties in the sector?		
Please ensure all white spaces above are completed before moving onto the next section.				
Section 6 - Completion & Return Details	Form Completed by: *(on behalf of the Service)*			
	Position in the Service:			
	Phone Number:			
	Date of Completion:			
	Please return to: *anne.melly* @hse.ie New Directions, National Implementation Group by close of business on Wednesday 20th May 2015. Queries to New Directions National Implementation Office Tel: 046-9251315.			

Section	No.	Statement	Self Evaluation *(Drop Down Menu)*	Give Details, Comments, Examples in open spaces below where applicable *(please note you cannot enter text in the greyed out cells)*

Thank you for completing the New Directions Benchmarking Tool 2015.

For Office Use Only:				
Date received:		Data Entry Completed by:		
Received & Reviewed by:		Date of Data Entry:		
Follow up Action (if any):				

Guidance Notes

for completing the New Directions

Benchmarking Tool 2015

Including Glossary of Terms

(For Non Statutory Service Providers)

What is the Benchmarking Tool?

The Benchmarking Tool was developed by the New Directions National Implementation Subgroup[1] to support organisations to check their progress in implementing **New Directions, Personal Support Services for Adults with Disability** and in particular against the core values of Person Centredness, Community Inclusion and Active Citizenship and Quality, as per recommendation[2] in New Directions.

These Guidance Notes will assist you to complete the Benchmarking Tool for your organisation.

Who should complete the Benchmarking Tool?

This Tool should be completed by HSE funded organisations working with adults with intellectual, physical and/or sensory disability and/or autism. It is a self assessment tool, to be completed by the Chief Executive Officer or equivalent post holder, on behalf of each organisation providing day services and supports to adults (18 years or over) with a disability. The Benchmarking Tool is not for use by organisations that only provide residential, respite or home support services. One Benchmarking Tool should be completed per organisation. It is not necessary to complete the Tool for each location within an organisation.

How to complete the Benchmarking Tool?

The Benchmarking Tool 2015 is in spreadsheet format and is designed to be completed in Microsoft Excel and returned by email.

It is divided into 2 Parts which are on separate sheets/tabs –
- Part 1 Profile of Organisation

- Part 2 Benchmarking of Organisation

> **Glossary of Terms:** Please refer to the "Glossary of Terms" on pages 5 - 8 of this document *whilst* you are completing **Part 2 Benchmarking of Organisation**, to ensure you fully understand the terminology used in each statement and question. Terms which are highlighted in **bold** in the statements and questions are explained in the Glossary. For example, **Mission Statement** is highlighted in bold in Statement 1 and is explained on page 6 of this document. The terms that are explained are listed in alphabetical order. The Glossary of Terms was developed to ensure that there is a common understanding of the main terms used in the Benchmarking Tool. Where available, the definitions used in the Glossary have been taken from New Directions, Personal Support Services for Adults with Disabilities (2012) and the Draft Interim Standards for New Directions, Services and Support for Adults with Disabilities (2014).

Part 1: Profile of Organisation

Open the first sheet called "Part 1 - Profile of Org". Complete the three sections in this part by inserting your answers in the open spaces provided as requested.

The first section asks for Organisation Details - Name, Address, Telephone, Name of CEO (or Equivalent Post Holder), Email Address and Number of Adult Day Service Locations.

The next section asks for the number of people using day services and supports in the organisation, according to their Primary Disability. It is acknowledged that some people may have more than one disability. Please count each person under <u>one</u> disability category only, selected according to their primary disability.

The final section in this part asks you to insert the number of people using day services and supports under each of the Age Groups listed.

The TOTAL number of people recorded at the bottom of these two sections (Primary

Disability and Age Group) will be the same.

Part 2: Benchmarking of Organisation

Next open the second sheet called "Part 2 - Benchmarking of Org". This part is divided into 6 sections:
Section 1 - Organisational
Section 2 - Person centredness
Section 3 - Community Inclusion & Active Citizenship
Section 4 - Quality
Section 5 - Demonstration Sites
Section 6 - Completion & Return Details

Sections 1 to 4 have a number of *statements* for your consideration to help you to evaluate your organisation's implementation of New Directions, using a drop down menu. Some of the statements also have an open space in the column on the right to elaborate on the response you give in the drop down menu, where appropriate *(see further details on the completion of these four sections below).*

Section 5 has a number of *questions* regarding demonstration sites in line with New Directions *(see further details on the completion of this section below).*

Section 6 asks you to complete who form is completed by and provides return details.

Sections 1, 2 and 3 - Organisational; Person Centredness; Community Inclusion and Active Citizenship contain statements about key features required by an organisation in order to implement New Directions.

These statements should be responded to by choosing 'Yes' / 'No' / 'Not Appropriate' from the drop down menu to correspond with your own evaluation of whether the feature is present within your organisation or not.

Some of these statements require you to give further details or examples in the column on the far right of these statements. Where this is required, it is indicated at the end of the statement. e.g. **Statement No. 4 – '*Please comment if required'.**

Section 4 - Quality has a number of statements about quality assurance measures that may be present within the organisation currently or that the organisation is working towards. Again please note that these statements relate to Adult Day Services and Supports only. Therefore, if your organisation has, or is working towards, accreditation for residential or respite services only, you should select 'No' for **Statements 21 and 22**.

Section 5 - Demonstration Sites asks you to identify and give brief details about a site which demonstrates change and reconfiguration in the last five years in line with New Directions in your organisation. You are also asked if you are willing to share this information/learning with other interested parties in the sector. If you indicate 'No' in **Question 25.6**, your information/learning will not be shared with other interested parties in the sector.

Section 6 - Completion & Return Details – When the first 5 Sections of Part 2 - Benchmarking of Organisation are completed, please insert Form Completed by, Position in Organisation and Phone Number of the person completing the form on behalf of the organisation and the Date of Completion.

Please check that there are no blank spaces on either of the sheets in the Benchmarking Tool i.e. that all sections have been completed.

Queries to New Directions National Implementation Office Tel: 046-9251315.

Please return completed forms to **anne.melly@hse.ie**
by close of business on **Wednesday 20th May 2015**

Glossary of Terms used in the New Directions Benchmarking Tool 2015

Term   **Meaning**

Accreditation   The system whereby an organisation can be certified as meeting the requirements of a standard in providing a particular service.

Active Citizenship   People taking a meaningful and active role in their own community, e.g. as a volunteer, a club member.

Advocacy Forum/Structure   A forum/structure to support people to speak on behalf of themselves (self advocacy) or others (peer advocacy) or to access an independent advocate if necessary about issues of concern within an organisation. Advocacy forums/structures are supported either by staff within or independent of, an organisation. Some advocacy forums/structures also lobby and use media campaigns and other methods to influence public opinion.

Barriers /Obstacles   The factors that potentially serve to exclude or restrict people from achieving their outcomes e.g. lack of rural transport, wheelchair access issues. Monitoring barriers/obstacles also provides a consistent framework for the service provider to inform future strategy.

Benchmarking   A continuous process of measuring and comparing services and supports against national policy and standards.

Community Inclusion   Community inclusion results from efforts on two broad fronts: first, service provider (organisations) and the community work together to insure that each individual has every opportunity to participate in community life, and to be valued for his or her uniqueness and abilities; and, second, the affirmative actions of community members – as individuals and in the organisations and associations that are part of any vibrant community life – to welcome people with disabilities into community life.

Core Values   The guiding principles that define how New Directions is implemented. They are Person Centredness, Community Inclusion & Active Citizenship and Quality.

Evaluation   A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

Format that is accessible   Information is provided in a format that has been adapted to an individual's needs and abilities (i.e. large print, pictures)

Key Worker	A member of staff, who carries particular responsibility for the person with a disability, liaises directly with them, coordinates their services and supports and acts as a resource person. Some service providers may use a different term for the key working role, e.g. mentor, support worker, life coach.
Mission Statement	A clear statement of intent reflecting the philosophy, aims and values of the organisation.
Natural Supports	People who are not paid but who provide assistance, feedback, contact or companionship to enable people with disabilities to participate in community life, e.g. social, education, training, supported living and employment opportunities. Examples of interventions to support the development of natural support are circles of support, peer support, volunteers and befriending schemes.
12 Supports	The 12 Supports outlined in New Directions are as follows: 1. Support for making choices and plans 2. Support for making transitions and progression 3. Support for inclusion in one's local community 4. Support for accessing education and formal learning 5. Support for maximising independence 6. Support of personal and social development 7. Support for health and well being 8. Support for accessing bridging programmes to vocational training 9. Support for accessing vocational training and work opportunities 10. Support for personal expression and creativity 11. Support for having meaningful social roles 12. Support for influencing service policy and practice.
Outcomes	The results or effects on a person of planned supports and services received. Measuring outcomes also provides a consistent framework for the service provider to review its performance and informs future strategy.
Parent or Carers' Forum/Structure	A structure for regular meeting of parents or carers, organised by the service provider for sharing of information and open discussion about subjects of interest.

Person Centred Planning process	A process by which a person centred plan is developed. The process supports and enables a person to make informed choices about what they want to do in the future and the supports they need to achieve a good quality of life and realise their goals. The person centred planning process should ensure that the individual services and supports provided to the person are responsive to his or her individual needs and wishes and focus on outcomes for the person, based on their goals as set out in the personal centred plan.
Person centredness	A set of beliefs, attitudes and expectations about the right and capacity of a person with a disability to live their life in accordance with their aspirations, needs and abilities. Person-centred organisations respect the strengths, abilities and resourcefulness of all people and their place in the community and society. When services and supports are person-centred, the Service Provider truly listens to and respects the choice that the person makes and tailors services and supports around those choices. The Service Provider uses creativity and flexibility to support the person to achieve his or her chosen goals. This may involve adapting existing supports and services to meet a person's needs and/or facilitating choices that are not limited to the options that can be offered within any one Service Provider's range of services. A person centred approach means having high expectations for the person and helping him/her to manage risks and overcome barriers/obstacles. Support for community inclusion, active citizenship and positive risk taking is integral to a person centred approach.
Person/People	The term "person" is used to refer to an adult with a disability who is being provided with support services. When more than one person with a disability is being referred to, the term "people" is used.
Person Centred Plan	A plan developed through a person-centred process, which supports and enables a person to make informed choices about what they want to do in the future and the supports they need to achieve a good quality of life and realise their goals. The person-centred planning process should ensure that the individual services and supports provided to the person are responsive to his or her individual needs and wishes and focus on outcomes for the person, based on their goals as set out in the person centred plan.

Positive Risk Taking	Positive Risk Taking is taking risks to achieve positive outcomes. It involves weighing up the potential benefits and risks of exercising one choice of action over another, identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the person. It involves using available resources and support to achieve the desired outcomes, and to minimise the potential harmful outcomes. It is not neglecting or ignoring the potential risks; it is a very carefully thought out strategy for managing a specific situation or set of circumstances.
Quality	Meeting the assessed needs and expectations of people by ensuring the provision of safe, efficient and effective management and processes.
Quality Assurance Body	A Body which measures compliance with a standard and which can thereby confer recognition of the quality of the service provided to successful applicants.
Risk Management	The systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.
Staff	The people who work in, for or with the organisation. This includes people who are employed, self employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing services and supports to people with disabilities.
Statement of Purpose	Describes the aims and objectives of the service including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services and supports provided by the overall service.
Strategic Plan	A time defined plan (e.g. a 5 year plan) resulting from an organisation's process of defining its strategy or direction and making decisions on allocating its resources to pursue this strategy.
Satisfaction Survey	A survey asking people what they think about different aspects of the service and supports they receive.

Guidance Notes

for completing the New Directions

Benchmarking Tool 2015

Including Glossary of Terms

(For Day Services that are

provided directly by the HSE)

What is the Benchmarking Tool?

The Benchmarking Tool was developed by the New Directions National Implementation Subgroup[1] to support Service Providers to check their progress in implementing **New Directions, Personal Support Services for Adults with Disability** and in particular against the core values of Person Centredness, Community Inclusion and Active Citizenship and Quality, as per recommendation[2] in New Directions.

These Guidance Notes will assist you to complete the Benchmarking Tool for your service.

Who should complete the Benchmarking Tool?

This Tool should be completed by Managers of __day services that are directly provided by the HSE__ to adults with intellectual, physical and/or sensory disability and/or autism. It is a self assessment tool, to be completed by the Day Service Manager or equivalent post holder, on behalf of each HSE service providing day services and supports to adults (18 years or over) with a disability. The Benchmarking Tool is not for use by HSE services that only provide residential, respite or home support services or that have no HSE direct provision.

How to complete the Benchmarking Tool?

The Benchmarking Tool 2015 is in spreadsheet format and is designed to be completed in Microsoft Excel and returned by email.

It is divided into 2 Parts which are on separate sheets/tabs –
- Part 1 Profile of Service

- Part 2 Benchmarking of Service

> **Glossary of Terms:** Please refer to the "Glossary of Terms" on pages 5 - 8 of this document *whilst* you are completing **Part 2 Benchmarking of Service**, to ensure you fully understand the terminology used in each statement and question. Terms which are highlighted in **bold** in the statements and questions are explained in the Glossary. For example, **Mission Statement** is highlighted in bold in Statement 1 and is explained on page 6 of this document. The terms that are explained are listed in alphabetical order. The Glossary of Terms was developed to ensure that there is a common understanding of the main terms used in the Benchmarking Tool. Where available, the definitions used in the Glossary have been taken from New Directions, Personal Support Services for Adults with Disabilities (2012) and the Draft Interim Standards for New Directions, Services and Support for Adults with Disabilities (2014).

Part 1: Profile of Service

Open the first sheet called "Part 1 - Profile of Service". Complete the three sections in this part by inserting your answers in the open spaces provided as requested.

The first section asks for Service Details - Name, Address, Telephone, Name of Day Service Manager (or Equivalent Post Holder) and Email Address.

The next section asks for the number of people using day services and supports in the service, according to their Primary Disability. It is acknowledged that some people may have more than one disability. Please count each person under <u>one</u> disability category only, selected according to their primary disability.

The final section in this part asks you to insert the number of people using day services and supports under each of the Age Groups listed.

The TOTAL number of people recorded at the bottom of these two sections (Primary

Disability and Age Group) will be the same.

Part 2: Benchmarking of Service

Next open the second sheet called "Part 2 - Benchmarking of Service". This part is divided into 6 sections:
Section 1 – Service Provision
Section 2 - Person centredness
Section 3 - Community Inclusion & Active Citizenship
Section 4 - Quality
Section 5 - Demonstration Sites
Section 6 - Completion & Return Details

Sections 1 to 4 have a number of *statements* for your consideration to help you to evaluate your service's implementation of New Directions, using a drop down menu. Some of the statements also have an open space in the column on the right to elaborate on the response you give in the drop down menu, where appropriate *(see further details on the completion of these four sections below).*

Section 5 has a number of *questions* regarding demonstration sites in line with New Directions *(see further details on the completion of this section below).*

Section 6 asks you to complete who the form is completed by and provides return details.

Sections 1, 2 and 3 – Service; Person Centredness; Community Inclusion and Active Citizenship contain statements about key features required by a day service in order to implement New Directions.

These statements should be responded to by choosing 'Yes' / 'No' / 'Not Appropriate' from the drop down menu to correspond with your own evaluation of whether the feature is present within your service or not.

Some of these statements require you to give further details or examples in the column on the far right of these statements. Where this is required, it is indicated at the end of the statement e.g. **Statement No. 4 – '*Please comment if required'*.**

Section 4 - Quality has a number of statements about quality assurance measures that may be present within the service currently or that the service is working towards. Again please note that these statements relate to Adult Day Services and Supports only. Therefore, if your service has, or is working towards, accreditation for residential or respite services only, you should select 'No' for **Statements 21 and 22**.

Section 5 - Demonstration Sites asks you has your service (or part of your service) been changed or reconfigured in the last five years in line with New Directions. You are also asked if you are willing to share this information/learning with other interested parties in the sector. If you indicate 'No' in **Question 25.5**, your information/learning will not be shared with other interested parties in the sector.

Section 6 - Completion & Return Details – When the first 5 Sections of Part 2 - Benchmarking of Service are completed, please insert Form Completed by, Position in service and Phone Number of the person completing the form on behalf of the service and the Date of Completion.

Please check that there are no blank spaces on either of the sheets in the Benchmarking Tool i.e. that all sections have been completed.

Queries to New Directions National Implementation Office Tel: 046-9251315.

Please return completed forms to **anne.melly@hse.ie**
by close of business on **Wednesday 20th May 2015**

Glossary of Terms used in the New Directions Benchmarking Tool 2015

Term	**Meaning**
Accreditation	The system whereby an organisation can be certified as meeting the requirements of a standard in providing a particular service.
Active Citizenship	People taking a meaningful and active role in their own community, e.g. as a volunteer, a club member.
Advocacy Forum/Structure	A forum/structure to support people to speak on behalf of themselves (self advocacy) or others (peer advocacy) or to access an independent advocate if necessary about issues of concern within an organisation/service. Advocacy forums/structures are supported either by staff within or independent of, an organisation/service. Some advocacy forums/structures also lobby and use media campaigns and other methods to influence public opinion.
Barriers /Obstacles	The factors that potentially serve to exclude or restrict people from achieving their outcomes e.g. lack of rural transport, wheelchair access issues. Monitoring barriers/obstacles also provides a consistent framework for the service provider to inform future strategy.
Benchmarking	A continuous process of measuring and comparing services and supports against national policy and standards.
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Core Values	The guiding principles that define how New Directions is implemented. They are Person Centredness, Community Inclusion & Active Citizenship and Quality.
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Mission Statement	A clear statement of intent reflecting the philosophy, aims and values of the service.
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Person centredness	A set of beliefs, attitudes and expectations about the right and capacity of a person with a disability to live their life in accordance with their aspirations, needs and abilities. Person-centred services respect the strengths, abilities and resourcefulness of all people and their place in the community and society. When services and supports are person-centred, the Service Provider truly listens to and respects the choice that the person makes and tailors services and supports around those choices. The Service Provider uses creativity and flexibility to support the person to achieve his or her chosen goals. This may involve adapting existing supports and services to meet a person's needs and/or facilitating choices that are not limited to the options that can be offered within any one Service Provider's range of services. A person centred approach means having high expectations for the person and helping him/her to manage risks and overcome barriers/obstacles. Support for community inclusion, active citizenship and positive risk taking is integral to a person centred approach.
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Satisfaction Survey	A survey asking people what they think about different aspects of the service and supports they receive.