**A review of approaches used to create liveable communities to attain full participation and inclusion for disabled people**

National Disability Authority

August 2022



# About the NDA

The National Disability Authority (NDA) is the independent statutory advisory body to the Government, mandated to provide advice on disability matters and Universal Design to the Ministers. To accomplish its mission, the NDA undertakes, commissions and collaborates in disability research; develops codes of practice and monitors the implementation of standards, codes and employment of persons with disabilities in the public service. It promotes awareness and wider take-up of Universal Design across Ireland. It delivers evidence-informed advice and guidance, and supports policy coordination, to advance implementation of national strategies and policies, as well as realisation of the goals of the UNCRPD. It fosters open processes for engaging and consulting with persons with disabilities and the wider disability community.

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# Note on terminology

In this report, the terms “persons with disabilities” and “disabled people” are used interchangeably. The term ‘disabled people’ is recognised by many within the disability rights movement in Ireland to align with the social and human rights model of disability, as it is considered to acknowledge the fact that people with an impairment are disabled by barriers in the environment and society. However, we also recognise that others prefer the term “persons with disabilities” because of the inherent understanding in the term that they are first and foremost human beings entitled to human rights. This reflects the language used in the UNCRPD. Finally, we recognise that some people do not identify as being disabled.

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#

# Abbreviations

ADA Americans with Disabilities Act

CES Comprehensive Employment Strategy

CHO Community Healthcare Organisation

COVID 19 Coronavirus disease 2019

CRPD Convention for the Rights of Persons with Disabilities

CSO Civic Society Organisation

CWI Community Work Ireland

DAC Disability Advisory Council

DCEDIY Department of Children, Equality, Disability, Integration and Youth

DESSA Disability Equality Specialist Support Agency

DPOs Disabled Persons’ Organisations

DRCD Department of Rural and Community Development

DTT Distance Travelled Tool

DWI Disability Women Ireland

ESF European Social Fund

ESRC Economic and Social Research Council (IK)

ESRI Economic and Social Research Institute (Ireland)

FAI Football Association Ireland

GAA Gaelic Athletic Association

HSE Health Service Executive

IHREC Irish Human Rights and Equality Commission

ILC Information, Linkages and Capacity (ILC) Building programme (Australia)

ILDN Irish Local Development Network

ILMI Independent Living Movement Ireland

LAC Local Area Coordination

LCDCs Local Community Development Committees

LDCs Local Development Companies

LES Local Employment Service

NCD National Council on Disability (USA)

NDIA National Disability Insurance Agency

NDIS National Disability Insurance Scheme (Australia)

NDIS National Disability Inclusion Strategy (Ireland)

NESC National Economic and Social Council

NGO Non-governmental Organisations

NUI National University Ireland

ONSIDE Outreach & Navigation for Social Inclusion & Digital Engagement

PPNs Public Participation Networks

RCSI Royal College of Surgeons of Ireland

RSS Rural Social Scheme

UCD University College Dublin

UD Universal Design

UNCRPD United Nations Convention for the Rights of Persons with Disabilities

# Executive Summary

## Introduction

This research explores approaches used to create more ‘liveable’ (accessible) communities where disabled people can fully participate alongside their peers. The research is contextualised with reference to the United Nations Convention for the Rights of Persons with Disabilities (CRPD),[[1]](#footnote-1) a powerful tool designed to ensure that disabled people attain societal participation and inclusion by accessing their human rights. It emphasises the centrality of disabled people participating in decision making activities and engaging in monitoring the implementation of the CRPD through Disabled Persons’ Organisations (DPOs).[[2]](#footnote-2) The CRPD identifies the participation of DPOs locally and nationally as crucial to attaining full societal participation and inclusion. Through Article 19, which addresses the rights of disabled people to live independently and participate in their communities, Article 9, which addresses accessibility and other CRPD articles and principles, the CRPD lays out what is needed for disabled people to attain community living.[[3]](#footnote-3)

The research entailed

* Scoping the literature on approaches to improving participation and inclusion in local communities. Approaches included community development (CD); co-production; Universal Design (UD); CRPD implementation; the utilisation of technology; and national and local policies on accessible transport, housing, public services, education, training and employment.
* Interviewing stakeholders in Ireland working in local development, social inclusion and community development (CD). Interviews were conducted in 2019.
* Critically reviewing CD and various CD approaches.
* Discussing approaches identified in the research on developing liveable communities with stakeholders at three roundtables in March 2022. Material generated from the roundtables was incorporated into the research report. Stakeholders attending the roundtables included officials from government departments and agencies; local development structures; disabled people, some of them from DPOs; a range of civil society organisations; academic institutions and public services.
* Learning from the NDA annual listening sessions with disabled people in May 2021 and 2022 on improving participation and inclusion has been incorporated into the research report. A summary of the listening sessions are also published as separate documents.[[4]](#footnote-4)

## Co-production, Universal Design (UD) and Community Development (CD)

Co-production, UD and CD share common principles and values. These approaches seek multiple perspectives to generate ideas, provide person-centred supports and services, and help formulate solutions to issues of concern. There is shared responsibility and co-operation and recognition that the 'experts by experience' provide essential knowledge about barriers and facilitators of participation and inclusion and about the strengths and weaknesses of a particular locality or of a service/product. It is difficult to meet the needs of any specific group of persons without them feeding into the process. The evidence is accumulating that the lived experience perspective improves the design and effectiveness of policies, strategies and interventions.

#### Co-production

Co-production is an approach to decision-making and service/product design that recognises that organizations must understand the needs of their clients and engage them in the design and delivery of services and products. It re-defines the relationship between people providing and people receiving services and supports as one of reciprocal collaboration and co-dependency. It tries to ensure that the people using services are fully part of the conception, design, steering, management and ongoing development of services. In the roundtable discussions an example was given of a housing strategy in Ireland where homeless persons are involved in all aspects of planning: “It changes the nature of the conversation when those affected are present. This approach has been scaled up because it has been so effective”. In the NDA annual listening session, it was suggested by participants that co-production be legislated for so that DPOs are always involved in the design and planning of services, supports and products from the start.

#### Universal Design (UD)

Universal Design aims to reduce the need for adaptation or specialized design by developing products, services and the built environment that can be accessed, understood and used by all people, regardless of age, size, ability or disability. Extending accessibility through the use of UD should increase the proportion of the population, including disabled people, who can participate fully and independently in society. Roundtable discussions raised the need for more practical guidance on how to implement a UD approach in education, health, leisure, sport, business, housing, transport, etc. The NDA are developing a Toolkit to accompany the I.S. EN 17161 Design for All process standard. The Toolkit’s purpose is to support organisations on how to practice UD as a collaborative and inclusive process and implement the standard, which should galvanise public and private entities to improve the accessibility and usability of their products and services.

#### Community Development (CD)

Community Development is rooted in a broad understanding of citizenship that sees people as having a right to influence and participate in the decisions that affect them and to have their experiences and views listened to and acted on.[[5]](#footnote-5) It is an internationally recognised way of achieving local change by implementing principles of participation, partnership, inclusion, self-determination and empowerment locally. It can be defined as the practice of working with people, including those who are excluded or marginalised to develop their ability, power and potential to make positive changes in their local area and take action on the issues that affect them. Traditionally it seeks engagement with everyone in the locality, particularly those harder to engage with. In the research interviews and in the roundtable discussions, participants spoke of the need for CD to combine a bottom-up-approach with top-down support and action; the dearth of CD professionals in Ireland currently; the need for widespread education and training in CD principles to increase use of the CD approach and understanding of CD as a professional discipline and as a practice-based profession.

In Ireland, the 2016 Department of Social Protection’s Report ‘Growing an Inclusive Recovery’ from the Social Inclusion Forum expresses the need to reinvigorate the community sector, following its depletion over many years. The 2019 ‘Sustainable, Inclusive and Empowered Communities: a five-year strategy to support the community and voluntary sector in Ireland 2019-2024’, commits to CD education and training and to funding CD initiatives. ‘Our Shared Future’, a 2020 Programme for government, contains a commitment to promote CD education and training through Community Work Ireland (CWI) [[6]](#footnote-6), and to provide support for CD projects on a phased basis. The Department of Rural and Community Development provided one million euro funding in 2021 to trial some CD initiatives. The HSE Disability Capacity Review to 2032, published in 2021, noted that 3% of the disability budget in 2018 was spent on community services and supports to help disabled people participate in the community and live as independently as possible. The Review recommends that there should be increased funding to these services.[[7]](#footnote-7)

#### Evaluating CD

Issues that impede the full impact of CD approaches include the following:

* Many governments and statutory organisations worldwide are not familiar with CD principles and practices and so cannot and do not use CD approaches in their national policies, practices and guidance.
* National CD strategies are largely missing and where there is some CD provision it is often a late add-on to other policy approaches with patchy and inefficient implementation and no stable funding.
* Local areas seldom take a strategic approach to CD, forging links between sectors, agencies and policy areas and establishing stable links between statutory and community and voluntary agencies. Most local area strategies use few or no CD values or principles (Similarly, at times, initiatives that are called co-production, UD or LAC may utilise none or few CD values and principles.)
* For CD to be most effective, there is a need for CD approaches at both national and local level.
* Only a fraction of the CD pilot projects that are effective get translated into longer term initiatives. Leadership is crucial here and this is shown in that it is well-led pilot community initiatives that have some capacity to be sustained beyond that first phase.
* CD and the community and voluntary sector often suffer funding cuts in times of austerity with the assumption that deprived communities can step in and address local issues themselves with their own resources.
* CD initiatives are often not good at systematically collecting and disseminating research evidence that captures accurately its impacts although there are efforts currently in Ireland to design research methodologies that better capture CD impact.

## Community interventions

Generic and targeted initiatives to improve the participation and inclusion of disabled people and others include, for example, Career Leap and Ability Projects in Ireland. They support young people to access work or education. Social Prescribing initiatives in Ireland and elsewhere support community engagement and participation. A cross border digital inclusion programme in Ireland is supporting disabled people to participate in their local community through the use of ICT, community mapping and peer advocacy. Other community interventions internationally include Local Area Coordination (LAC), First Contact Schemes, Connected Care models, Community Anchor organisations and Link Workers in public services. A programme has been instituted in the last decade in Ireland to render disability services and supports more person-centred and community-based.

#### Local Area Coordination (LAC)

Repeated evaluations internationally have shown that Local Area Coordination is an effective and successful community-based support system when fully implemented as originally instituted in Western Australia. Partial LAC implementation was associated with a reduced impact. It is of note that the features of LAC are primarily those of CD, which demonstrates that when CD values and principles are implemented fully, CD is effective. While many other community initiatives also focus on increasing the participation of disabled people in local social, volunteering and other activities, there is often no commitment to implementing CD principles and values as LAC does nor do they have a remit to increase community capacity.

The LAC coordinator is crucial to the success of LAC. The coordinators work with community organisations and mainstream services to increase community capacity and support individuals and families to use local services and supports and participate in community activities. LAC benefits include reduced dependency on statutory services; increased informal support networks; reduced isolation; better integrated and co-funded services and supports; and support to families and carers.

Some aspects of LAC were introduced into Scotland, England, Wales and Northern Ireland and there have been a few small LAC-type pilot studies in Ireland. There has been no published evaluation of Irish pilots. It must be noted that when LAC was introduced in Western Australia there were no other disability services. Later LAC was rolled out across Australia. In countries where LAC was introduced into or alongside disability services, as in Scotland and Northern Ireland, there have been misunderstandings, tensions, etc. Thus, it may be important, if considering the introduction of LAC, to introduce it as a CD initiative rooted in the community. In the roundtables, there was discussion about the challenge of getting the right LAC coordinator who would be able to engage in community capacity building; whether DPOs might run LAC initiatives; whether it could be a requirement for LAC coordinators that they are disabled people with disability equality training and CD experience.

The National Disability Insurance Scheme (NDIS) in Australia, which went into full operation in 2020, directly funds disabled people. It is being progressively developed. The NDIS is a radical change in how disability services and supports are provided and is predicated on the development of liveable communities where all services are mainstreamed and of high quality. However, there are concerns about whether sufficient attention is being given to developing such communities. The Independent Advisory Council[[8]](#footnote-8) has advised paying attention to instituting LAC as it was originally implemented as a way of developing communities able to support the NDIS. The Office of the Public Advocate considers that for the NDIS to succeed, local state and federal governments need to collaborate and support the development of local infrastructure; they need to use CD approaches to ensure positive attitudes and support people to engage in addressing local inclusion issues. It considers that NDIS success will depend on the quality of the Information, Linkages and Capacity (ILC) programme, whose purpose is to build community capacity and provide linkages between disabled people and their local community and disability and mainstream supports.

#### Social Prescribing

Social Prescribing is used internationally as a means of enabling health professionals to refer people to non-clinical services in the local community as a way of improving their wellbeing and reducing their reliance on health services. In Ireland, some pilot Social Prescribing schemes have been introduced. There is evidence suggesting that they can have positive outcomes in terms of individual wellbeing, physical activity, mental health and decreased loneliness. However, the evidence base on the effectiveness of social prescribing is still weak. A 2021 systematic literature review of Social Prescribing in the Primary Health-Care context, where all the papers that met the inclusion criteria were from the UK, did not find strong evidence of its effectiveness on patient’s wellbeing and health. However, the research studies were small with issues in the research design.

#### Employment initiatives

The Comprehensive Employment Strategy (CES) in Ireland is a targeted cross-government approach for disabled people that provides bridges and supports into work. A criticism levelled at the CES in the roundtable discussions was its lack of ambition in setting specific outcomes and evaluating them regularly to monitor progress. Evaluations of a targeted intervention, Career Leap, in the inner city, Dublin, shows that it was successful in terms of participants who were in education or full-time employment two years after participating in Career LEAP. Nationally and internationally, Career Leap is an innovative and effective approach to labour activation for disadvantaged young adults including those with disabilities. While Career Leap is a small initiative, with each cohort taking up to 25 participants, it has scope to be scaled up and expanded. The ABILITY programme in Ireland support disabled people who are not ready to participate in education, employment or training to access and/or to participate in these areas. A 2018-2021 evaluation, found that of 1,019 programme participants with data available on hard outcomes, 32% progressed into education or training, 42% gained a qualification, 25% obtained paid employment and 15% obtained a voluntary social role.

#### COVID-19 responses

The COVID-19 pandemic highlighted technology’s potential to promote participation in the workplace, education and in social and political events. The use of online communication made daily life more accessible and opened up the mainstream for many.[[9]](#footnote-9) The research found examples of programmes that supported disabled people to use technology to increase their participation in all aspects of life. The scope to grow programmes that address the digital divide came to the fore during the pandemic. The Department of Children, Equality, Disability, Integration and Youth chair a working group of stakeholders who are discussing this issue and plan to develop a set of actions that will be implemented under the National Disability Inclusion Strategy (or its successor). The HSE also has a Digital and Assistive Technology working group that are examining ways of increasing the effective use of technology in disability services. As in any sudden and potentially disastrous event, the COVID-19 pandemic activated community action worldwide and gave rise to changes in local area approaches. Some of these have been evaluated. Evaluations in Ireland showed that the changes made to work practices in, and between, statutory and community and voluntary organisations, led to faster decision making and more flexibility and autonomy for local organisations. Due to agreement on the need for action, and flexibility about how to achieve results, local and national actors cooperated and collaborated and there was cooperation and collaboration across public, private, community and voluntary sectors. Practices introduced increased connections between local and national actors and between local authorities and voluntary and community groups. Some of these practices could be replicated in the longer term to increase participation of citizens in their local areas including in local decision making. Indeed, these practices have been replicated to address the needs of Ukrainian refugees in Ireland.

#### Local and national policies

Local and national policies on housing, transport, social inclusion and UD, play a crucial role in developing liveable communities. Accessible transport opens up access to jobs, schools, healthcare, leisure and active citizenship for many persons with disabilities. Policies on affordable and accessible housing is key to creating liveable communities for all. It is important that these policies are informed by the voice of disabled people with policies co-produced by all the stakeholders. Examples were given in the roundtables of successful innovative local transport and housing policies, which could be scaled up.

## The role of Disabled Persons’ Organisations

Research illustrates that active involvement of DPOs and disabled people in local development and national initiatives can lead to positive results. For example, DPOs have participated in the formation of policy and legislation and amending legislation. DPOs’ participation in constitutional drafting has offered a successful pathway to greater equality in some countries. They have supported capacity building and leadership, and worked with public authorities in co-production leading to inclusion in practice. There is some evidence that grassroots DPOs in low and middle-income countries have produced positive outcomes for disabled people including increased employment rates; improved housing accessibility; involvement in civil society; and the development of networks and friendships. There were discussions in the listening session and roundtables about the current position of DPOs in the disability and policy landscape in Ireland. To fill the civil space opened up to them, DPOs need funding, training and resources to operate effectively as per the CRPD. Some disabled people expressed the view that the Irish system still has to open itself up to the pivotal and positive role that DPOs can play in attaining participation and inclusion for all. There was considerable discussion about which services could be better run by DPOs than services run or dominated by non-disabled people. Opinions that service providers should not run advocacy services. Some thought that to prevent decisions that would negatively impact disabled people, legislation is imperative to ensure that disabled people are always involved in policy and decision making. “As per the CRPD, disabled people from representative DPOs must be involved in drafting policies and laws that impact on disabled peoples’ lives”. Also highlighted in the discussions was the need to work out how service providers and DPOs could work together in planning and delivering support into the future and to define and delineate their respective roles.

## The strategic use of Irish local and community structures

The reconfiguration of local and community structures in Ireland following local government legislation in 2014 is an opportunity to increase the participation of disabled people through their DPOs in local areas. Such participation can raise awareness of disability equality and promote actions to create liveable and sustainable communities and thereby increase inclusion and participation of disabled people and others. New local structures include Local Community Development Committees (LCDCs), Public Participation Networks (PPNs) and Local Development Companies (LDCs).

PPNs are independent organisations that promote and support social inclusion, environmental and community and voluntary groups. PPNs can work with other local structures including LCDCs to enable persons with disabilities and community groups to participate in Local Government. They can promote active citizen engagement and input into local policies. Some PPNs have addressed disability issues and got disability issues onto agendas and into local authorities 10 year plans. Some DPOs have connected with PPNs and are using them to further their inclusion.

LDCs are not-for-profit, multi-sectoral partnerships that run programmes for government agencies and departments and promote the use of local expertise for development and for planning and coordinating initiatives. They generally have CD expertise and run inclusion initiatives including the government’s Social Inclusion Community Activation Programme (SICAP). Because they operate in conjunction with government agencies, services and departments, they can help to integrate supports. Raising awareness through LDCs of the needs of disabled people is a way of improving their access to local supports and programmes.

## Conclusions

The research presented in this report is an initial exploration of how to create communities where disabled people and others at risk of social exclusion can attain full societal participation and inclusion. The research identified a range of approaches that help develop more liveable communities for disabled people, which include the following:

* Implement the CRPD fully with its emphasis on active participation of disabled people through their DPOs in issues that affect their lives.
* DPOs and others to make greater strategic use of new local and community development structures, which followed the 2014 local government legislation, to develop more liveable (accessible) communities.
* Increase CD education and training and engagement at both national and local levels in statutory organisations, local government, public services and the voluntary sector to help develop a strategic, longer-term approach to CD.
* Leadership, champions and joined up thinking is crucial to replicate and sustain good practice including successful pilot initiatives in housing, local transport and employment initiatives throughout the country.
* Ensure the independence of disabled people through adequate local provision of appropriate personal supports and accessible mainstream services.
* Promote UD, CD and co-production approaches including more practical guidance on how to implement UD in education, transport, healthcare, etc.
* Continue to study and discuss how learning from the successful integration of bottom-up and top-town collaborative approaches during COVID-19 to address community needs in Ireland could be implemented in the longer term to address ongoing issues in local areas.
* Develop comprehensive local and national policies and programmes including in housing, employment, transport.
* Develop policies to increase local participation and inclusion, building on good practice in citizen engagement by local authorities. There are guidelines which link to the Open Government National Action Plan 2016–2018, and set out principles that can inform government departments and other public bodies engaging with the public in developing policy, services and legislation. The NDA published a note for government officials and staff of public bodies on engaging and consulting with disabled people in the development and implementation of legislation and policy.[[10]](#footnote-10)
* Attitudes were not considered in this research as an approach to developing liveable communities. However, some disabled people in the May 2022 NDA listening session defined community as a place characterised by people with positive attitudes expressed in openness and interest in the welfare of everyone living in the area. In the NDA roundtable discussions in March 2022, participants discussed how, in the final analysis, sustainable inclusion is related to what people think disability is and how they define it. Participants thought that lasting change in inclusion will depend on a shift in thinking and attitudes to a real understanding of the lived experience of disabled people and their perspectives on disabling barriers. Only then will society stop seeing disability as a deficit in persons with compensatory responses. Implementing the social model of disability as laid out in the UNCRPD with disabled people leading out on it is fundamental to supporting disabled people so that they are visible, empowered and participating in every sphere of life.

# Chapter 1: Introduction

The research presented in this report is an initial exploration of how to create communities where disabled people and others who experience social exclusion can attain full societal participation and inclusion. This report will provide a useful reference for government departments, statutory agencies, Disabled Person’s Organisations (DPOs), persons with disabilities, other disability organisations and local and community development (CD) organisations when studying and discussing how communities can become more inclusive and deciding which measures and programmes to promote.

The research explores approaches that promote communities where everyone can live. Such communities require affordable and accessible housing; reliable, safe, accessible and affordable transport; inclusive and accessible environments; access to work, volunteer and education opportunities; access to health services and other supports that persons with disabilities need to participate in civic, cultural and social activities.[[11]](#footnote-11) Three approaches are reviewed, CD which is reviewed in detail, Co-Production and Universal Design.

The CRPD identifies participation of persons with disabilities as central to attaining sustainable social change and human rights. It emphasizes that participation in decision-making processes that affect persons with disabilities is essential to attaining full societal participation. It mandates the recognition of disabled people as primary stakeholders and equal partners in state action on disability issues. CRPD Article 9 stipulates that,

“to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas”.[[12]](#footnote-12)

Other Articles that are relevant to community participation include Article 19 that addresses living independently and being included in the community. Article 29 that addresses participation in political and public life and Article 30 that addresses participation in cultural life, recreation, leisure and sport.

Chapter 2 presents the methodology used. Chapter 3 places the research in the context of the CRPD and explains the role of Disabled Persons’ Organisations (DPOs). Chapter 4 explores the approaches that can be used to advance full societal participation and inclusion. Chapter 5 examines policies, community structures and initiatives related to community development in Ireland. Chapter 6 evaluates selected community development initiatives. Chapter 7 contains a discussion and conclusions. There are appendices for readers who require further information.

# Chapter 2: Methodology

The research used a mixed methods approach to collect information on how to attain the full societal participation and inclusion of persons with disabilities by using community development and other approaches and striving to develop liveable communities.

## 2.1 Interviews

During 2019, 16 interviews with stakeholders in the disability and local and community development sectors were conducted. Interviews were conducted in person or by phone and lasted between 35 minutes and 2 hours. Interviewees came from a variety of sectors[[13]](#footnote-13) and were sourced through personal contacts, contacts from colleagues and through snowballing where participants suggested other people that may have valuable information. Participants were interviewed using an unstructured approach. The interviewer discussed with the interviewees their views, experiences and suggestions on improving the full societal participation of disabled people. Written notes were taken from each interview, reviewed and themes listed. These were reviewed and condensed as the research continued. The report discusses many of the themes raised and examines them in the context of the literature. Suggestions and observations arising in the interviews were further investigated in the literature review.

## 2.2. Engagement with stakeholders

In addition to the interviews, there were interactions, conversations and learning with stakeholders at a range of events.

Three roundtable discussion sessions were organised with stakeholders on the findings of the draft report in March 2022. Stakeholders read a draft executive summary of the research and some questions raised by the research before the roundtable discussions took place.[[14]](#footnote-14)

The NDA’s annual listening session with disabled people in May 2022 was on the theme of ‘Improving participation and inclusion through creating liveable communities’.[[15]](#footnote-15) The lived experiences shared during that session were incorporated into this report. In addition some of the findings from the NDA’s 2021 listening session on the theme of Building Back Better post-COVID-19 on how positive experiences during the pandemic could be built on to improve participation and inclusion have also been incorporated.[[16]](#footnote-16)

Other events with relevant learning included the researcher attending events such as the annual Social Inclusion Forum[[17]](#footnote-17) and a briefing on Community Development, Anti-Poverty and Equality at the congress offices of the Irish Congress Trade Unions (ICTU). Learning from these events have been incorporated into the research and are referenced in the report.

## 2.3 Scoping literature review

The scoping literature review[[18]](#footnote-18) included Irish and international literature and both academic and grey literature. Library databases were searched mainly through using university libraries discovery search services, which searches across multiple databases.[[19]](#footnote-19) Single databases were also used including JSTOR, Science Direct and Academic Search Complete. General internet searches were conducted with Google and Google Scholar. Most of the literature studied and cited falls within the last 10 years.

Search terms used included the following terms and derivatives ‘disability’, ‘social participation’, ‘social inclusion’, ‘inclusive communities’, ‘liveable communities’, ‘disability services and community’, ‘DPOs’, ‘UNCRPD’, ‘local and community development’, ‘COVID-19 and community innovation’, national and local policies on participation and inclusion.

Literature in the following broad areas was reviewed.

* Approaches and tools used to promote inclusion and societal participation for persons with disabilities and other minority groups
* DPOs and CRPD implementation
* Universal design and co-production
* Information technology, participation and inclusion in Ireland and elsewhere
* Community development in Ireland and internationally
* Local Area Coordination (LAC) and other specific community development approaches
* Learning from opportunities for increased participation and inclusion arising from the COVID-19 pandemic.

The title and abstracts of papers and reports retrieved from the searches were reviewed to determine their relevance. Those that were relevant were read and, in conjunction with the information from the interviews, are analysed and summarised in this paper.

# Chapter 3: Exploring the concepts of Community, Participation, Inclusion and Community Development (CD)

## 3.1. Defining community, participation, inclusion and CD

#### Community

Community encompasses people with a shared identity based on interests, culture, local area, heritage, etc. ‘Community’ isn't specific to a particular geographic area although that will often be the case. In the NDA listening session in May 2022, one group of disabled people defined community as a place where people were open to each other and had positive attitudes. Open, friendly, welcoming and inclusive attitudes to all were seen as the essence of community. Those living in a community and community groups support inclusion and participation by being positive, open, inclusive and friendly, and having a welcoming attitudes to others. Some also express their care for the welfare of others living in the community through local action to address issues that arise.

‘Natural supports are’ part of community living, a term used to refer to the support that flows from relationships developed in the family, school and neighbourhood[[20]](#footnote-20). Such relationships and associations offer support, enhancing wellbeing, security and quality of life. Such networks provide natural support and are a means to an end. Nonetheless, the size and composition of these networks provides insight into the potential scale of natural supports that may be available, as well as some indication as to how the support they provide might promote inclusion and participation. Community supports are broader than natural supports and include libraries, clubs, associations, public transportation, places of worship and local services including education, training and volunteering opportunities.[[21]](#footnote-21)

Some community groups reinforce “independent” identities by, for example, encouraging older people to take ownership of social opportunities and development opportunities that reflect their preferred identities such as the *Men’s Sheds* movement.[[22]](#footnote-22)

Dementia friendly communities promote awareness and develop resources to make their community accessible and welcoming for people with dementia.[[23]](#footnote-23) There are community groups that implement “buddy” systems to welcome new members. Circles of Support are a natural support often used by persons with an intellectual disability where family, friends and neighbours join to form Circles of Support. The group meet on a regular basis to help somebody accomplish their personal goals. The focus person decides who to invite to be in the Circle although a facilitator is often chosen from within the Circle to keep it running. [[24]](#footnote-24)

#### Participation and inclusion

Participation is a broad concept with many meanings but a commonality among definitions and related notions such as empowerment, social participation and local engagement is an emphasis on participation in the community. One definition of participation identifies it as a social process whereby specific groups, with shared needs and living in a defined area, identify their needs, take decisions and establish mechanisms to meet those needs’. [[25]](#footnote-25) This definition of participation could be a definition for community development (CD). Some definitions of participation focus on involving stakeholders at every stage of implementing local initiatives; others emphasise empowerment, attaining personal outcomes, or the important role of disadvantaged groups in local processes;[[26]](#footnote-26) others emphasise involvement in social activities that provide social interactions in the community and society.[[27]](#footnote-27) The opportunity to participate is a human right and a principle of democracy.[[28]](#footnote-28)

Social inclusion refers to characteristics of social integration, social support, and access to resources.[[29]](#footnote-29) It is a dynamic process where people engage with, and are part of, their community social networks to maintain meaningful social relations.[[30]](#footnote-30)

Participation can be distinguished from inclusion. While both may be seen as independent dimensions of public engagement, participation focuses on increasing public input for policy and programme decisions while inclusion is oriented to making connections among people, across issues and over time.[[31]](#footnote-31) Various dimensions of social inclusion include access to public goods and services; experiencing valued and expected social roles; being recognized as an individual; trusted to perform social roles; and belonging to a social network.[[32]](#footnote-32)

In the NDA roundtable discussions in March 2022, participants discussed how inclusion is related to what people think disability is and how they define it. Participants considered that lasting change in inclusion will depend on achieving a challenging shift in thinking and attitudes where there is a greater understanding of the lived experience of disabled people and their perspective on disabling barriers. This will help shift society away from seeing disability as a deficit in persons, with compensatory responses and move towards supporting the social model of disability laid out in the CRPD with disabled people leading out on its implementation. This will result in a society that can support disabled people so that they are visible, empowered and participating in every sphere of life.

#### Community Development (CD)

Development is a directed attempt to improve participation, equity, attitudes, quality of life, the functioning of institutions, etc. Putting the two terms, community and development, together, CD means a community purposefully engaging in a process to improve the community’s situation, relying on joint rather than individual activity to ensure that better decisions are made about what actions are taken and how resources are used.

Two definitions of CD taken from the ILMI website are as follows:[[33]](#footnote-33)

* Community development is a developmental activity composed of a task and a process. The task is the achievement of social change linked to equality and social justice, and the process is the application of the principles of participation; empowerment and collective decision making in a structured and coordinated way (Pobal).
* Community development is a long-term process whereby people who are marginalised or living in poverty work together to identify their needs, create change, exert more influence in decisions which affect their lives and work to improve the quality of their lives the communities in which they live under societies of which they are part of (Combat Poverty Agency).

CD expresses the civic self and active citizenship. The involvement of the self in community for whatever reason leads to a building of relationships with neighbours and in the wider community. While volunteering is central to the concept of CD, for it to work effectively, a close relationship between the statutory and voluntary is essential.[[34]](#footnote-34) CD is grounded in the values and principles of participation, inclusion, empowerment, human rights, equality, social justice, learning and reflecting, self-determination, collective action, political awareness and sustainable change. Using CD values, principles and skills including an understanding of how groups and communities work and develop, it sets out to tackle the barriers that deter people from participating in local activities and engaging in tackling local issues. CD’s modus operandi is forming groups and networks and bringing diverse people together as volunteers and citizens together with local organisations to identify issues and how to tackle them. It engages with marginalised groups and facilitates understanding between people of different cultures and backgrounds. It builds social capital, skills and structures that increase the ability of communities to participate in local decision-making. This combination of roles, responsibilities, values, principles and spheres of operation give CD its distinctive character.[[35]](#footnote-35)

Interviewees in this research were keen to see an increase in understanding and support for the community sector and for greater use of CD approaches to address complex issues. For this to happen, they considered that education and training in CD would benefit a range of stakeholders including government departments and agencies, public services including disability services and local authorities. In the NDA roundtable discussions to inform this report, government officials from some government departments spoke of having had education and training in CD in the last year. This is an important issue with regards to making CD more mainstream and sustainable in the longer term.

In the roundtable discussions participants also emphasised the need for bottom up CD approaches to be integrated with top down action. This fits with the ideal that CD processes are supported by and united with local and national government action so that communities are integrated into the life of the nation enabling them to contribute fully to national progress.[[36]](#footnote-36)

CD approaches are participatory in themselves and so offer disabled people the opportunity to be active participants in finding and implementing local solutions to the issues that affect them.[[37]](#footnote-37) Active engagement promotes self-awareness, confidence and the development of organisational skills in those who participate. Research has shown that when disabled people use CD approaches to address housing, transport and other issues in their local areas, they succeed in making the area more accessible and liveable.[[38]](#footnote-38)

Figure 1 shows some of the benefits of successful CD approaches and initiatives for disabled people

**Figure 1: Benefits of successful CD for disabled people[[39]](#footnote-39)**



Appendix 1 contains an overview of CD in Ireland.

## 3.2. The challenge of capturing the benefits of CD

Because CD addresses long term complex issues that have multiple facets and because there is no simple, causal association between a policy intervention and its potential impacts, evaluation is not straightforward.[[40]](#footnote-40) The particular nature of CD requires that funders and those engaged in evaluating projects acknowledge that a focus on ‘end outcomes’ alone, for example, numbers of people removed from the unemployment register, may be too simplistic as an indicator of effectiveness.”[[41]](#footnote-41) For example, the process by which outcomes are achieved via preliminary and intermediate outcomes are an important aspect of effective CD and so the CD process is itself an outcome, which makes it different from other fields. If disabled people are involved in decision-making processes when previously they were not, their participation is already a desired outcome. Thus, there is a need for funders and evaluators to clarify CD objectives and define the purpose of any evaluations from the start of the CD initiative.

Using narrow or economic criteria alone in CD activities, does not capture the wide range of potential benefits of CD work but evaluating CD initiatives in a way that captures all the benefits of CD is a significant ongoing challenge. Outcomes such as increased engagement and action that result in increased well-being, self-determination and other benefits of CD are not easily captured with quantitative analysis alone. Therefore, there is a need to find methods that yield useful data to give an oversight of what is being done and achieved, while providing accurate and meaningful information for evaluation and reporting.[[42]](#footnote-42)

When planning evaluations, if evaluation of the impact of all activities in a programme is desired, one can identify and consider the different types and levels of evaluation that will be required at different times. Evaluations may be undertaken for a specific initiative at key points. Cluster evaluations are sometimes conducted, where the collective impact of a range of projects grouped together are assessed.[[43]](#footnote-43)

Reasons for evaluating a CD initiative may include the following:[[44]](#footnote-44)

* Learning how to improve a project
* Making a decision about whether to continue, expand or scale it back
* Changing the nature of the project to better meet community needs
* Improving stakeholder participation in the project
* Assessing effectiveness and whether it is achieving its objectives
* Finding out what impact the project is having on stakeholders
* Assessing the longer term implications and sustainability of a project
* Developing a model of best practice
* Improving public relations
* Accountability to managers and funding agencies
* Attracting additional funding

## 3.3. The impact of commissioning on CD initiatives

International and Irish experience has highlighted positive and negative impacts of commissioning and procurement on CD projects and Civic Society Organisations (CSOs). Some evaluations found that competitive tendering has had a negative impact on the work and independence of the community sector.[[45]](#footnote-45) Irish research outlines some of the reasons why commissioning can have a negative impact on CD.[[46]](#footnote-46) For example, targets set out in the tendering process are centrally devised rather than based on local existing or emerging needs such as homelessness, housing, racism, gang/drug related violence, and mental health. Civil Society or CD Organisations are often unable to respond to emerging needs in their communities because they must prioritize targets set, which maximises numbers and prioritises quantity over quality.[[47]](#footnote-47) Some entities reported being sanctioned for not reaching targets even when they reported other work that responded to the needs of their communities more effectively.[[48]](#footnote-48)

Efforts to make the commissioning process more effective include introducing CD principles and values into it. Some features of implementing a theory of change model to increase community capacity is outlined in Appendix 2 on public sector commissioning.[[49]](#footnote-49)

Positive impacts of commissioning include the following:[[50]](#footnote-50)

* Organisational growth
* Improved focus
* Enhanced reputation
* Improved data and performance management
* Development of the skills to prepare for tendering.

Negative impacts include the following

* Threats to independence and negative effects on advocacy
* Inhibited planning due to funding uncertainty
* Disproportionate risk sharing and risks to reputation
* Reluctance to criticise or advocate
* Reduced control over service design
* Development of bids for funding streams not well matched to needs
* Diversion of funding from elsewhere to cover the cost of delivering on contracts or to ‘subsidise’ low cost bids with consequent threats to long term sustainability
* Mission drift to accommodate market-based demands
* Working with users or clients most likely to achieve a result rather than those most in need or requiring greater effort

See 5.3.2 for an example of the impact of commissioning on an Irish community programme.

## 3.4. Challenges in sustaining CD

Sustainable CD is a challenge for various reasons that include the following: [[51]](#footnote-51) [[52]](#footnote-52) [[53]](#footnote-53)

* Clear national strategies for CD are often missing.
* There are rarely stable links established between statutory agencies and the community and voluntary sector.
* Local areas seldom have a strategic approach to CD, with a linking of efforts across sectors, agencies and policy areas.
* CD provision is often a late add-on to other policy approaches with patchy and inefficient implementation and no access to stable funding.
* CD and the community and voluntary sector are often the first to suffer funding cuts in times of austerity.[[54]](#footnote-54)
* Many governments and statutory organisations are not familiar with the principles and practice of CD or of its potential benefits and they do not use CD approaches in their policies and guidance.
* The contribution of CD initiatives to inclusion, participation and development is circumscribed by the nature of government sponsorship. “Effective communitarian public policy requires planning, careful engagement with people, the weaving and brokering of social networks, and ongoing support for communities. It cannot be assumed that one can cut back state funding and support and expect perfectly-formed communities to spontaneously bloom and deliver, for example, the aims of the Big Society[[55]](#footnote-55) or make up for funding shortfalls in the NHS.” [[56]](#footnote-56)
* Leadership and champions are important. The influence of key leaders, people from key government departments is important. Having a champion, someone with a vision, makes a difference. Possibly 1% of pilots that are effective and innovative are sustained. This is a challenge globally. Leadership is crucial with well-led programmes having some capacity to be sustained beyond the first phase. Many pilots have resources but not enough to get the really creative parts working and so important opportunities are lost. The other matter is that people working in the pilot phase of an initiative must work out how to transition from pilot into the mainstream.[[57]](#footnote-57)
* CD has not been good at systematically collecting and disseminating evidence of its own impacts.
* It can be difficult to clearly bound and identify CD initiatives.
* CD practitioners are both community members and CD professionals working with both institutions and communities. Ideally, participatory development would not only engage, teach and empower communities but also teach, engage and empower organisations that work with communities to do things differently. CD practitioners have a role in “translating” across these different contexts, and helping make participation multi-directional and inclusive.[[58]](#footnote-58)
* CD does not solve every problem in a community but it can reduce problems and increase opportunities for growth. It can work with public authorities and agencies to help them understand and engage with the communities they serve. It can facilitate links upwards, downwards and ‘horizontally’ across communities and agencies. While a one-size-fits-all approach may achieve little, participatory engagement can generate advantages and facilitate the growth of community capital. Not everything can be controlled, pre-determined and measured and it is generally productive to allow space for the creativity of the local population.

# Chapter 4: Towards participation and inclusion: DPOs, Co-Production and Universal Design (UD)

A range of approaches, policies and tools, when used well, help to create more liveable communities for disabled people and others. Chapter 4 looks at implementing the CRPD and, in particular, supporting the development of DPOs, Co-production and Universal Design, which all contain some CD values and principles.

## 4.1. Implementing the CRPD: Disabled Persons’ Organisations (DPOs)

The goal of the CRPD is that persons with disabilities will attain their human rights in common with all members of society. To overcome the barriers and challenges that stand in the way of this, the CRPD places the participation of persons with disabilities, principally through their representative DPOs, at the centre of implementing and monitoring CRPD implementation.

Various CRPD principles and articles address the need to attain full societal participation and inclusive communities. The CRPD principle of “full and effective participation and inclusion in society” as outlined in Article 3 underlies Article 19 and the other articles that address inclusion and participation. “Full and effective participation” includes notions of empowerment, self-advocacy, inclusion and sustainability. Article 19 addresses the right of persons with disabilities to live independently[[59]](#footnote-59) in their communities or a community of their choice on the same terms as other citizens.[[60]](#footnote-60) Article 30 deals with the right to participate in cultural life, recreation, leisure and sport. Article 9 clearly enshrines accessibility as the precondition for persons with disabilities to live independently, participate fully and equally in society, and have unrestricted enjoyment of all their human rights and fundamental freedoms on an equal basis with others. The General Comment on Article 9 states that

“…it is important that accessibility is addressed in all its complexity, encompassing the physical environment, transportation, information and communication, and services… As long as goods, products and services are open or provided to the public, they must be accessible to all, regardless of whether they are owned and/or provided by a public authority or a private enterprise.”[[61]](#footnote-61)

Article 9 explicitly imposes on States parties the duty to ensure accessibility both in urban and in rural areas.

Community living[[62]](#footnote-62) presumes liveable (accessible) communities that have been defined by the National Council on Disability in the USA as communities that have the following features:[[63]](#footnote-63)

* Affordable accessible housing.
* Reliable, safe, accessible and affordable transportation.
* Inclusive and accessible environments.
* Opportunities for work, education and volunteering.
* Appropriate supports for participation in civic, cultural, social and recreational activities.
* Access to health and support services.

The CRPD focuses on engaging civil society, in particular, persons with disabilities through DPOs, their representative organisations, alongside national and local statutory bodies, as a key way to solve many societal disability issues in the longer term. Article 8 of the CRPD addresses disability awareness raising. The whole of government, local and community development entities, public services and civil society need to be aware of the need to address barriers and challenges to full societal participation and inclusion through CRPD implementation.

In an NDA listening session with disabled people held in May 2021,[[64]](#footnote-64) participants discussed how greater participation of DPOs[[65]](#footnote-65) in local and national structures can improve representation and give public structures access to the authentic and diverse voices of persons with disabilities. They considered that implementing the CRPD and promoting the formation, funding and strengthening of DPOs as recommended by the CRPD, would improve societal participation and inclusion. They considered that service providers, charities and statutory bodies need to involve persons with disabilities in decision-making processes. They highlighted the role technology has played during the pandemic in allowing people to come together and spoke of the need to continue projects that utilise technology to increase participation for persons with disabilities in all aspects of life.

Research into inclusive communities illustrates that active involvement of DPOs and persons with disabilities in a variety of local development and national initiatives has led to positive results. For example, DPOs have participated in the formation of policy and legislation.[[66]](#footnote-66) DPOs can support capacity building and leadership, and work with public authorities in co-production leading to inclusion in practice.[[67]](#footnote-67) There is some evidence that grassroots DPOs in low and middle-income countries have produced positive outcomes for persons with disability including increased employment rates; improved housing accessibility; involvement in civil society and development of friendships and networks.[[68]](#footnote-68) DPOs’ participation in constitutional drafting has offered a successful pathway to greater equality in some countries.[[69]](#footnote-69)

In Ireland, the disability landscape has traditionally been dominated by large disability organisations **for** persons with disabilities. However, the DPO landscape is evolving and DPOs are being established or are coming more to the fore, offering routes for state actors to readily include/engage with DPOs. The COVID-19 pandemic has provided an opportunity for DPO mobilisation with some DPOs expanding and becoming more active due to increasing demand for their support during COVID-19. IHREC, the Irish Human Rights and Equality Commission established a Disability Advisory Council (DAC) in 2019 where the majority of members are persons with disabilities. DAC supports IHREC’s statutory function of monitoring Ireland’s implementation of the UNCRPD. In 2020, the Department of Children, Equality, Disability Integration and Youth,[[70]](#footnote-70) Ireland’s Focal Point and Coordination Mechanism under the UNCRPD, established a Disability Participation and Consultation Network. The network is composed of DPOs, disability organisations and a DPO network and its purpose is to consult with persons with disabilities.

## 4.2. Co-production[[71]](#footnote-71)

### 4.2.1 Explanation of co-production

Co-production has been defined in various ways, for example:

* An asset-based approach to public services that enables people providing, and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change (The co-production network for Wales sets co-production within the wider framework of asset-based approaches).[[72]](#footnote-72)
* Co‐production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co‐produced in this way, both services and neighbourhoods become far more effective agents of change. (The Republic of Ireland’s National Framework for Recovery in Mental Health adopts the New Economics Foundation definition)[[73]](#footnote-73)
* A highly person-centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery, and experience of health and social care. It is deeply rooted in connecting and empowering people and … valuing and utilising the contribution of all involved. It seeks to combine people’s strengths, knowledge, expertise and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes … it brings people together to find shared solutions. (Co-Production Guide, 2018, of the Northern Ireland Department of Health)[[74]](#footnote-74)
* Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities. (Scottish Co-Production Network (SCDC) emphasises the relationship between provider and user)[[75]](#footnote-75)
* A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value-driven and built on the principle that those who use a service are best placed to help design it.(Social Care Institute for Excellence)[[76]](#footnote-76)
* A meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them (England National Partnership of Local and Central Government and 50 organisations).[[77]](#footnote-77)

As there is no consensus on a definition of co-production and the term is used in different ways in different contexts, it may be useful to consider distinct conceptualisations of co-production, and identify the one that is most relevant when considering the attainment of societal participation and inclusion.

One conceptualisation of co-production stems from the work of Ostrom and colleagues who investigated how relationships between citizens and governments influence the effectiveness of public services. Ostrom coined the term co-production[[78]](#footnote-78), defining it as the voluntary contributions from citizens that improve the effectiveness and efficiency of public services. Examples of co-production, according to this definition, include, for example, the public adhering to social distancing policies during COVID-19 and providing informal care, and parents’ home schooling their children while schools were closed. From this perspective, co-production illustrates how governments depend on citizens for compliance with top-down directives and how bottom-up initiatives keep life bearable.[[79]](#footnote-79)

Secondly, some use the term co-production to refer to knowledge generation to inform policy and practice,[[80]](#footnote-80) filling the ‘know-do’ gap to improve interventions and accelerate policy implementation.[[81]](#footnote-81) Here the term ‘stakeholders’ does not distinguish between service users, public contributors, and policy makers, health-care practitioners, commissioners and industry partners. Different kinds of collaborative work, based on different expertise, experience and power, may allocate marginal roles to citizens, service users and patients’ or may not include them at all. In an issue of the British Medical Journal about co-production, the working definition of this kind of co-production is that researchers work with knowledge users (patients, caregivers, public, policy makers, clinicians, health system leaders and others) to identify a problem and produce knowledge, sharing power and responsibility from the start to the end of the research.[[82]](#footnote-82) In this definition, researchers are central to co-production and separate from a range of possible ‘knowledge users’ as knowledge generators.[[83]](#footnote-83)

The third conceptualisation of co-production aims to improve participation, and the quality of services, programmes and products by addressing issues of equality, diversity, need, inclusion, etc. ‘Lay’ knowledge and ‘lived experience’ are valued and sought after. Patients, service users, communities, and public contributors create knowledge, and collaborate with policymakers, researchers and healthcare professionals. This use of the term is generally used by those engaged in CD practice, patient and public involvement in developing services, and user-led initiatives in health and social care research, policy, and practice. This definition is perhaps the most complete when considering how best to promote societal participation and inclusion:

* Bringing together citizens, communities, patients, and/or service users with those working in health and social care research, policy, and practice, and attempting to form equitable partnerships
* This extends to citizens, communities, patients, and/or service users making meaningful contributions to agenda setting and the formation of aims and objectives, not merely being ‘involved’ once these important decisions have been made by those who traditionally hold power. This draws otherwise excluded perspectives and understandings into strategic and procedural decision-making processes and makes use of everyone’s different skills, knowledge, experience, and abilities.[[84]](#footnote-84)

What is evident is that co-production is context dependent. It requires trust, real power sharing, and respect for the different expertise brought by stakeholders. Trust relies on effective communication and honest discussions about what can and cannot be done; trust can be assisted by upfront agreement about principles such as mutual respect, openness, and reciprocity. Trust is built up by sharing views, tackling challenges and working together as a team over time and is important in working with less powerful stakeholders.[[85]](#footnote-85)

### 4.2.2 Relationship between Co-Production and CD

The principles and practices of co-production largely coincide with CD principles and practices. They both value multiple perspectives and diverse voices and collaborative work and are concerned with issues of equality, diversity and inclusion. A National Health Service (NHS) article on co-production and CD articulates a need for the NHS to cultivate leaders that are skilled to work with communities, and able to embed co-production and CD as building blocks of the NHS.[[86]](#footnote-86) The Welsh Government highlighted the importance of co-production with those who are affected by policies in developing legislation and strategies.[[87]](#footnote-87) [[88]](#footnote-88)

In practice, co-production means that structures and systems need to:[[89]](#footnote-89)

* Involve people who use services and programmes from the start
* Value and reward everyone who takes part in co-production
* Ensure there are resources to cover the cost of co-production
* Have a plan to ensure that everyone is able to communicate with each other
* Build on existing structures and resources

### 4.2.3 Co-production with disabled people

Research on participation in co-production projects with persons with disabilities found that professionals were sometimes unsure on how to tackle disability issues. They encountered subtleties in language not easily understood by those not working in the disability field. They found themselves compensating for disability rather than starting from the abilities of others. Some co-production toolkits were not universally designed. [[90]](#footnote-90) A study of co-production of six public services found that ideas generated by citizens were partly perceived as ‘too different’, ‘radical’ or ‘expensive’ by those responsible for implementing reform.[[91]](#footnote-91) Public managers who had not been engaged in the co-production process, rejected the ideas as too risky. In contrast, where public managers participated, albeit as ‘passive observers’, they approved a citizen generated program radically different from the original design brief. This suggests that the involvement of key stakeholders throughout the co-production activity, even as observers, is important to gain support for the implementation of new approaches. Thus, citizen participation and co-production with statutory agencies implies interacting with public servants and seeking their involvement.

In Ireland, an early example of an effort to use co-production in shaping a public service is the HSE Mental Health Engagement and Recovery Office.[[92]](#footnote-92) The head of the Office is always someone with a mental health condition. This mainstream service (a long-term pilot), led by a service user, responds to persons with mental health issues by re-modelling services/supports with them and according to their suggestions. Each Community Health Organisation (CHO) Area has an area lead person who sits on the CHO management team and works with service users, families, carers and other supporters. He/she organises local forum meetings where participants use their lived experience to work out how services could be improved. The area lead person takes these suggestions on how to improve services or resolve issues to the CHO management team who act on this input.

One of the CHO area leads interviewed reported that many items raised at team meetings were progressed quickly and resulted in improvement of services and supports. The CHO lead considered that co-production is an efficient, empowering, and effective way to harness the participation of service users in the appropriate development of services. Other interviewees suggested that a similar co-production approach might work well in designing specific services/supports for persons with an intellectual disability or persons with Autistic Spectrum Disorder (ASD) or for other services for persons with disabilities.

Disability Rights UK and the University of Bristol explored coproduction in User-Driven Commissioning (UDC) in a 2015-2018 research project.[[93]](#footnote-93) UDC[[94]](#footnote-94) is managed by persons with disabilities using the principles and values of co-production. They work with professionals in commissioning. Services for persons with disabilities are selected and evaluated according to outcomes defined by persons with disabilities. Based on this experience, the features that facilitate and the features that act as a barrier to co-production were documented and can be seen in Appendix 3.

### 4.2.4 Co-Production during COVID-19

Williams et al (2021) gathered accounts of initiatives in Africa, Asia, Australia and Europe to make co-production part of the COVID-19 pandemic response. Each account concludes with a ‘what-needs-to- be-done-list’ for policymakers, practitioners, and anyone involved in co-production. Below are some summary points from the lists created in each project about co-production:

* Co-produce the rules of engagement and refer to these rules at the start of each session to create group understanding and support peer relationships
* Provide differentiated and individualised support, which means knowing everyone’s support needs and being able to respond accordingly
* Enable partners to contribute to an ongoing process rather than at time- locked windows of opportunity (events) organised and controlled by you
* Ensure dialogue and trustful relationships so as to co-produce with the community instead of for the community
* Understand the social and cultural context of the community before suggesting an intervention and plan an evaluation of the intervention with the community
* Share roles, responsibilities and power with the community in question, and be honest about whose voices are missing and see together what can be done to change this
* Maintain informal spaces in the virtual world – this is as important as the formal work. Focus first on building relationships based on trust, in equal partnership and for equal benefit

Other examples of co-production are presented in Appendix 3

## 4.3. Universal Design (UD)

### 4.3.1. Explanation of Universal Design

Universal Design (UD) in Ireland is about promoting the design of environments that can be accessed, understood and used regardless of a person's age, size, ability or disability.[[95]](#footnote-95) Universal Design Principles and Guidelines[[96]](#footnote-96) describe features and elements of designs for consideration in decision making activities to inspire design thinking and complement criteria for setting design requirements in standards and specifications. UD is also promoted as an approach for continuous improvement that prioritises people with the more diverse user needs, characteristics, capabilities, and preferences where co-design and co-production practices are used. Barriers to participation can be avoided when UD principles are applied to mainstream policies and solutions from the early stages of planning. Implementing UD as a strategy can help ensure equal and democratic rights in society for all individuals, regardless of age, abilities or cultural background, including persons with disabilities.

In Ireland, the UD Approach aligns with the Design for All Approach adopted across European Standardisation Bodies as published in EN 17161:2019 ‘Design for All - Accessibility following a Design for All approach in products, goods and services - Extending the range of users’. EN 17161 is a European process standard about using a Universal Design approach at all levels in organisations to continuously improve and manage the accessibility and usability of the products and services they develop and/or provide. EN 17161 describes a UD approach that aligns with established management systems. The NDA are planning to develop a Toolkit to accompany the I.S. EN 17161 Design for All process standard. The toolkit will support organisations on how to practice UD as a collaborative and inclusive process and implement the standard. Updates on resources and workshops related to implementation of I.S. EN 17161 will be hosted on the CEUD website and notifications will be posted on the CEUD social media channels.

### UD and participation

In the roundtable discussions and in the listening session, the importance of UD and co-production were emphasised. Examples were given of successful co-production initiatives such as a housing pilot for the homeless, which has now been expanded; a Braille Trail being developed in a new urban space; co-production initiatives to facilitate the input of persons with intellectual disabilities by Inclusion Ireland, etc.

It was pointed out in the listening session and the workshops that more UD practices are needed to accompany UD theory. An academic expressed the desire of their university to incorporate UD into all their programmes but that they needed to understand how to implement practical UD processes first.

UD offers a philosophy and strategy which support the implementation of full citizenship, liveable communities and full integration. Mainstreaming is a keyword in the UD process, implying that policies and solutions have to be designed to accommodate all users. The aim is to achieve this to the greatest extent possible, abolishing the need for segregated solutions and special services.

As a design-in-time methodology, UD contributes to the prevention and elimination of barriers to integration, whether psychological, educational, family-related, cultural, social, professional, urban or architectural.[[97]](#footnote-97) UD of the build environment is inclusive design that everyone can use safely, easily and with dignity:[[98]](#footnote-98)

UD is[[99]](#footnote-99)

* Responsive - taking into account what people say they need and want
* Flexible - so that different people can use places in different ways
* Convenient - so that everyone can use it without too much effort
* Accommodating for people regardless of age, gender, mobility, ethnicity or circumstances
* Welcoming - with no disabling barriers that exclude some persons
* Realistic – recognising that one solution may not work for all and so offering more than one solution
* Understandable

### 4.3.3 Application of Co-production to UD

The UD/Design for All Approach involves the application of co-production related practices in user research and user testing activities for identifying and prioritising diverse user needs, characteristics, capabilities, and preferences, by directly or indirectly involving users, and by using knowledge about accessibility in all procedures and processes.[[100]](#footnote-100)

Annex B in in European Standard (EN 17161 (2019) Design for all – Accessibility following a Design for all Approach in products, goods and services – extending the range of services) discusses user involvement in the design process regarding the participation of relevant interested parties and these are summarised below:

* Throughout the development process of any product and service, e.g. from designing prototypes to providing feedback on the organization’s delivered products and services
* There is a wide variety of methods available to extend the range of users involved. The method (or methods) chosen will depend on the purpose of the user involvement and the functional ability of users to participate. It is preferable to offer a variety of methods in order to involve users with a wide range of diverse user needs, characteristics, capabilities, and preferences. Such methods can, for example, include focus groups, workshops, interviews, web-based communication, user trials and observed operations.
* Methods with active user involvement can provide a better understanding compared to surveys, where users may or may not be able to participate. User involvement can take place at any stage of development. For example, at the very earliest stages users can be presented with sketches, models or scenarios of one or more design concepts and asked to evaluate them in different realistic scenarios. When prototypes are available people can be invited to use them to carry out practical tasks, providing more detailed information about how well they meet the users’ needs. Pilot studies allow evaluation of what has been designed in real contexts. User based evaluation of products and services during routine use can provide valuable information for future designs.
* To better understand the barriers that occur during use, it is important to involve users in a real situation related to the context of use and across the end-to-end chain, or user journey of interactions with the product or service. This could be done through field studies, interviews, or user diaries, in combination with simple dialogue. For example, a dialogue with users on their experience of using bank services could be the starting point for developing new or improved solutions.

Identifying individuals for participation in design activities is important to ensure that the products and services that would be provided to the users would be suited to their accessibility and usability needs.

Design research indicates and a small number of participants specifically selected to inform relevant factors related to user experience and interaction with the design can derive optimal outcomes when setting standards or specifications for a new design.

ISO/IEC Guide 71:2014 “Guide for addressing accessibility in standards” is useful to help with identifying and documenting a product/service user’s characteristics and abilities related to interaction with a design. It also helps when considering those characteristics and abilities as related to barriers that a person might experience in using a product or service.

There are examples in Appendix 6 that illustrate how co-production is important in UD. Figure 2 shows a circular diagram identifying the functions in organisations where requirements for the Design for All Approach apply.

**Figure 2**: EN 17161:2019 Design for All approach organisational requirements (Image Copyright CEN-CENELEC)



# Chapter 5: Examples of CD initiatives and their effectiveness

## 5.1. International examples of CD initiatives

A 2010 review of the international evidence base for effective CD programmes concluded that such programmes are not ‘quick fixes’ for entrenched social problems. They take time and effort to mature and to become embedded in a local area. Where there is a strong but not an overly-complicated structure, good governance, careful design, high-quality delivery standards and proper monitoring, evaluation and feedback, they can achieve important positive changes for local communities. However, there is a need to understand the nature of CD in order to promote and capture in evaluation the range of its potential benefits.[[101]](#footnote-101)

### 5.1.1. New Zealand

A 2011 review of selected New Zealand government-funded community development programmes[[102]](#footnote-102) evaluated the principles underpinning the approach, outcomes sought, key achievements, enabling and inhibiting factors. The programmes evaluated were grounded in community development principles, were relatively recent, and were funded by a government agency. Outcomes achieved included higher levels of social capital, strengthened relationships, leadership and improved access to services. However, a significant finding was that there were no plans for sustaining these initiatives in the longer term. The government did not provide baseline funding beyond the ‘pilots’ and the reasons for this were not explicit. This is a common finding in community programmes, including ones that are shown to be very effective: “The issue of how to ensure the sustainability of initiatives is a vexed one. Actively working to engage other stakeholders particularly those with funding capability is one option, which may result in longer-term funding and other support.”[[103]](#footnote-103) Other considerations for the NZ government from this evaluation included the following:

* Ensuring that the skill set required to support communities throughout the CD process is available. If the Department were to adopt a greater focus on CD initiatives, it should have internal capacity to support these.
* Ensuring that communities have sufficient knowledge and expertise in community development practice. One way of addressing this may be to make the employment of a (non-departmental) community-based development worker part of any new initiative.
* Clarity about what outcomes it hoped to achieve through resourcing CD, and how flexible the department is prepared to be in the way that funds are used.
* Greater results are likely to be achieved by working with communities that have a ‘base-level’ of social capital and capability. This does not mean that the Department should ignore communities with fewer resources, but financial resources should be directed to those with some capability to work with them.[[104]](#footnote-104)

### 5.1.2. Sheffield, England

In England, the contribution of community-based organizations to the regeneration of an economically and socially disadvantaged neighbourhood in Sheffield over a 30 year period was evaluated.[[105]](#footnote-105) Benefits identified from the CD efforts included the arrest of decline, stabilization of the neighbourhood, a boost to social capital, and a grown of belief and confidence in the potential of the area. The evaluation suggested that to increase effectiveness of a CD approach, implementation could usefully be informed by political and social analyses so that governments, local development bodies, etc. understand the local conditions that could influence wide participation. The CD initiatives provided organisational elements for economic and social regeneration, even during a period of sustained austerity.

### 5.1.3. Australia – Local Area Coordination (LAC)

LAC is a generalist approach, bringing together elements of personal advocacy; family support; community development; social work and case management into one role. It focuses on reinforcing natural and community supports. The starting point is the relationship between Local Area Coordinators (LACs), individuals and their families. LACs build a relationship and a community response around each person so that, with time, communication becomes more refined about what is important to the person with a disability. LACs generally support 50 to 60 people in small geographical areas. Covering small areas means that LACs get to know people and community resources well and create opportunities locally for people with disabilities. Its uniqueness, and much of its advantage, derives from mixing the elements of case management, advocacy, family support and community development as well as the intentional design of establishing an ongoing personal relationship. LAC is intended to be flexible, responsive and individualised. It is established over time by developing working relationships with people with disabilities. The spirit of the LAC model is encapsulated in the concept that the local area coordinator “does what it takes” to make a positive and sustained difference in the lives of people with disabilities and their families within the local community.[[106]](#footnote-106)

Evaluations in Australia and other jurisdictions provide evidence about the effectiveness of LAC when it is implemented as in its original format in Western Australia. LAC began in 1998 in rural Western Australia, when there were no other disability services, as a system of building community-based support for persons with intellectual disabilities so that they could remain in their communities. The success of LAC led to its introduction across Australia. LAC set out to reinforce natural and community supports, develop informal support and community self-sufficiency, co-designing supports and outcomes. LAC coordinators worked alongside individuals, families and communities to define problems, identify strengths and implement solutions, sharing accountability for outcomes.[[107]](#footnote-107)

In LAC, as per the original LAC design, there is no formal assessment/eligibility required. People get in touch with LAC coordinators through relationships, community networks or via services. LAC coordinators focus on strengths, self-management and finding local solutions. As well as working directly with persons with disabilities to support them develop natural supports, LAC coordinators work at developing inclusive communities. LAC co-ordinators undertake the following:[[108]](#footnote-108)

* Provide individuals and families with support and practical assistance to clarify their goals, strengths and needs.
* Work to build inclusive communities via partnerships and collaboration with individuals and families, local organisations, and the broader community.
* Assist individuals and families to utilise personal and natural supports and local community networks to develop solutions to meet their goals and needs.
* Assist individuals and families to access the supports and services they need to pursue their identified goals and needs.
* Use discretionary funding to purchase required supports.

Chadbourne (2003) examined the ﬁndings and methods of 17 reports about LAC and concluded that previous positive evaluations can be regarded as continuous, enduring, long-term and consistent over time. Disability Services Commission commissioned a programme overview of LAC in Western Australia including an analysis of current delivery and costs, and a value-for-money analysis. It concluded that, according to measures of consumer and family and carer satisfaction, consumer outcomes, service coverage and cost effectiveness, LAC was a successful programme over an extended period of time. It identified, however, the need for LAC to refocus around values, core functions and quality processes as in its initial format.[[109]](#footnote-109) Overall, in Australia, LAC, introduced for persons with intellectual disabilities, has been found to have capacity to strengthen individuals, families, carers and communities; develop partnerships and support services and provide good quality, cost-effective interventions with high citizen satisfaction.[[110]](#footnote-110)

An important factor in LAC success is the consistent implementation of CD principles and values. Evaluation of LAC in England and Wales as well as in Australia has shown that LAC has been effective in supporting persons and their families in their local community when LAC implementation has remained faithful to the original LAC model.[[111]](#footnote-111) In Scotland there was variability in how LAC was rolled for persons with intellectual disabilities where there was lack of time for community mapping and networking and relatively little time spent on building community capacity.[[112]](#footnote-112) When LAC was introduced into Northern Ireland, the addition of LAC components was a compromise with existing services.[[113]](#footnote-113) Removing LAC elements, or only partially implementing them, reduces the impact and effectiveness of LAC and reduces the outcomes attained with the initiative. The fewer outcomes for community capacity building, such as the provision of community level support to community organisations, noted in the evaluations of LAC in England, Wales and Scotland may be due, at least in part, to the fact that LAC is still developing in these lands. A greater emphasis on capacity building and the consolidation of partnerships and relationship with other services, communities and third sector organisations will possibly take more time to emerge and capture.[[114]](#footnote-114)

In the NDA’s roundtable discussions to inform this report, the pros and cons of introducing a successful CD approach like LAC into Ireland or whether other structures and initiatives more relevant to the Irish context was discussed. It was not clear from the discussions whether LAC is the best approach to attain participation and inclusion at this time. There was concern that something like LAC could be subsumed into disability services and be administered in a way that would re-create dependencies rather than independence. There was concern over how suitably trained LAC coordinators could be assured given the dearth of workers with experience and training in CD in Ireland at the present time. There was discussion around whether DPOs could administer LAC rather than disability services or have LAC administered by LDCs alongside SICAP and other local and community inclusion initiatives. Thus, it would seem to be wise not to superimpose LAC on disability services but introduced independently as a CD initiative, perhaps for anyone that is in need of support as has been done in England.

More details about the LAC models in Scotland, England and Ireland are contained in Appendix 5.

### 5.1.4. Social prescribing initiatives in the UK

In the UK, social prescribing models have developed over the past 20 years including models funded by local authorities, Clinical Commissioning Groups (CCGs) and public health. To embed social prescribing in primary care as part of the move to personalised care,[[115]](#footnote-115) the NHS England planned to put in place a thousand social prescribing link workers by 2021. The NHS Model for Personalised Care has been co-produced with people with lived experience and other stakeholders and brings together six evidence-based and inter-linked components, each of which is defined by a standard, replicable delivery model. Components include shared decision making; personalised care and support planning; choice, including legal rights to choice; social prescribing and community-based support; supported self-management; personal health budgets and integrated personal budgets.

Social prescribing is a means of enabling health professionals to refer people to local, non-clinical services. The referrals come from professionals working in primary care settings, for example, GPs or practice nurses. Recognising that people’s health and wellbeing are determined mostly by social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way. It aims to support individuals to take greater control of their own health.[[116]](#footnote-116) It has benefited a range of people including persons with one or more long-term conditions, who need support with their mental health, who are lonely or isolated and who have social needs that affect their wellbeing:[[117]](#footnote-117)

Evaluating social prescribing schemes is challenging because of the wide-ranging and complex issues it seeks to address and the difference in social prescribing models and approaches.[[118]](#footnote-118) A systematic review of non-clinical community interventions published in 2020 identified benefits reported by participants and referrers engaged in social prescribing, including improvements in mental wellbeing, physical health and health behaviours and reductions in social isolation and loneliness.[[119]](#footnote-119) An international systematic review of social prescribing programmes concluded that current evidence fails to provide sufficient detail to judge its overall success and value for money. However, the studies reviewed were small scale and had design issues and a risk of bias. Despite methodological shortcomings, most evaluations presented positive conclusions. If social prescribing is to reach its potential, future evaluations must be comparative and consider when, by whom, for whom, how well and at what cost.[[120]](#footnote-120)

Most social prescribing models involve a link worker (other terms such as community connector, navigator and health adviser are also used) who works with people to access local sources of support. In England there are different models of social prescribing. For example, at the Bromley by Bow Centre, a community and primary care hub in east London, with a long history of social prescribing and other community-focused work, staff work with people, often over several sessions, to help them get involved with local services ranging from swimming lessons to financial advice services.[[121]](#footnote-121) Figure 3 shows how a social prescribing model has emerged in Leicestershire.

**Figure 3: Model for Social Prescribing in Leicestershire (2016)[[122]](#footnote-122)**



Appendix 7 presents more detailed learning on social prescribing and related initiatives in the UK.

### 5.1.5. The National Disability Insurance Scheme in Australia

The National Disability Insurance Scheme (NDIS) is Australia’s first national personalisation programme for disabled people, which directly funds individuals. It was legislated for in 2013 and went into full operation in 2020. Its aim is to provide direct funding for supports and services to a half a million Australians with permanent and significant disability. The NDIS is a radical change in how services and supports for persons with disabilities are provided and is being progressively developed. It is a complex and ambitious scheme and its success is dependent on implementing a multi-faceted approach to ensure that local communities are capable of developing so that they support the inclusion and participation of disabled people and others.

To support the NDIS, an Information Linkages and Capacity Building Programme (ILC) was established with the purpose of engaging in community capacity building and providing linkage between persons with disabilities and systems of support in the community. The Office of the Public Advocate considers that the success of the ILC is dependent on the following:

* Keep a focus on upholding and implementing the National Disability Strategy after the full implementation of the NDIS
* Develop local infrastructure where needed
* Strengthen the regulatory environment
* Promote collaboration between local state and federal government and other structures
* Make reasonable accommodations
* Promote positive attitudes and the willingness of communities to garner the resources needed to tackle local issues impacting persons with disabilities

The NDIS needs the work of the ILC and its success depends on how the ILC develops and is supported because the good functioning of the NDIS is predicated on the following:

* That local communities and mainstream services and activities will work towards and support inclusion and participation of persons with disabilities
* That disability and other service providers will engage in CD and work with local businesses, local government, mainstream services, sporting and other organisations to create connections, support relationships and build bridges between specialist and regular community settings.
* That disability service providers will support persons with disabilities to be members of their local community and to support persons with disabilities to access mainstream and community services rather than providing activities themselves.
* That persons with disabilities will mainstream services

The Independent Advisory Council to the NDIS in Australia has highlighted the potential role that LACs might play in the success of the NDIS. More information on the role of LACs in the NDIS is contained in Appendix 5 (It must be noted that LACs in the NDIS do not have the role nor do they necessarily have a background in community work as the LACs in the original LAC initiatives had).

The NDIS is ambitious and the NDIS framework was broadly conceived and from the outset it was acknowledged that challenges would arise in implementation that would be addressed through a continuous improvement process enshrined in legislation. Having moved quickly from a set of aims and principles to being implemented in diverse communities, it is unsurprising that the scheme is stretching the capacity of all. There is no blueprint for policymakers to build upon and governance of the NDIS is diffused across multiple entities.[[123]](#footnote-123)

While co-production and attention to the lived experiences of people with disabilities featured in the NDIS implementation[[124]](#footnote-124), participants have experienced problems. Analysis has shown that NDIS planning processes have not been person-centred. Outcomes for adults with intellectual disabilities have compared poorly to other groups in terms of choice and control and participation in mainstream community activities even for those with mild intellectual disabilities. Issues have included standardised planning and lack of supported decision making.[[125]](#footnote-125) Research that examined the allocation and utilisation of NDIS funds according to social gradient in publicly available data, found that people living in low socio-economic areas are less likely to successfully utilise their NDIS budgets than those in more affluent areas. The researchers argue that this points to the need to provide targeted community supports for the use of disability care funds in areas of higher socioeconomic disadvantage. Without such effective supports for fund use, the NDIS in its current administrative and bureaucratic structure, may worsen existing social inequalities, as has been shown internationally in other personalisation schemes in social and health care.[[126]](#footnote-126) Other research shows that the NDIS is being shaped through the activities of non-government actors despite the National Disability Insurance Agency (NDIA), being positioned as the main market steward. Having local level holders of knowledge integrated into the system in a structured way with appropriate funding and resourcing could help increase information flows and collaboration on market issues. A framework that supports distributed stewardship needs to be developed with connection and collaboration between government and non-government actors to enable timely information flows and dedicated resourcing for market stewardship actions at the local level. Using principles of joined up government such a framework could be developed for the NDIS that includes the establishment of local networks that include non-government actors involved in stewardship actions.[[127]](#footnote-127)

### 5.1.6. The Netherlands - technology in a disability service

In the Netherlands, Digi Contact, a Dutch online support service implemented in 2014 became a standard component of services for persons with an intellectual disability living independently during COVID-19. People contact a team of specially trained support workers 24/7, whenever they feel the need. Contact can be either planned or unplanned. People contact through videoconferencing techniques using a PC, laptop, tablet or smartphone or by phone. Depending on a person's support needs, online support is usually combined with onsite support.[[128]](#footnote-128) As Digi Contact was operational before the COVID‐19 outbreak, it was possible to scale up the capacity for online contact and support by adding resources such as equipment and support staff, who could no longer provide onsite support. In addition, a team of nurses was established that could be consulted through Digi Contact for COVID‐19‐related medical questions. Such online services for people with intellectual disability living independently enables service providers to be flexible and responsive towards fluctuations in support needs and onsite support availability during crises such as COVID‐19. Such services may be a valuable addition to onsite support in the longer term and have the advantage of being easily scaled up as happened in this example in the Netherlands.[[129]](#footnote-129)

## 5.2. Examples of CD initiatives in Ireland

### 5.2.1. Career Leap in inner city Dublin[[130]](#footnote-130)

In terms of targeted interventions, stakeholders spoke of diverse and promising initiatives to increase societal participation. For example, Career Leap in inner city Dublin is a community-based, personalised work readiness programme. While Career Leap is a community based initiative it is not necessarily a community directed initiative. The project was implemented through a partnership comprised of local businesses, the university and community and voluntary sector organisations. It is an innovative approach both nationally and internationally in the field of labour activation. Career Leap, for young adults (18-24) who are not in education, employment or training, employs an integrated partnership approach between community, business and research communities. Some participants have a disability including physical and mental disabilities and alcohol and drug addiction. Key workers, youth workers, youth services and referral agencies recruit the participants who also come through walk-ins and recommendations from friends. Evaluations showed that two years after participating in Career LEAP, many participants were either in education or full-time employment. While this is a relatively small initiative in relation to numbers, with each cohort being up to 25 participants, it has scope to be scaled and expanded. The programme comprises novel personal and work readiness training and a work placement in an area that participants would like to gain experience in. Local organisations support the programme with more than 20 local businesses offering work experience and employment opportunities.

### 5.2.2. Community Call initiative during the COVID-19 pandemic

In March 2020 Ireland entered its first lockdown in response to the COVID-19 pandemic and a variety of community approaches were instituted immediately to support the most vulnerable in society.

Community Call, a state-organised community-based programme for those 70+ and the medically vulnerable was established at the end of March 2020. It built on the work that had been done through the month of March by community and voluntary groups, government departments and other statutory bodies. The Community Call programme operated at connected levels. At national level, Community Call was overseen from the Department of The Taoiseach, the Department of Housing, Planning and Local Government, the Department of Rural and Community Development, the Department of Health, and the County and City Management Association. TheNational Public Health Emergency Team (NPHET) Sub-Group on Vulnerable People, the COVID-19 Senior Officials Group (SOG) and COVID-19 Cabinet Committee developed Community Call at a national level with SOG playing an important role in the initial months. Locally, Community Call was overseen and managed locally by Local Authorities, led by the county Chief Executives. The CEOs led a community Forum in each county to coordinate and connect the services and supports available in that area. The forum involved an extensive list of state and voluntary organisations.  New structures were set up to co-ordinate work at local level, and to escalate issues to regional and national level decision-makers which could not be resolved at the local level.

The National Economic and Social Council (NESC) published an evaluation paper, ‘Community Call: Learning for the Future’(2021), on this state-organised community based programme.[[131]](#footnote-131) Some of the benefits which interviewees in the Community Call evaluation identified included the following:

* Enhanced capacity to identify the vulnerable and their needs
* Benefits of working in partnership
* Enhanced links between and among the statutory and community and voluntary sectors
* New and effective working practices.

The process of this initiative began with a real problem and a commitment to solve it; commitment to collect and review data and evidence and to respond to problems as they arose. NESC’s evaluation found that the processes developed through Community Call were effective in delivering support to vulnerable people during COVID-19. The evaluation points out that the ‘process’ aspect of Community Call has implications for national policy and decision-making as it highlights the importance of a kind of institutional dynamism or innovation with the following features:

* Institutional structures and processes including collaborative work with stakeholders focused on a specific problem.
* Real commitment to developing and using evidence from diverse sources to review how well processes were working and improve them.
* National oversight bodies with authority to reflect on and address problems and bottlenecks at regional and local level, including the configuration and inclusion or otherwise of institutions and decision-making processes.

Interviewees in the Community Call evaluation project felt that these ways of working did not often happen in normal times and that the useful structures and processes developed during the pandemic should be continued. The evaluation illustrates the role of the community and voluntary sector in responding to local needs effectively and efficiently and the effective solutions co-created between government and stakeholders. There was commitment to solving problems. Of particular interest is an acceptance that the way of solving the problem is not fully known and that plans and structures would be revised and adapted as data is collected. Thus, the structures and processes used to develop Community Call worked with uncertainty in a tight time-frame but were able to create effective solutions. The author of the report stressed the importance of the findings when considering how inter-agency structures and processes might build on this experience. How could structures and processes operate in future and with what roles for key players? The co-ordination structures established could be useful to help implement other cross-cutting Government policies.

The NESC evaluation report suggests that a key takeaway for government and senior decision-makers is the potential associated with the process by which Community Call was created. It is an exemplary model of public-sector reform in action, of an enabling and active state working in concert with committed stakeholders and organisations, citizens and agencies. A move to replicate the type of institutional flexibility and autonomy shown, albeit in a time of crisis, could deliver significant results in tackling wider issues during and after the COVID-19 crisis.

### 5.2.3. Other CD innovations during the COVID-19 pandemic

Early in the pandemic the government appealed for volunteers to support the community response to COVID-19 in March 2020 and within weeks, many people had registered to volunteer through the I-Vol app.[[132]](#footnote-132) Volunteers were linked by local Volunteer Centres to local organisations responding to COVID-19, delivering food and medicines to older people who were cocooning and to those volunteering in COVID-19 test centres. Many other volunteers helped out family, friends and neighbours. In March 2020, ‘

An Post began an outreach service through their network of postmen and women. Bank of Ireland started a service to help elderly customers cocooning during the COVID-19 pandemic. These customers could nominate another person to make in-branch cash withdrawals and lodgements on their behalf. The new facility had built-in safeguards including monitoring by Bank of Ireland’s dedicated Vulnerable Customer Unit.[[133]](#footnote-133) In many counties, local authorities, An Garda Síochána, the GAA, HSE, FAI, religious orders, sporting and volunteer groups, businesses and others, collaborated to provide community supports. Irish Rural Link and the Wheel operated a national COVID-19 Community Outreach initiative, funded by the Department of Rural and Community Development. This Department appointed a ‘county champion’ to coordinate the provision of support and information to people in their homes and communities.

Appendix 3 presents an example from a State in the USA where Government and communities came together to form diverse networks to support people during the pandemic.

### 5.2.4. Technology facilitating participation during COVID-19

The COVID-19 pandemic highlighted the role technology can play in keep people connected. A social inclusion cross border technology project in Ireland, the ONSIDE project, started in 2019, supported several hundred persons with disabilities from 16 years of age to use technology. The project was created to address social isolation by creating community connections both locally and online with the help of technology. It supports choice and independence and helps persons with disabilities to access mainstream lifestyle choices rather than traditional disability-service provider ‘care’ options. It addresses the issues of access to technology and digital literacy support.

When the first lockdown was imposed during COVID-19, the project delivered its training virtually and this has been very effective.[[134]](#footnote-134) In the NDA Building Back Better Post-COVID-19 listening session[[135]](#footnote-135), participants spoke of the positive impact that the use of technology in education, work and social interactions has had on their lives. For those with mobility issues, using technology mitigated challenges such as inaccessible transport, lack of PA services to support travel and the difficulties of bringing people together from a large geographical area.

Some DPOs found that since they began providing support virtually into people's homes, there has been a significant increase in engagement. Some persons on the autism spectrum and others have reported that they feel more comfortable working from home where they can have more control of the environment. It also eliminates the difficulties sometimes encountered with commuting. “The use of technology is facilitating wider participation of disabled persons with the consequent emergence of a more authentic voice with more diverse perspectives”.[[136]](#footnote-136)

Some participants raised issues with the current system of accessing technology through the workplace or education. Although some grants and supports are available, once a person leaves that workplace or educational setting the technology doesn’t move with them and they need to reapply. They suggested that taking a life course approach to providing technology would be more beneficial. Some participants also raised the issue of the grant structure for aids and appliances and felt these could be usefully reviewed and amended with the aim of applying a social rather than a medical model.

An NDA report looking at innovations and adapted practices during COVID 19, highlighted the digital divide whereby disabled people didn’t have access either to devices or to an internet connection and, in some cases, lacked capacity to operate these devices.[[137]](#footnote-137) Long-term blended approaches were recommended to support persons with a disability without access to technology or the support to use it.

Many health and social care services in Ireland began to use online services to maintain their services during COVID-19. Some of those who used online services say that these services facilitated access for people cocooning due to COVID-19, people living in remote areas and people with difficulty accessing transport. In one CHO area, a psychology service for children with complex developmental needs[[138]](#footnote-138) (6-18 years) established a direct access system for children on waiting lists for psychology guidance. This system took the form of a single-session consultation with a psychologist on a Friday, which the parent directly arranged with the psychologist. In a one-hour session, the parent received support, advice and/or resources. This service was continued with a virtual interview or support call. Feedback from parents show that they are very happy with the service and find it very useful, in whatever form it is provided – online or onsite. Health professionals have found it useful to see their clients as they operate in their own homes. They plan to use online services more in the future for this reason.[[139]](#footnote-139)

HSE research in 2020 shows how the use of different technologies facilitated disability service provision in Ireland during COVID-19 and resulted in improved digital literacy among service users and staff. The experience has shown a capacity for enhancing and augmenting current services through technology. Technology enabled services to continue, to varying degrees, and in some cases, to increase their reach. Enhanced use of technology in the Irish disability sector, which functions through a network of different service providers, presents opportunities for collaborative and integrated planning and delivery of services. The HSE report recommends investment in training and up-skilling of staff to support the delivery of remote services; investment in technology and its infrastructure; development of national guidance on GDPR, IT security, and governance of virtual health and social care services. Other recommendations include the use of structured change processes with a co-design element from service users and their families and more research to establish why some persons with disabilities found it difficult to engage with technology.[[140]](#footnote-140)

### 5.2.5. Social prescribing in Ireland

The development of Social Prescribing in Ireland has primarily been driven by the community and voluntary sector, in partnership with health services. Social prescribing services are now being delivered by 30 locations around the country by community-based organisations such as local development companies and family resource centres, supported by the HSE, Sláintecare and Healthy Ireland.[[141]](#footnote-141)

In 2020, a randomised controlled trial of social prescribing took place in 13 GP practices in disadvantaged urban areas in Limerick, Cork, Waterford and Dublin run by the Royal College of Surgeons in Ireland (RCSI) and funded by the Sláintecare Integration Fund and the Health Research Board Ireland. The trial aimed to evaluate whether meeting a social prescribing link worker improved quality of life and mental health for people with multi-morbidity. 240 people with multi-morbidity participated in the trial. Due to the impact of COVID-19, the trial did not recruit as many participants as had been originally planned but there was a trend towards a positive impact. Interviewed participants were positive about the social prescribing link worker with 70% reporting a benefit and a further 20% finding it positive but limited due to Covid-19.[[142]](#footnote-142)

#### 5.2.6. Ability Programme

The Ability Programme was a community directed, three-year personalised work readiness programme, funded in part by government and managed by Pobal[[143]](#footnote-143). Introduced in 2018 and co-financed by the European Social Fund and the Department of Employment Affairs and Social Protection, it funded local, regional and national projects. In Dublin, there are projects in Crumlin, Ballyfermot and the Inner-City. Regionally, there are projects in more than nine counties. Projects target persons with disabilities, 15 to 29 years of age, who are not work-ready. The purpose of the programme is to develop life skills required to participate in education, training and employment. Staff from the Ability Programme work with employment services, local employers and education and training providers to support people, based on their interests and needs, to find routes into training, education and employment. A 2018-2021 evaluation of the Ability Programme, found that of 1,019 programme participants with data available on hard outcomes, 32% progressed into education or training, 42% gained a qualification, 25% obtained paid employment and 15% obtained a voluntary social role.[[144]](#footnote-144)

## 5.3. Evaluating CD initiatives in Ireland

### 5.3.1. An evaluation of the outcomes of SICAP

The need to value and evaluate “softer” outcomes of CD and social inclusion initiatives is illustrated in research conducted by the ESRI in 2019. The research explored the impact of pre-employment interventions provided by SICAP in Ireland to assist long-term unemployed individuals with low levels of educational attainment.[[145]](#footnote-145) The ESRI used both qualitative and quantitative approaches. They compared the beneficiaries of pre-employment supports provided by SICAP to a similar group not receiving employment-specific supports using the Integrated Reporting and Information System (IRIS). Through IRIS they were able to assess rates of progression of the two groups into employment. Secondly, they surveyed LDCs implementation of SICAP including case studies to analyse how programmes were implemented and the impact of participation on the development of soft skills such as self-confidence as well as progression to job readiness. The qualitative research was crucial as it identified what lay behind the quantitative results. It illustrates the kind of measures needed to understand what is happening. The two types of evaluation yielded insights into the challenges for, and good practice in, the provision of pre-employment supports. The qualitative analysis showed what drove the results of the empirical analysis. The beneficiaries of SICAP pre-employment supports were 18 percentage points more likely to progress into employment after three to six months relative to the control group. This was driven by one-to-one interventions including encouragement and mentoring, job search assistance, CV preparation, finding help in literacy and mental health, and assistance in making phone calls, filling out job applications and helping participants to overcome other barriers to employment or self-employment. The SICAP beneficiaries were positive about the personal assistance received. They valued one-to-one support, mentioning the personal qualities of staff, especially their warmth and empathy. All emphasised the impact of the personal support they received on their personal development, especially on their self-confidence. Most have remained in contact with the LDC for ongoing advice and support.

### 5.3.2. The impact of commissioning on SICAP

In Ireland, the Department of Rural and Community Development oversees a Social Inclusion and Community Activation Programme (SICAP) with Pobal managing the programme.[[146]](#footnote-146)

Local Community Development Committees (LCDCs) are SICAP contract holders and award the funding and the Local Development Companies (LDCs) often deliver the SICAP programme locally (when they are awarded the contract).

The first SICAP ran from 2015-2017 and was the first State-funded local development social inclusion programme in Ireland to be subject to competitive tendering. Legal advice was that social inclusion could have remained exempt from the competitive tendering process.[[147]](#footnote-147) However, as SICAP elements are funded by the EU, the Department of Environment, Community and Local Government considered that it ‘needed to be taken as a whole’, making it subject to procurement processes. Decoupling to allow the community work element to remain outside of the tendering process was not considered a viable option in the context of austerity and widespread cuts to all sectors.[[148]](#footnote-148)

Thus, LDCs compete with private sector interests and with each other. In cases where LDCs have not been successful in winning SICAP tenders, this has resulted in job losses within those LDCs. The tendering process, a time-consuming exercise, stretches under-resourced staff of LDCs. A competitive tendering process might appear to guarantee better value for money, but competitors from outside the local area might deliver the programme at a more competitive price although they lack local knowledge and social networks upon which CD relies for a successful outcome.[[149]](#footnote-149) SICAP II (2018 -2022) has sought to rectify some of the issues identified by the experience of SICAP I (2015-2017), one of which is addressed in the next section.

### 5.3.3. A new CD evaluation tool being piloted in Ireland

Interviewees who worked in LDCs and administered national programmes such as SICAP, spoke of the time spent on evaluating CD initiatives. They felt that the quantitative tools used did not adequately reflect what was being achieved and spoke of the need to find and use appropriate evaluation tools. To address this, in 2019, some LDCs, part of the Irish Local Development Network (ILDN),[[150]](#footnote-150) partnered with Research Matters, to design and pilot a tool that might better capture the benefits flowing from SICAP and other CD initiatives than current evaluation tools. This new tool, called ‘My Journey: Distance Travelled Tool’ (DTT), was launched in January 2020. However, its full implementation and embedding it within the SICAP programme was negatively affected by remote working during COVID.

While there is interest, internationally and among agencies in Ireland, to utilise the DTT tool, a collaboration between the Department of Rural and Community Development (DRCD), the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and Pobal will first pilot and evaluate its use in 2022. The plan is to do this with a clearly defined target group of over 500 disadvantaged young people in a national employability initiative. The targeted initiative will be implemented by local community and youth organisations, many of which have relationships/collaboration with SICAP and LDCs.[[151]](#footnote-151)

The pilot will develop guidance for applying DTT in a standardised manner, conducive to data aggregation and dashboard reporting. At the end of the pilot, DCEDIY will provide a report on DTT usage in the programme, which will be available to SICAP stakeholders.

# Chapter 6: Policies and community structures in Ireland

## 6.1. The role of public policies and strategies

In this section the role of policies, programmes and strategies and the issues that can arise with them is briefly addressed. Public policies play a role in inclusion and full societal participation and this has been emphasised, for example, by the National Council on Disability (NCD) in the USA.[[152]](#footnote-152) It emphasises how public policies on housing, transportation, accessible environments and sustainability and on work, education and health contribute much to making communities liveable for all, which facilitates inclusion and participation. The NCD publish reports on how states might design policies that allow persons with disabilities access the same opportunities and choices in their communities as others. Reports highlight good practice on accessible environments, including work, education, and health care and social and recreational activities[[153]](#footnote-153) and on housing. [[154]](#footnote-154)

However, policy processes are complex, involving many actors and are affected by a range of factors including history, culture, politics, clashing ideologies and by conflicts in civil society.[[155]](#footnote-155) There are often good policies but on analysis, policy implementation gaps are frequent. Inadequate collaboration; overly optimistic expectations from the proposed policy; the unpredictability of the political cycle; implementing policy where local government has independent political authority can contribute to policy failure in terms of implementation.[[156]](#footnote-156) In addition, policies can be vague, with no implementation plans, timelines, medium and longer terms goals. Policy frameworks can be strengthened, by participative processes as in co-production and universal design and by basing them firmly in the evidence.

Affordable, accessible, and appropriate housing is a critical and integral part of making any community liveable for persons with disabilities. Accessible transport opens up access to jobs, schools, healthcare, leisure and active citizenship while mobility constraints impede disability-inclusive development. Mandating UD application could increase the usage of transport systems and the availability of homes for persons with disabilities.

## 6.2. Policies related to disability and CD in Ireland

In terms of directly addressing the full inclusion of persons with disabilities in Ireland, the National Disability Inclusion Strategy (NDIS) is a whole-of government approach that provides a framework for activity across government departments and agencies to support progress in delivering on the CRPD.[[157]](#footnote-157) This is the key framework for policy and action to address the needs of disabled people. The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) has coordinated the NDIS through engagement with departments and agencies and supported by the NDA monitors and evaluates progress over its lifetime. The NDIS supports community inclusion and participation building on existing policy and legislation through, for example, actions on housing, transport, accessible leisure and sports facilities and improving the mainstreaming public of services.

The NDIS is an important policy instrument in the Irish landscape, both because of its whole-of-government premise, and its capacity to support progressive realisation of the aims of CRPD. Since 2017, there has been progress but there is scope for significant developments. There is an on-going challenge of ensuring effective cross-departmental working, particularly with regard to the funding and implementation of actions where more than one party shares responsibility for delivery. The NDA produces annual assessment reports of the NDIS.[[158]](#footnote-158)

Another important strategy in Ireland is the Comprehensive Employment Strategy (CES) for People with Disabilities, which aims to increase employment and education opportunities. Currently, there is considerable work around transitions to improve pathways into work for persons with disabilities.

Sharing the Vision’ is Ireland’s mental health strategy. It focuses on developing a broad based, whole system mental health policy for the whole of the population. A large-scale consultation process informed the recommendations in this policy, and directly engaged a wide range of stakeholders, including people with personal experience, family members, community and voluntary sector groups and staff. It has a greater focus on community care than previously.

The Department of Health published a Disability Capacity Review to 2032 in 2021 in regard to specialist disability services.[[159]](#footnote-159) It noted that 3% of the specialist disability services budget in 2018 was spent on community services and supports that help people to live as independently as possible and to participate in the community. The Review notes that where these services are available, people with disabilities can be enabled to access mainstream activities and services, slowing down or reducing the uptake of more traditional, and typically resource-intensive, disability services. It recommends that there should be increased funding to these services in the year ahead. The Review notes:

…it is expected that expenditure would need to change broadly pro-rata to the expected growth in the expected size of the population with physical or sensory disabilities. That would suggest that expenditure under this heading [ ] would need to be about €3m higher in 2022, €6m higher in 2027, and €9m higher in 2032, compared to its level in 2018.

In Ireland, local authorities have statutory responsibility for the provision of housing for persons with disabilities and related services. The Housing Agency, a government Agency set up in 2010, supports the housing functions in Local Authorities. This support includes overseeing housing provision for persons with disabilities and participating in the implementation of the National Housing Strategy for Disabled People 2022-2027 (NHSDP)[[160]](#footnote-160). The NHSDP is a framework for delivering housing to people with disabilities through mainstream housing sources. It emphasises the need for universally designed homes.

Time to Move on from Congregated Settings, A Strategy for Community Inclusion[[161]](#footnote-161) is part of the HSE’s Transforming Lives project. This strategy which proposes a new model of support in the community by moving people from institutional settings to the community is gradually being implemented. The plan is being rolled out at a regional and local level and involves full consultation with stakeholders. Recent research by the National Disability Authority found that quality of life outcomes were better for people after their move to the community from an institutional setting.[[162]](#footnote-162)

The national approach to CD in Ireland has been patchy with a lack of consistent support and funding. More detail on the trajectory of CD in Ireland is provided in Appendix 1. However, in recent years there has been some renewed focus, with several documents re-echoing the need to produce a coherent policy framework and develop a strategy to support the community and voluntary sector and encourage a cooperative approach between public bodies and the community and voluntary sector. These documents include the following:

* The government’s 2019-2024 five-year strategy, ‘Sustainable, Inclusive and Empowered Communities: a strategy to support the community and voluntary sectors in Ireland’.[[163]](#footnote-163)
* ‘Our Shared Future’, a 2020 Programme[[164]](#footnote-164) for the then newly elected government in 2020, has a commitment to introduce more community development type projects on a phased basis and to support them and to promote education and training in community development through Community Development Ireland.
* Chapter 7 of the Roadmap for Social Inclusion 2020-2025 Summary of Ambition, Goals and Commitments[[165]](#footnote-165) addresses how the government will support communities.

The growing importance of CD for government is reflected in the establishment of a Minister for Rural and Community Development.

## 6.3. Local government and CD structures in Ireland

Local and regional government in Ireland has undergone substantial changes in the last two decades.[[166]](#footnote-166) Since the 1990s, successive governments increased their involvement in the voluntary and community sector aligning it with local government. While the responsibilities of local government in the areas of health, education and infrastructure were greatly reduced, legislative reforms in 2014 allocated local authorities new roles in social and economic development.[[167]](#footnote-167)

The 2014 legislation gave effect to the ‘Putting People First: Action Programme for Effective Local Government’ (2012),[[168]](#footnote-168) which was to align the voluntary and community sector with local government and align national policy-making and local action.[[169]](#footnote-169) With the new local structures following the 2014 legislation, local government is now responsible for leading out on and coordinating community, economic and social development to represent citizens and local communities.[[170]](#footnote-170)

In addition, the public service reform plan, Our Public Service 2020[[171]](#footnote-171) proposes to develop a public service that is responsive to the challenges Ireland faces while delivering quality services to the public. Our Public Service 2020 is built on three pillars: delivering for our public, innovating for our future and developing our people and organisations. A principle for meeting this commitment is to place the public at the centre of public services. Headline action four of the report aims to ‘enhance engagement and accountability around the delivery of public services so that the public and businesses have greater input into the planning, design, implementation and review of public service’ (p.17). This action focuses on supporting public service organisations in continuing to improve engagement with the public and businesses through available structures, and in seeking new and emerging platforms.

There are guidelines which link to the Open Government National Action Plan 2016–2018,[[172]](#footnote-172) and set out principles that can inform government departments and other public bodies engaging with the public in developing policy, services and legislation.[[173]](#footnote-173) The NDA published a note for government officials and staff of public bodies on engaging and consulting with disabled people in the development and implementation of legislation and policy.[[174]](#footnote-174)

While ‘Putting People First’ recognises developments that have increased participation at the local level, it recognises the ‘democratic deficit’ that exists due to a ‘perceived absence of meaningful opportunities for civic participation in decision-making about local issues’.[[175]](#footnote-175) Surveys support this view with 26 per cent of those surveyed, agreeing that they can influence decisions affecting their local area.[[176]](#footnote-176) A survey carried out in 2018 found that 48 per cent of people in Ireland felt they have too little control over the public services they receive, while 45 per cent felt they had about the right level of control.[[177]](#footnote-177) The same report outlines that while Ireland scores well internationally on community participation, Ireland scores poorly on participation in democratic decision-making processes at local, regional and national levels. Local authorities in Ireland value the need for engaging with citizens and citizen engagement initiatives has increased in recent years, with local authorities engaging in new and innovative methods. There are best practice examples ranging from information provision to empowerment and innovation.[[178]](#footnote-178) Shannon and O Leary (2020) examined citizen engagement initiatives and international best practice and made recommendations to support considerations for establishing best practice guidelines or principles of engagement:[[179]](#footnote-179)

* Establish clear aims for the initiative and ensure they are articulated to citizens.
* Plan carefully and choose the appropriate level and method of engagement. Using the spectrum of engagement or existing resources/guidance can help with this.[[180]](#footnote-180)
* Use external resources and facilitators where appropriate and/or feasible, while building internal capacity, support, and appetite for engagement and innovation. There are examples and guides for engagement that can be tailored to suit any local context.[[181]](#footnote-181)
* Share learning and experience between local authorities and look to partner with others where possible to prevent consultation fatigue and make better use of available resources.
* Build in monitoring and evaluation of engagement initiatives. Demonstrating increased engagement, better outcomes/impact will improve future initiatives

In 2015, the government published a framework for local and community development, which lays out a ‘whole of government’ approach to this development.[[182]](#footnote-182) Local authorities under the new legislation are the coordinators of community and economic development while being cognisant of the bottom-up, community-led approaches used by local development organisations.

In 2015, Ireland’s Regional Authorities were streamlined into three Regional Assemblies, representing the Northern and Western, Eastern and Midlands and Southern Regions. The Regional Assemblies source European funding for Regional Programmes and are supposed to promote coordination of public services, monitor proposals which may impact their areas, and advise public bodies of the regional implications of their policies and plans. These regional assemblies or authorities have some powers in relation to spatial planning and economic development. [[183]](#footnote-183) While the remit of regional assemblies is limited, their enhanced functions regarding spatial and economic planning and oversight of local authorities, alongside the development of a national planning framework and Regional Spatial and Economic Strategies, provides an opportunity for greater coherence between national policy making and local action.[[184]](#footnote-184) Some of the new structures following implementation of the 2014 legislation are detailed below and highlight the new responsibilities given to local government in economic, community and social development.

In terms of engaging local citizens and communities

Local authorities are best placed to decide how they engage with and involve their local communities in decision-making. It is paramount that any guidance or principles of engagement be co-produced with them and allow room for local discretion in how they are applied. The challenge for local authorities in 2020 and beyond is to deepen their engagement and ensure that residents have the opportunity to influence decision-making in a sustained and meaningful way. This is not to say that every initiative needs to fit into the categories of ‘involvement’ or ‘empowerment’. This is neither practical nor necessary. As our case studies have shown, local authorities can improve how they engage with citizens at every step – for example by improving how they communicate, or by ensuring that statutory consultations are not ‘tick-box’ exercises. These initiatives are just as important in building relationships and trust with citizens as the more resource-intensive ones at the other end of the spectrum.[[185]](#footnote-185)

#### Public Participation Networks (PPNs)

Public Participation Networks (PPNs) are independent organisations representing Social Inclusion, Community and Voluntary and Environmental groups. They exist in each of the 31 local authorities to provide for community engagement. The role of PPNs is to enable citizens and community groups to share information, network, communicate and involve themselves in decision making and community action at the local authority level. Through the PPNs, local groups nominate representatives from social and cultural groups, minority communities and environmental bodies to local authority boards and committees including the Local Community Development Committee (LCDC). The first full year of operation for most PPNs was 2016. The Annual Report of the Public Participation Networks shows the variety of work done by the PPNs and their growth.[[186]](#footnote-186)

In some parts of the country, PPNs have engaged in disability issues including disability awareness raising. The Kerry PPN, for example, has conducted a physical access audit in the four municipal districts of Kerry and undertaken disability awareness training.[[187]](#footnote-187) The workshops addressed a goal in the Kerry Local Economic & Community Plan 2016-2021 to create an environment where persons with disabilities could participate in their communities. The PPN ran workshops to gather information on access and turned this into proposed actions, negotiating the incorporation of these actions into work plans with the Strategic Policy Committee. The PPN annual reports are encouraging and show that PPNs can be active in matters of local and national policy.[[188]](#footnote-188) It would be important that DPOs and persons with disabilities actively participate in these networks and where necessary be supported to do so.

#### Local Community Development Committees (LCDCs)

Under the 2014 legislation, Local Community Development Committees (LCDCs) have been established. They are groups established in each local authority area and are made up of:[[189]](#footnote-189)

* Members of the local authority
* Local authority staff
* People from public bodies who provide funding to the area
* People from the local community interests
* People from the local community
* People from publicly funded/supported local development groups

The functions of LCDCs include coordinating, managing and overseeing implementation of local and community development programmes and of planning funding. They bring a joined-up approach to the implementation of programmes and interventions and pursue the integration of local community-based services across providers and delivery structures and drive meaningful citizen and community engagement in the scoping, planning and evaluation of local and community development programmes. The LCDCs are responsible for developing and implementing the community elements of a six-year local economic and community development plan.[[190]](#footnote-190)

#### Local Development Companies (LDCs)

In 2009, a cohesion process reduced 94 Area Based Partnership Companies to 52 Local Development Companies (LDCs). A Local and Community Development Programme (LCDP) was introduced that required the integration of 180 Community Development Projects (CDPs) with LDCs.[[191]](#footnote-191) CDPs apart from two exceptions was largely subsumed into LDCs. The two exceptions that were allowed to remain independent of the new arrangements were the CDPs that worked with Travellers and disadvantaged women.

The LDCs support more than 15,000 communities and community groups and 173,000 individuals annually through €330 million of State-funded programmes, allocated at national level. These include LEADER, the social inclusion and community activation programme (SICAP) the national walks and recreation programme, social enterprise supports, Tús, the Rural Social Scheme, RSS,[[192]](#footnote-192) the local employment service, LES, and the back-to-work enterprise allowance.

In 2014, LCDP (the Local and Community Development Programme) was replaced with the Social Inclusion and Community Activation Programme (SICAP)[[193]](#footnote-193), which is now Ireland’s primary social inclusion funding intervention. The European Union ESF Programme for Employability, Inclusion and Learning 2014-2020 and the Irish government fund the SICAP programme to tackle poverty, social exclusion and inequality through local engagement and partnerships between disadvantaged individuals, community organisations and public sector agencies.[[194]](#footnote-194) Like all such programmes, for SICAP to succeed in meeting goals, it is important that the programme can successfully target the individuals who are most in need of assistance.[[195]](#footnote-195) (See 5.3.1. and 5.3.2 for more on SICAP).

#  Chapter 7: Discussion

The societal participation and inclusion of disabled people is dependent upon creating liveable or fully accessible communities. Most approaches that support participation, inclusion and the ongoing development of liveable communities use CD values and principles such as participation, inclusion, empowerment, human rights, equality, social justice, self-determination, collective action, political awareness, sustainable change, etc.

The CRPD promotes the functional participation of DPOs and disabled people in activities that develop solutions to local and societal issues as well as promoting accessibility. Implementing the CRPD with its emphasis on active participation of disabled people through DPOs is helping to overcome the barriers identified as impeding inclusion and participation. DPOs in Ireland are expanding and increasing their capacities. The NDA is guiding on involvement of DPOs in the development of policy and practice relevant to disability, and this could include local and community development structures and the co-production of policies on rendering local areas more liveable. The NDA is revising existing ‘Ask Me’ Guidelines for Effective Consultation with People with Disabilities on the practicalities around engagement.

Co-production improves inclusion and participation for disabled people, renders services more effective and leads to new approaches in the delivery of services, supports, programs and products that better meet the needs of all. In co-production processes, persons using services, programs or products are the 'experts of their experience', and contribute invaluable experiential knowledge, view-points and idea generation to the co-production process. Co-production allows problems to be explored and possible solutions tried before decisions are implemented and evaluated. The aim is that everyone involved would use their expertise in ways that are empowering and respectful for all. There is a need to facilitate co-production for those who have specific requirements. Some persons may need to develop skills to engage in participative processes, to engage in conversation or to access alternative/augmented forms of communication.

The use of UD and co-production are approaches that can be used more widely. Implementing the CD values, principles and approaches are key to success in these approaches. Barriers to participation can be avoided when UD principles are applied to mainstream policies and solutions from the early stages of planning. The NDA are developing a Toolkit to go with the Design for All process standard. The toolkit will support organisation on how to practice UD as a collaborative and inclusive process. Community inclusion can be strengthened through universally designed environments, digital and assistive technologies including computers, mobile phones and apps, wheelchairs, aids and appliances and a range of communication devices.[[196]](#footnote-196) The Department of Children, Equality, Disability, Integration and Youth chairs a working group of stakeholders who are discussing digital inclusion and plan to develop a set of actions that will be implemented under the National Disability Inclusion Strategy (or its successor). The HSE also has a Digital and Assistive Technology working group that are examining ways of increasing effective use of technology in disability services.

There is a need to consider all the factors involved in building and sustaining liveable communities for disabled people and others who need support to fully participate on an equal basis with others. The NDIS in Australia underlines the need to develop liveable communities to support NDIS individualised funding for community living. Individualised funding alone is insufficient. There is concern on the part of the government watchdog in Australia that lack of attention to building liveable communities alongside individualised funding may lead to a failure of the NDIS. In addition, the Independent Advisory Council has advised paying attention to LAC, as originally implemented, as a possible way of developing communities that can support the NDIS. Some disability services in Ireland now have community workers. However, these are usually part time posts and considered by some services as an extra and outside the main caring work of disability services. Some respondents in the interviews considered that such community workers could be increased, valued more and funded better.

Governments have an important role to play in developing national and local policies that address accessibility, housing, transport, technology and UD. If and when these policies are implemented, they can make a significant contribution to creating more liveable communities.

With regards CD, while many governments internationally acknowledge its potential, they often only partially support it. The potential of CD is thus circumscribed by the nature of government sponsorship of it, which in turn depends on whether governments understand its benefits, and are willing to consistently and continuously progress measures that encourage citizens to engage in and work closely with local and central government to address local issues. Thus, the potential for CD to contribute to the requisite social change is partially dependent upon governments’ understanding of its potential and whether they promote and support it.

While intermittent or once off funding for pilots or short-term initiatives will enable some worthwhile projects to be implemented, they will not embed long term CD approaches that reach vulnerable and excluded minorities in an ongoing way. How to promote CD in ongoing and stable ways for the longer term needs to be explored. Governments play a crucial role in promoting and using CD values, principles and practices in national and local collective action including co-production and UD approaches. The strategic use of local and community development structures and networks can be further mined.

It is unreasonable to expect that communities will suddenly do more for themselves with less resources and it is such “failed CD approaches” that can give what are called CD initiatives, a bad name.

The potential for CD to promote social change is dependent on effective CD practices as outlined in this report. These include finding appropriate measures to assess and capture its positive outcomes.

Training and support is needed at national and local levels to develop a strategic approach to CD. Governments and organisations who are implementing CD approaches need support to use the appropriate evaluation and disseminate their findings in order to share and grow the approaches.

From the literature on CD initiatives, it is clear that LAC is an initiative that, when implemented as originally designed, is successful in improving wellbeing and the participation and inclusion of persons with disabilities in their communities. Other community centred and asset based CD approaches such as social prescribing, community connectors, community navigators, community case co-ordinators, peer support, time banks, are promising but have not yet been shown to have the same effect as LAC. This is to be expected as most of these approaches encourage individual people to get out more in their community but are not consciously implementing CD values and principles to build capacity in communities as well as in individuals. Some of them do not work long term with individuals and groups as LAC does. Thus, they cannot expect to build social capital and community in the same way as LAC coordinators do. Encouraging people to join in local activities and linking them into activities is distinct from working with individuals, carers and families and communities institutions in the longer term to attain societal participation and build community capacity and liveable communities as is done in LAC.

Repeated evaluations have shown that LAC is effective when it implements all of the features as originally done in Australia. As a CD initiative that has proven successful in terms of community living for PWD and other vulnerable people, it shows that, when CD values and principles are implemented fully, they work. It must be noted that when it was first introduced in Western Australia there were no other disability services. Later it was rolled out across Australia with good effect. In other countries where it was introduced into already co-existing disability services, there have been difficulties in understanding the role of LAC.

In the NDA’s roundtable discussions to inform this report, the pros and cons of introducing a successful CD approach like LAC into Ireland or whether other structures and initiatives more relevant to the Irish context was discussed. It was not clear from the discussions whether LAC is the best approach to attain participation and inclusion at this time. There was concern that something like LAC could be subsumed into disability services and be administered in a way that would re-create dependencies rather than independence. There was concern over how suitably trained LAC coordinators could be assured given the dearth of workers with experience and training in CD in Ireland at the present time. There was discussion around whether DPOs could administer LAC rather than disability services or have LAC administered by LDCs alongside SICAP and other local and community inclusion initiatives. Thus, it would seem to be wise not to superimpose LAC on disability services but introduced independently as a CD initiative, perhaps for anyone that is in need of support as has been done in England.

In Ireland, the successful integration of bottom-up and top-town collaboration to address community needs in Ireland during COVID-19 could be implemented long term. Greater strategic use of the new local and community development structures that followed the 2014 local government legislation can help develop more inclusive communities in Ireland. Successful local initiatives to further improve local employment, education training and social participation could be scaled up. The establishment of dynamic community and volunteering programmes during COVID-19 illustrated that when there is solidarity, determination, cooperation and collaboration, it is possible to move quickly towards a more inclusive society. The challenge is how to strengthen and embed such community development approaches for the longer term including building up and sustaining diverse networks. “It would be useful to convene a group of representative statutory, and community and voluntary groups, to discuss ways in which these issues can be responded to in future. A sub-group of the Cross-Sectoral Group which oversees the implementation of Sustainable, Inclusive and Empowered Communities could add value in this regard”[[197]](#footnote-197).

Another issue to consider is how service needs which came to the fore during Community Call were responded to: wellbeing/mental health issues, the digital divide; food poverty and the continuation and development of referral pathways for those with complex needs. Effectively responding to broader issues such as food poverty, digital exclusion and mental health/wellbeing suggests that a cross-government approach might be appropriate.

Follow up on this research could include further consideration of how successful and innovative approaches to accelerate community participation can be introduced and scaled up including a wider use of co-production, UD, technology, local and national policies, education and training in CD values, principles and practices.

In this regard, it is of note that in 2022, an approach similar to the Community Call blueprint has been implemented to address the needs of Ukrainian refugees coming to Ireland. When war began in Ukraine, it was felt that the refugee crisis was on a scale similar to Covid-19, and that local authorities could use the Community Call blueprint to provide refugees with health, education, and accommodation supports. There were calls to re-purpose Community Response forums to coordinate the integration of Ukrainian refugees into communities. In the Oireachtas Debates in May 2022, Joe O Brien from the Department of Social Protection, outlined how local authority-convened community response fora had been set up in every local authority area to co-ordinate the local State and community sector response to the Ukrainians refuge. He stated that the local response to Ukrainians was strongest in areas where inter-agency relations had been established and developed, community and statutory bodies were working hand-in-hand, new working relationships were formed and old ones strengthened and where Ukrainians were represented in the fora. He spoke of the network of funded volunteer centres – one in every local authority area - the SICAP community workers who are assisting in the coordinated response and the work at national level by various departments to assign sufficient supports to this programme.[[198]](#footnote-198) This structure is similar to the Community Call blueprint.

# Appendix 1: Brief overview of the trajectory of CD in Ireland

CD pre-1960 in Ireland can be traced back to the rise of the cooperative development movement in the 19th Century. These cooperatives were about strengthening community solidarity, generating local enterprise or developing local services. Muintir na Tire, for example, was established early in the 1930s and advocated the principle of self-reliance and local initiative. It drew its leadership from the clergy, teaching and medical professions.[[199]](#footnote-199)

From the 1960s to the 1990s the CD sector grew and developed a community work sector. Four distinct CD strands emerged in this period:[[200]](#footnote-200)

* CD cooperatives were an alternative to state models of development. Through the CD cooperatives, local communities, particularly in the west coast Irish-speaking areas, sought to benefit from local natural resources. They had an economic focus and some state support. They declined in the 1980s.
* Commercially-based social services, operated by local organisations, and substituting for state welfare provision, grew in the 1960s and 1970s. By 1978 there were 300 such organisations. Health Boards were established in 1970 to deliver community care services and challenged the role and contribution of other organisations.
* The Community Workers Cooperative, formed in the early 1980s became increasingly influential
* In the 1980s in response to long term and rising unemployment, there was a growth in community projects active in job creation, training and welfare rights, drawing financial supports from the government department responsible for labour affairs.
* Poverty led to the establishment in 1973 of the National Committee on Pilot Schemes to combat poverty and the first EU Poverty Programme led to the development of community anti-poverty projects.

Another development from the 1970s onwards was the formation of self-help and direct action organisations such as the women’s movement.

The 1990s saw a number of developments with a radical shift in the range and extent of the engagement of the state with CD and the community sector. There was a significant increase in funding and supports alongside increased expectations for the sector. National government increasingly recognised, developed and supported CD as a way of addressing poverty and social exclusion. The national Community Development Programme established by government in 1990 funded area-based partnerships to address long term unemployment, social exclusion and economic marginalisation. Groups funded by the programme grew from 15 in 1990 to over 90 in 1999.[[201]](#footnote-201)

In addition, CD was recognised as the way to include those experiencing social and economic exclusion. Social partnership, a key feature of government since 1987 was extended to the disadvantaged sector through the Community Pillar. The National Anti-Poverty Strategy introduced in 1997 obliged local authorities to address the reduction of poverty.[[202]](#footnote-202) The Combat Poverty Agency established in 1986 had a statutory obligation to support and promote CD as a means of overcoming poverty.[[203]](#footnote-203) Local partnerships consisting of CD and other programmes became an intensive area of activity. These partnerships increasingly operated under EU and government auspices such as LEADER groups, local development partnership companies and community development groups.

The role of CD in Ireland was first formally addressed by the state in the Government’s White Paper of 2000, which acknowledged the role that the community and voluntary sector played in society. It identified the need for voluntary activity units to be set up in government departments and recommended a national CD programme with stable annual funding and the establishment of specific funding supports to provide CD research and training. However, from 2002, the landscape began to change. While funding was introduced in 2002, it was 50% less than had been foreseen. The planned policy unit was cancelled and no voluntary activity groups were set up in departments. In 2003, CD funding was cut by 17%. In 2007 a decision to close the Combat Poverty Agency was made. The recession in 2008 and the economic depression in 2009 further compounded policy decisions and resource cuts. Forty one state bodies – mostly social policy agencies - were closed in 2008. In 2009 most CD Programmes were transferred to local authorities or closed and commercial for profit CD began. Thus, the trajectory of CD in Ireland went from invention in the 19th Century, to reinvention in the 1960s, to becoming the flagship of Europe by 2002, to a rapid decline from 2002.[[204]](#footnote-204)

To understand why the Irish position on citizen engagement and local action is distinct from the position of most countries in ‘mainland’ Europe, it may be helpful to consider that the European Social Model emerged from countries that experienced WW2. A defining feature of the European Social Model of development is that advocacy NGOs are considered necessary for a healthy with an efficient and socially cohesive system of public administration that contributes to social well-being. However, the fact that NGOs bring participation, cohesion, improved and better policies; expertise; long-term perspective beyond electoral cycles; watchdog role; contribution of minorities, etc., is not something that has been part of the psyche of the Irish civil or public service or political system or thinking.[[205]](#footnote-205) Thus one reason offered to explain why Ireland follows a distinct trajectory from the rest of Europe in terms of CD and the promotion and support of citizen participation in development include that it did not experience WW2 as the rest of Europe did. Another reason offered is that the Irish model of economic development often lies much closer to the liberal UK model than other European countries and is less exposed to multi-level governance.

Gaynor (2011), writing after the economic downturn in 2008/2009, considered that the Irish state had seen CD as an apolitical space devoted to nurturing local self-help and self-reliance for some time. Such a position is laid out in the 2000 White Paper on the community and voluntary sector and repeated in a broader concept paper in 2007. Since 2000, there was an articulation of the concepts of citizenship, CD and social capital that are embodied in active citizenship equating them and active citizenship almost exclusively with volunteering. Gaynor considered that the promotion of active citizenship as volunteering was substituting self-help for redistribution and self-reliance for accountability and that it depoliticises CD principles and practices without promoting or supporting community actors to have a voice in their own development.

Gaynor points out that as well as the support that Putnam's concept of social capital garnered there are also harsh critiques. She refers to Bourdieu's seminal and earlier work on social capital, which theorizes social capital as an aspect of the differentiation of classes. The possession or otherwise of 'stocks' of social capital defines the social position of actors and their control over social resources. Social capital for one group of people may result in the exclusion of others and so social capital can reproduce social inequality. Gaynor concludes that at a time when the failings of the globalized 'growth and competitiveness at all costs' development model were clear, there is a need for CD, actors and activists to re-enter the space offered by active citizenship, re-inserting politics into the spirit and practice of CD and recovering their voices in articulating the contours and directions of their futures and that of their communities.[[206]](#footnote-206)

In Ireland, in the 2016 Department of Social Protection’s Report ‘Growing an Inclusive Recovery’ from the Social Inclusion Forum wrote that “it is of paramount importance to reinvigorate the community sector, following depletion over many years. Community organisations have a proven record in moving people closer to statutory and local development services while engaging in collective action to bring about wider institutional change for those who are experiencing poverty and social exclusion. The shift of significant responsibility for community development and local development towards local authorities needs to be matched with adequate resourcing and capacity at local authority level to ensure delivery of their oversight role and the provision of meaningful support for the community sector to function effectively at local level.”

The 2019 ‘Sustainable, Inclusive and Empowered Communities: a five-year strategy to support the community and voluntary sector in Ireland 2019-2024’, commits to CD education and training and to funding CD initiatives. ‘Our Shared Future’, a 2020 Programme for government, contains a commitment to promote CD education and training through Community Work Ireland (CWI) [[207]](#footnote-207), and to provide support for CD projects on a phased basis.

The Department of Rural and Community Development provided one million euro funding in 2021 to trial some CD initiatives. The HSE Disability Capacity Review to 2032, published in 2021, noted that 3% of the disability budget in 2018 was spent on community services and supports to help disabled people participate in the community and live as independently as possible. The Review recommends that there should be increased funding to these services.[[208]](#footnote-208) Increasing citizen participation in community development can generate crucial information about citizen and local needs and secure commitment to local action.[[209]](#footnote-209) Policies and programmes targeted at communities and groups can be more effective in the longer term when communities have participated in their design, implementation and monitoring.

# Appendix 2: Public sector commissioning and theory of change model for building community

The term ‘commissioning’ is widespread in the UK public sector and the role of the commissioner has existed for years in most central government departments, particularly in the National Health Service (NHS).

The term ‘commissioning’ has evolved to describe the process in which services are provided by the public sector and, the commissioning of services are procured from, and provided by, the private sector, the third sector or a another part of the public sector itself. So, the term ‘commissioning’ in the UK often now describes a process for initiating strategic analysis of market needs for public sector human-based services such as social care and back-to-work programmes, followed by service design and procurement processes.

Professional procurement is an important element of the commissioning cycle. Ideally, procurement professionals work as part of, and inseparable from, a team-based approach, rather than being the lead in this area. It is essential that procurement professionals are involved in all stages of the commissioning cycle, including the early stages involving the ‘make/do or buy’ decision.”[[210]](#footnote-210)

**Theory of Change Model for public commissioners**

The UK National Development Team for inclusion (NDTi) recommended eight actions for public sector commissioners to commission services for community inclusion.[[211]](#footnote-211) These eight actions implement a theory of change model[[212]](#footnote-212) to increase community capital and are as follows:

**1: Get to know the local area/community**

**Map the community** to acquire knowledge of the area and to learn how to identify barriers to inclusion and build links with community groups.

**Set up a community navigator scheme** to promote local inclusion. Commissioners can employ navigators/connectors/ facilitators to support individuals to access local opportunities and to inform them about service gaps and potential ways to improve supports.

**Consider how community networks, social capital and local skills** might support older persons and persons with disabilities to access natural support networks and community facilities.

**2: Joint commissioning**

**Work with entities and people outside the commissioning body** such as local councils, housing, voluntary organisations, youth and community workers, health visitors and police who all play a role in addressing health and social care needs. Sports and arts groups can work at increasing participation and improving inclusion. Accessible transport can make it easier for older persons and persons with disabilities to use community amenities as does helping services, businesses organisations, to improve accessibility. Commissioners can encourage Foundations/ or Philanthropy organisations to support inclusion.

**Get inclusion on the strategic agenda** by encouraging Local Strategic Partnership and Health and Wellbeing Boards or equivalent to put it on the agenda and by getting senior level commitment.

**Make the case for joint commissioning** by focusing on how community inclusion can achieve a variety of outcomes for different departments/organisations. For example, there is less crime and anti-social behaviour when communities are inclusive. Building social capital results in better health outcomes. Supporting people to get involved in local groups may be better for their health than the provision of services to help people stop smoking. Private facilities including pubs and clubs may be more sustainable if proprietors made them accessible for all. Putnam found that people halved their chance of dying over the next year by joining a group.[[213]](#footnote-213)

**3: Co-production[[214]](#footnote-214)**

**Ensure that community and voluntary sector organisations promote inclusion** by identifying ways of working that unwittingly exclude others due to, for example, where and when they meet. Check whether facilities are accessible and whether all are welcomed. Provide training or awareness-raising sessions for local groups or invite them to train and try to agree a set of inclusive principles with them.

**Find ways of involving people beyond top-down consultation.** Invest money in facilitation skills training for commissioning team.

**Ensure that decision-making reflects local peoples’ views and experiences. ‘**Working Together for Change’ methodology is a process that uses information from person-centred reviews and support planning to inform strategic planning and develop personalised models of care and support. It includes analysing information from individual plans to develop action plans in partnership with other partners.

**Commission ways for people to participate such as time-banks**. A time-bank brings people together to exchange time and skills. Members of a time-bank earn time credits for helping others through activities such as painting, shopping, cooking, cleaning, or teaching a skill. They spend credits by getting someone to do something for them. As well as drawing on local human assets and providing help, time banks build connections between people, going beyond traditional volunteering as everyone contributes.

**Support community events** by giving grants or support in staff time and resources to initiatives to build support for developing the community.

**4: Share control with people and communities**

**Share ownership with local people and communities and give them spending power** through participatory budgeting. Sharing the commissioning process involves allowing local people make decisions about where public money is spent and for what groups. Residents and groups discuss proposals, offer ideas, vote on them and monitor results.

**5: Focus on outcomes**

Person-centred approaches emerge when commissioning focuses on desired outcomes.

**Use contracts and service specifications to help providers to change**. Write expected outcomes into contracts. Make co-production and increasing community links a requirement in contracts and ensure that contracts specify resources for person-centred and support planning. Ask providers to explain how they have achieved outcomes.

**Ask local people and communities what the area needs** as this helps establish a shared vision for reshaping services.

**6: Develop the market**

As more people control their budgets, as well as a purchasing role, commissioners need to shape the market so that services meet local needs. Traditional tendering and contracting processes can exclude entities such as community groups from entering the market so commissioners need to develop flexible and creative approaches such as:

**Involving a range of people and community groups** in discussion about the way the system works, the markets, etc.

**Supporting micro-enterprise** such as small businesses and voluntary and community groups that provide services such as meals, befriending, transport and drop-in centres. If one can identify and support such micro enterprises, they can become sustainable and personalised options for people and help people to develop community links.

**Commission activities that support people to participate in their community** such as ‘Good Neighbour Schemes’, ‘Circles of Support’, ‘Home-sharing’ and supported living networks like ‘Keyring’. These can be effective ways of helping older persons and persons with disabilities to build connections.

**Ensure that support planning and brokerage help people to make community connections and access natural supports** as well as traditional health and social care services. Work with organisations and people to identify what works and what is missing in terms of brokerage.[[215]](#footnote-215)

**7: Develop workforce and leadership**

As more people take responsibility for their supports and services through individual budgets, professionals need to change their services and their ways of working. While technical skills are important, so are person-centred approaches that help people engage with their communities. Working across organisations and forging relationships with voluntary and community organisations becomes important. However, changing ways of working is a gradual process and commissioners can help service providers and community groups to train their staff/volunteers to make community connections. Leadership for change is important at all levels including from the top of commissioning bodies.

**Support service providers to ‘match’ staff with persons who use services** Commissioners need to help providers change their approach to their workforce. Commissioners need to identify how to encourage and require providers to adopt effective person-centred approaches. Matching staff who have similar interests to the people they support can mean that they are more enthusiastic about supporting them to access appropriate opportunities. Similar cultural and religious backgrounds may facilitate engagement and inclusion, and this can apply to paid staff and volunteers.

**Develop training and awareness raising** on how to create conditions for inclusion - commission or promote training to support providers or offer secondments or staff exchanges in order that staff develop person-centred planning approaches and community development skills.

**Get local councillors, including ward councillors involved,** as they provide community leadership and have good connections. They also set the budget and priorities so tapping into this knowledge and interest can be important in getting things off the ground locally.

**Identify and empower community leaders** so that their enthusiasm and that of local people drives the desired change. The involvement of local people is crucial to the success of local initiatives.

**8: Communication strategy** - communication should run through every part of a community inclusion approach from the outset:

A communication strategy should have a plan on who their main audiences are how to address and communicate the strategy to them. The plan should specify the main audiences and why commissioners need to address then; what the key messages are; how best to communicate them and when the organisation will make key announcements, etc.

Case studies and positive stories of how initiatives affected a person’s life can be an effective way to communicate what one is trying to achieve and get other parties interested. Photographs and storytelling can demonstrate the impact of inclusion on peoples’ lives and show contributions that persons with disabilities and older persons make.

# Appendix 3: Additional information on co-production, partnerships and networking

## Facilitators and barriers to co-production

Research by Bernard (2019) found that persons with disabilities considered that co-production worked well when the following features were present:[[216]](#footnote-216)

* Challenges were seen as positives
* People aimed high, created a vision and set tangible milestones
* The distinction between professionals and service users becomes blurred
* The process recognised persons with disabilities as assets and showed respect by allowing persons with disabilities to persist in making their voice heard and by building on people’s existing capabilities
* There was a system to offer unconditional support to persons with disabilities with upfront commitments
* There was time for persons with disabilities to build up their own vision, as well as time for them to contribute
* Peer support networks were at the heart of the process and user-led organisations learned from one another
* Public service agencies become facilitators, rather than delivering services to persons with a disability and sometimes DPOs ran services

Barriers to successful User-Driven Commissioning included the following:[[217]](#footnote-217)

* Persons with a disability invited to become involved on an ad-hoc basis, without knowing each other, and expected to adapt to inaccessible processes and management styles (resulting in rubber-stamping pre-made decisions.)
* DPOs losing funding and given less scope to share insights, feel connected, and influence change
* Persons with disabilities not getting the support they need to keep going with UDC or co-production, which is a long process
* Statutory service providers rigidly focused on internal systems and, so, in extreme cases, view ‘engagement’ as something that can be gifted to persons with disabilities and commissioned out to consultants
* Little time given for persons with disabilities to form as a group, and learn to trust each other, before jumping into action
* Definitions of disability can be a barrier, since medical terms about specific impairments can weaken the impact of collective action
* User-led initiatives becoming professionalised, and the ‘disability’ focus can become lost in a more generic Equalities framework

An RSA case study showed the importance of co-production to the success of a venture. In a village in Durham, local participants ruled out the modern community centre, a multi-purpose building in the centre of the village. It was deemed unsuitable given its associations with formal, impersonal services and its proximity to a primary school, which prospective participants felt might give rise to stigma for those seen attending a ‘single parent service’. Instead, they favoured a modest, smaller and older council-owned community hall on the outskirts of the village, free of cliques, associations and negative perceptions and without a receptionist and check in system. “That the most obvious venue was not judged to be the most suitable for the project represents the kind of insight associated with the deliberative method of designing interventions in genuine partnership with participants and expected beneficiaries… If in this case the project had been based at the prospective venue with the highest ‘centrality’ – the large multi-use community centre that a significant number of local residents cited in their social networks – it would have been unlikely to have led to the positive impact that was achieved.”[[218]](#footnote-218)

Below are two examples of efforts to mobilise communities to address acute needs during the COVID-19 pandemic. Since these two studies by Cheng et al (2020) on co-production and by Grizzle et al (2020) on partnership and network formation, there have many other studies on trans‐organizational cooperation that show the potential in involving stakeholders and citizens in government during the pandemic– research studies on co-production, partnership, collaboration and participation and approaches such as electronic media to motivate and mobilize citizens around ideas and create the focus needed for policy entrepreneurs to intervene. Research has considered approaches to service delivery and the role of structural and institutional characteristics on governance outcomes. Research shows that the way that complexity is managed and the way that public services are organized and delivered influences performance outcomes.[[219]](#footnote-219)

## Attempting co-production in a province in China

This response to COVID‐19 in a densely populated area is an interesting example of community‐based solutions and co-production. It highlights that for a locality to develop a successful strategy, both government intervention and voluntary cooperation from citizens are required.

With regards the pandemic, from self‐quarantining to physical distancing, from wearing masks to using hand sanitizer, a government cannot control every action taken by its citizens. Thus, community spirit and awareness that each person can contribute to the good of all is very important.

While the Chinese central government and its relationship with local governments are very different from other parts of the world, decentralizing strategies to communities and neighbourhoods seem to have been crucial to China's battle with COVID-19. From this perspective, it is good to consider some of their strategies.

Research in the densely populated Chinese province of Zhejiang[[220]](#footnote-220)(more than 53 million inhabitants) showed that community‐based organizations worked with local governments to respond to the pandemic. Zhejiang’s community‐based organizations have historically been active in response to natural disasters. The involvement of community‐based organizations’ in Zhejiang's response to the pandemic was built on previous experience of working with local governments in response to natural disasters. Official statistics show that 34,000 community‐based organizations in Zhejiang responded to the COVID‐19 crisis, and 2.8 million volunteers joined community service activities.

The role of community‐based organizations included mobilizing volunteers to trace the source and spread of COVID‐19, collecting donations and supplies for epidemic control, providing social, community and welfare services, assisting businesses to resume production, offering psychological counselling and social work, and building collaboration platforms to promote sustainable economic development.

Learning for governments and public sector leaders on engaging citizens and community‐based organizations in responding to ongoing issues and crises is suggested by Cheng et al (2020) as follows:

* The public sector can invest in the long‐term organisational capacity of community‐based organizations and build trust so that communities can mobilise themselves to respond in effective ways to ongoing complex issues as well as acute crises.
* To incentivize volunteers to participate in community development, public sector leaders can promote innovative programs that encourage and facilitate volunteering and citizen participation such as volunteer banks. These programs can work at building long‐term volunteer pools.

Cheng (2020) considered how “coproduction” between governments and their citizens can happen on a large scale in response to crises: it is envisioning co-production when the scale of population moves to another order of magnitude. In Zhejiang, digital governance and implementation of health codes provided an information platform to help address the scale problem for “co-production”.[[221]](#footnote-221) However, research is needed to identify if the digital divide and privacy concerns complicate the social equity implications of co-production in this way, especially in localities where citizens are less equipped with digital devices and capacities. The experiences in Zhejiang point to the importance of conceptualizing co-production as a dynamic, multistage concept and that community‐based organizations are likely to play different roles at various stages of public service provision. Of course, one can question whether mandated co-production is ethical. Apart from ethical issues, what is the long term efficacy of state-led rather than community led co-production in terms of community development in the longer term? Local experimentations stimulated by the COVID‐19 crisis have provided a context to study how different approaches have worked or have not worked in different countries and cultural contexts.

## Networking to address in a city in the USA

Grizzle et al (2020) [[222]](#footnote-222) describe how administrative and organizational networks evolved and expanded in Norman in the USA to help citizens weather the COVID‐19 crisis. Grizzle has been the emergency management coordinator for the city of Norman (population 123,000) in Oklahoma for 17 years. The city residents has an 18.5% poverty rate. Based on their experiences, they discuss strategies for sustaining diverse networks for the longer term. For this reason this example was chosen. The pandemic affected every aspect of city living, presenting complex risks in a rapidly changing environment. The city coordinated a complex community response with statutory, private and community sector entities and volunteers working together to propose solutions to local issues and to address local need. Participants with varied backgrounds and expertise were recruited into a diverse response network to provide for the needs of the community. The network included government entities, the private sector, not-for-profit social service providers and a wide range of volunteer groups. To maintain this network, regular online meetings were held with a wide range of members of the network. This resisted forces that tend to pull participants back to silos and home organizations especially when the organizations involved are under pressure themselves. Thus, maintaining a steady network presence by ongoing engagement is needed to combat participants retreating to their own concerns. From their ongoing experiences during the pandemic, Grizzle et al (2020) suggest two strategies to build and then sustain diverse community networks in the longer term, which will be of interest to governments, managers in local authorities, public services, the community and voluntary sector:

* A conscious continuous process of recruitment to a community network that is responsive to changing conditions and the needs of the community and where there is a deliberate effort to diversify. If this effort is missing, organisations fall back into working in silos that prevented diverse networks in the first place. This is a balancing of the advantages of centralization with the advantages of flexibility in the network.
* Effective management of the network and its diversity contributes to the development of a shared operating vision and improved capacities to learn as the crisis evolves.
* Constant support and engagement prevent networks falling apart and support continued participation. Emphasise the important role members play in it, the importance of the network and the good served by participation in it.

# Appendix 4: Additional information on community initiatives including Social Prescribing and related approaches

## The Community Sponsorship Programme Model

A stakeholder interviewed suggested examining Community Sponsorship programmes for refugees as a potential model for some disabled people, for example, to accelerate community living for those who wish to move from residential care to the community. Sponsorship programmes involve a community coming together to welcome a refugee to live with them in their community and to provide them with emotional and financial support. The Canadian Community Sponsorship of Refugees is considered by some as a global standard for the community sponsorship of refugees.[[223]](#footnote-223) Research shows that refugees resettled more quickly and effectively through the Community Sponsorship Model in Canada than those under the government scheme. They learned the language faster and found jobs faster and in greater numbers. They formed stronger bonds in the community. Community sponsorship groups are around 10 people with broader community involvement of about 30 people providing additional support. The Communities Integration Fund, provides grant funding for local community groups in Ireland that wish to support the integration of migrants and some projects are underway. No examples of this approach being used for disabled people were identified but the potential for application to other groups including disabled people could be explored.

## More details on Social Prescribing in the UK

**Bromley by Bow Centre London:** The Bromley by Bow Centre in London is one of the oldest social prescribing projects in the UK. It is a founding member of the National Social Prescribing Network and supplies Social Prescribing Regional Facilitators in London for NHS England. [[224]](#footnote-224) GPs, nurses and other healthcare professionals refer people to the centre, or a person can ask a GP to refer them or they can directly contact the service by phone or email. Staff at the Centre work with people over several sessions, helping them engage in local services and supports such as housing, employment, training, volunteering, physical activity, legal advice, creative activities such as arts and gardening or befriending and counselling groups.

The Greater London Authority commissioned a study of the Bromley by Bow Centre with the intention of supporting the development, growth, and commissioning, of social prescribing in London.[[225]](#footnote-225) The evaluation found that link workers and those involved with the development of social prescribing schemes act as ‘boundary crossers’ across community, local authority and health settings. Thus, social prescribing schemes can become a bridge between community, local authority and health spaces.

Facilitators for social prescribing projects included: champions among various groups of stakeholders; good relationships and communication between stakeholders; shared understanding, perspectives and attitudes; a realistic lead in time to set up a service; flexibility during the development, implementation and delivery of a service, a wide range of good quality third sector based service providers. Barriers included lack of partnership and service level agreements; lack of strategic project management; a go live date approach to implementation; volunteers as navigators.

**Rotherham Scheme** A study of a scheme in Rotherham in England showed that for more than 8 in 10 persons referred to the scheme and followed up at three/four months, there were reductions in NHS outpatient appointments, inpatient admissions and accident and emergency attendance. Analysis of wellbeing outcome data showed that, after 3-4 months, 83 per cent of patients had experienced positive change in at least one outcome area. These findings were reinforced by case study interviews with individuals using the Social Prescribing services. They experienced improved mental and physical health, felt less lonely and socially isolated and had become more independent, and were accessing a wider range of welfare benefit entitlements. The scheme helped patients’ access support from more than 20 voluntary and community organisations. Determining cost, resource implications and cost effectiveness of social prescribing is difficult, but exploratory economic analysis of the Rotherham scheme suggested that the scheme could pay for itself over 18–24 months in terms of reduced NHS use. The pilot was extended given that it demonstrated the potential for community-based provision to contribute positively and cost-effectively to local strategic health and well-being priorities. [[226]](#footnote-226)

**Bristol England** A study of a social prescribing project in Bristol, England, found improvements in anxiety levels and self-reported health and quality of life. The study showed reductions in general practice attendance rates for most people who received social prescriptions. The Bristol study found that positive health and wellbeing outcomes came at a higher cost than routine GP care over the period of a year, but other research has highlighted the importance of evaluating cost effectiveness over a longer time-period.[[227]](#footnote-227) However, this study did not compare outcomes from routine care with the outcomes from the social prescribing project.

**Digital social prescribing tools** Examples of tools that have been developed in the last decade include the following. Two community development workers worked on creating a digital tool from 2013 to 2015 and in 2016 they became an award winning commercial company, Elemental Software. Its purpose is to establish, scale, and measure the impact of social prescribing, connecting people, building communities, and improving lives. Elemental’s platform integrates with the main clinical systems, facilitating its use among health and social care workers[[228]](#footnote-228)**.** A ‘Social Mirror’ initiative aims to address poor health, mental wellbeing and isolation by help people get more out of their community. A digital app on tablet computers in doctors’ surgeries targets over 65s and 18 to 25 year olds who are socially isolated. They are offered a Social Mirror Community ‘prescription’ of group membership, linking people to activities and groups in their area that could be beneficial for their wellbeing and health. This project started as a pilot from 2012 to 2014 in Knowle West, Bristol. The project emerged from research findings that highlighted that a number of local people seemed to be relying primarily on doctors and other medical and community professionals rather than on community networks of friends, family or neighbours for advice and emotional support.[[229]](#footnote-229)

## Community Links Worker Programme Scotland

Following the Christie Commission’s 2011 report for the Scottish Government and Scottish public service reform, the Scottish Government promoted the concept of community link workers or practitioners (CLWs or CLPs) to work in community health settings including GP surgeries in deprived communities. The CLWs were to assist GP and other multidisciplinary health teams to support people with long-term conditions to develop skills such as personal autonomy, relatedness/social capital and health competence, i.e., wellbeing and to participate more in managing their long-term conditions, i.e., patient self-management.[[230]](#footnote-230) CLWs were to help people use local resources and participate more in their community; link people with existing community and public services; develop community activities to improve local health and wellbeing; work in partnership and link with existing community organisations and networks; and work in partnership and linking with health and public services and the wider third sector. In the long term such programmes would support new models of community connected integrated health care teams in places where their interventions could decrease the negative impacts of the social determinants of health in areas of socioeconomic deprivation.[[231]](#footnote-231) A 2020 review of early adapter sites identified practical challenges such as the lack of community and statutory services to link patients to. Successful delivery of CLW services was dependent on factors including social practitioners with mixed backgrounds and experience of working in different sectors.[[232]](#footnote-232) A 2016 review summarised learning from a link worker project in one area of Scotland.[[233]](#footnote-233) Learning included the need to explore and talk through a change approach to ‘risk taking’ by public services in their work with the third and community sector; and to match the needs of communities to suitable longer-term resourcing that will support the community links worker in building sustainable community activity and capacity. using every opportunity for learning and being flexible and creative about community involvement; partnership-working with services and wider third sector; developing community activities that respond to community views and motivations: being prepared to learn from ‘failure’ and keeping the community realistic about levels of support; building a picture of each community via relationship-building, developing the project profile and (continuous) listening and learning – don’t make assumptions. Linking community members into community networks through on-going asset mapping work and supporting peer promotion of activities.

A range of Community Link Worker Projects are operating in Scotland. A 2019 report on seven years of Inspiring Scotland’s Community link Up Project states that it is among the largest and longest-running individual and community wellbeing projects in Scotland. It fundraises from private individuals, trusts and foundations, and the Scottish Government and invests it in partnerships between the voluntary, public, private and academic sector and to increase long-term funding and develop skills within the voluntary sector. It supports charities working in deprived areas and working with people with drug addiction and other multiple issues. They estimate that 21,000 people have been involved between 2012 and 2018 - 66% of whom had never taken part in community activity before and 1,300 who are now helping run local activities. It is considered cost effective, generating three times as much in economic benefits as it costs to run and promises to be a sustainable path to long-term improvements in health and wellbeing. The focus is on building supportive relationships, confidence and self-esteem, supportive networks and community initiatives.[[234]](#footnote-234)

## First Contact Schemes in England

First Contact schemes are local collaborative community schemes directed at 'vulnerable' people. These schemes overlap and feed into one another. First Contact Schemes refer clients to other agencies such as social prescribing and other services. They include any scheme where local service providers’ work together to identify and help vulnerable people access the range of available services and supports. Core partners in first contact schemes include the Fire & Rescue Service, the Police, the NHS and Local Authorities. In addition, voluntary agencies such as Age UK, Royal British Legion, Royal Voluntary Service, and the British Red Cross may be involved. Organisations with the administrative and information technology capability and systems tend to lead the development of and administer First Contact Schemes This is often Local Authorities and Rural Community Councils or organisations like Age UK/Age Concern that have Customer Relationship Management systems. Funding comes from a number of sources including Local Authorities, partners in a scheme NHS Clinical Commissioning Groups (CCGs), and charitable organisations such as the Big Lottery In large schemes, partners can extend to local community transport schemes, housing associations, faith groups, trading standards, telecare schemes etc.[[235]](#footnote-235)

A 2014 report surveyed 35 First Contact schemes in England that met the criteria. Each scheme tended to have a different focus in terms of the target group. Some schemes catered for adult members of the community (18+) while others nominally offer the service to all adults but recognise ‘vulnerable’ adults as the main target group. Other schemes are specific about their target group with the main categories being ‘older people’, ‘persons with disabilities’, and ‘isolated people’. The schemes vary in size depending on the area covered, population, and needs of the community. Most schemes operate at county level while others operate in parts of a county.[[236]](#footnote-236). Some schemes are concentrated in specific areas where there is a perceived need for the service while other schemes concentrate on cities.

In Nottinghamshire, the County Council commissioned community organisations to manage the scheme in terms of training/ promotion/ reporting but retained the referral administration within its own customer relations department. Most schemes make referrals based on the needs of the individual but aim at identifying ‘lower level’, ‘early prevention’ services that could help a vulnerable person to remain independent at home. Where a need requires urgent action, schemes have procedures for referring people to social care and health authorities. Key referral areas include the following:

* **Wellbeing** covers services that help an individual to live a healthy lifestyle: day and community centres such as activity clubs and adult learning and library services. Diet and exercise advice figures prominently and healthy eating is supported through lunch clubs and meals-on-wheels services. Some schemes link to volunteering agencies to allow people the opportunity to give some time to working for voluntary organisations. Schemes are aware of the need for social activities and befriending services to help people get support from the local community, often in partnership with agencies such as Age UK/Age Concerns, etc. ‘The Silver Line’ scheme nationwide has highlighted befriending services as an important source of wellbeing.
* **Health** includes advice on diet, accessing hot meals and reducing falls. Some schemes, especially those managed by local authorities, link people to physiotherapy and occupational therapy services. Some local health provision NHS schemes to monitor heart and lung health feature in some checklists where the NHS is involved as a partner.
* **Home and Security Safety support** relates to safety in the home, safety in the community, and health safety. Safety in the home concentrates on the prevention of burglary, adaptations to help independence, and fire safety checks and fitting alarms. Safety in the community relates to services that support victims of crime or help people to deal with threats from antisocial behaviour and hate crime. Personal health security links people to alarm systems and other equipment, which helps them to contact people if in need.
* **Benefits and Finance referrals** involves benefits advice, finding grants, advice on saving money and finding ways to manage debt. Fuel poverty is a concern for many schemes, and so there are links to schemes to help people to keep warm.
* **Home Improvement** covers everything from minor adaptations and electrical testing to major repairs and adaptations. The extent of referrals depends on the range of partners involved. Where local Home Improvement Agencies are involved, provision may be extensive while other schemes concentrate on ‘handyperson’ services and provide links to local traders.
* **Community Transport schemes** concentrate on linking people to local transport schemes. Community buses, shared transport, hospital services and other services that support a person’s mobility in the community can be involved in referral partnership arrangements.
* **Housing Options scheme** can undertake to link people to advice and support on Housing Options and provide support for applying for housing. This tends to be more in evidence in Local Authority schemes, where people can link client to the Housing Department and explain how to apply/bid for housing.

## Community anchor/connected care models in the UK

In various parts of the UK, community anchor organisations aim to respond to the local context and promote local community-led development including the following:

* Local economic and social development e.g., community enterprise, local sustainable development, asset ownership, building social capital.
* Design, development and provision of local public and community services.
* Developing community leadership and advocating for community interests.

A 2018 report explored the role of independent community anchor models in Scotland.[[237]](#footnote-237) “At the heart of an effective community anchor is community-led governance that develops and sustains a community-led focus and vision. It seeks community ownership of assets as part of an enterprising approach, which contributes to the organisation’s financial resilience and that of other organisations. It is these strengths of seeking an independent governance and a commitment to develop a strong finance model that enable community anchors to work for long-term community interests.”[[238]](#footnote-238) There is no one-size-fits-all approach: different communities and contexts develop community anchors, which take varied forms and build distinctive networks.”[[239]](#footnote-239) Community Anchors are dynamic, evolving and community led and run. They have multiple functions with the goal of improving the whole community and not just a part of it. There is no legal definition of community anchors (they are sometimes referred to as development trusts). They can take different legal forms such as Community Benefit Societies, Companies Ltd by Guarantee and Community Interest Companies and they often have charitable status. They can have features that make them suitable for community led housing development:[[240]](#footnote-240)

* They operate on a not-for-profit basis, earning income from providing services, such as training, business support, facilities management, arts and leisure, health care and childcare to the local community and in so doing support and develop the local economy. They often provide spaces where the community can come together and forge relationships
* Where possible they manage and own community assets, such as buildings and land, and reinvest income in the local area to create long-term resilience and sustainability. Many have taken over the ownership of assets like post offices, community pubs, public halls, swimming pools, saving these vital services from closure
* They are often the driving force in a local neighbourhood, in relation to community renewal and a facilitator and supporter of community activity
* Although independent, they work in partnership with others operating in the local area in the public, private, voluntary and community sectors
* Some community anchors are already involved with housing provision. Others could initiate housing developments working with their communities. They are trusted by local communities and often have skills to work with the community to design and develop schemes that meet local housing needs
* They can bring community capacity building experience to develop innovative ways of involving the hardest to reach community members in housing scheme development. This can improve local employability skills and pathways into work. They understand the importance of supporting the local economy, by employing local people and using local supply chains
* When community anchors develop housing, they can often provide wrap around support services. They are often keen to house and support more vulnerable members of the community that utilise their services
* Many anchor organisations work in deprived areas, including areas of housing market failure, where private developers are not interested in building
* Where community anchor organisations extend their reach to include housing this may be undertaken alone or in partnership with another organisation such as a housing association. They often have the capability to take a lead role in the partnership, ensuring that the homes developed are owned by the local community rather than the housing association and any profits can be recycled into the local community to fund further housing schemes or other community services
* In some circumstances, the organisation might seek Registered Provider status with Homes England, to access capital funding directly. This might involve the organisation in becoming a registered provider or creating a subsidiary housing operation. Whatever the arrangement relating to project development, the community anchor organisation will often manage the housing provided.

Connected Care Models are similar to the anchor model focusing on co-production, asset-based development and sustainability. Since 2010, the Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) with the University of Central Lancashire and the London School of Economics worked in communities in seven locations in England. In these locations they worked to improve communities according to the connected care model using the models underpinning concepts of asset-based development, co-production and sustainability:[[241]](#footnote-241)

* Asset-based community development - while acknowledging the needs and deficiencies in each area, the primary focus is on the strengths available to the local community. Assets in any given locality may include buildings or formal institutions such as libraries, community halls, children’s centres, sports clubs and community development projects. They may also include individuals with some locally acknowledged influence and social relationships.
* Co-design/co-production where people and communities use their assets to realise their needs. These projects co-produce ‘interventions’ and research, working in each community with a public sector and a voluntary sector organisation, through which researchers recruited and trained volunteer community researchers. These volunteers often became participants in community projects based on the research findings. People designed the interventions in workshops where the emphasis was on local participation. The community researchers conducted surveys of between 300–500 residents in each area using a questionnaire completed in face-to-face interviews and through door-to-door enquiries. These surveys had a ‘name generator’ section to collect data for social network analysis. It elicited social relationships by prompting respondents to name people who fulfil different roles in their network. Data aggregated from each area using computer software, created visual ‘network maps’ of ‘who knows who’. Such social network analysis helps to understand connectivity/isolation patterns in each area and identify people, places and institutions that were/have the potential to be assets in networks that bring people together. Analysis also identified trends in wellbeing, etc.
* Sustainability –interventions strove to create the social infrastructure required for local people to understand themselves and their area and to address their problems and realise opportunities in partnership with other actors and in a sustainable way.

## Home Share Schemes

The Home Share model is a preventative approach for people with low-level support needs. Typically, Home-Share matches a householder, often an older person with a room to spare with someone who needs accommodation and provides an agreed amount of support in exchange for accommodation. It brings together unrelated people to share a home for mutual benefit. In these schemes no money is exchanged.

HomeShare is a not-for-profit social enterprise that is part of a global Homeshare movement with programs in many countries including UK, Ireland, Spain, France, Belgium, Switzerland, Australia, Canada, and the USA. Homeshare UK is part of Shared Lives Plus, the national network for shared Living and has the following characteristics: The 2020 Irish HomeShare annual report (its first annual report) states that in the three years since its foundation, it has matched 100 householders and sharers providing practical support and companionship.[[242]](#footnote-242)

The features of HomeShare include the following

* Is not a regulated activity - the Homesharer does not provide personal care
* The Homesharer provides practical support e.g., help with shopping, cleaning, and cooking - more importantly, the sharer must live sociably in the property, providing companionship to the Householder
* Homeshare organisations undertake key safety checks, make appropriate introductions, and provide ongoing support

It is likely that such schemes will grow in Ireland with its ageing population and housing crisis.

Lloyds Bank Foundation for England and Wales and the Big Lottery Fund funded a Home-share Partnership Programme in the UK, jointly investing £2m to support eight pilot sites in England and Scotland over three years to test and develop businesses that support Home-sharing. An evaluation published in 2018 found that the model:[[243]](#footnote-243)

* Reduces loneliness and improves wellbeing by offering companionship and facilitating inter-generational relationships
* Provides affordable housing for younger people who are often priced out of the market

The evaluation found that support from Home-share scheme staff is important in helping to manage conflicts when two people are learning to live together.

Challenges for matched householders and home-sharers include:

* Becoming accustomed to sharing space
* Escalation of a householder’s care needs
* Identifying when support needs are to be provided
* Navigating resolution of conflict between matches

Enablers to overcoming those challenges include:

* Ongoing support from the Home-share scheme staff to assist with open communication between home-sharer and householder.
* Supporting conflict resolution and relationship development - for example agreeing expectations on noise, shared space and time spent together.
* Maintaining personal space for home-sharer and householder.
* Sharing interests such as religion, political allegiance and hobbies.

## Home sharing schemes in UK and Ireland

Home sharing schemes are distinct from home-share schemes in that in home-share schemes, the host needs care/support whereas in home-sharing the host provides support and is paid for that support.

In Ireland, there is a ‘home sharing’ scheme for persons with an intellectual disability. This scheme has been operating in Ireland for more than three decades and host families are paid. In the last decade, service providers have introduced person centred planning into these services. A commitment was made in the HSE National Service Plan (2016) to develop Home Sharing as an added alternative to the existing model of respite and residential service provision on offer to adults and children with intellectual disability in Ireland.[[244]](#footnote-244) There is a 2016 Home Sharing in Intellectual Disability Services in Ireland Report written by a National Expert Group.[[245]](#footnote-245) The report expresses concern over the lack of a legal framework for the regulation of Home Sharing in Ireland which is required to underpin the safe governance and management of this service. While a commitment was made in the HSE National Service Plan (2016) to develop Home Sharing as an added alternative to the existing model of respite and residential service provision on offer to adults and children with intellectual disability in Ireland, this does not seem to have been progressed by the HSE. The report notes that

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

In the UK Shared Lives schemes register with the Care Quality Commission (CQC) as a provider of personal care for adults (18+) but also takes young people in transition from 16+. They are predominantly services for persons with intellectual disability and for persons with mental health problems, older people, people with dementia and vulnerable parents. Since 2016 the NHS have been working with NHS England, along with Shared Lives schemes and Clinical Commissioning Groups (CCGs), to demonstrate how Shared Lives can support people with intermediate or long-term health needs. The NHS promote Shared Lives as excelling in situations where there are a mixture of medical and non-medical needs. Also in facilitating rehabilitation for people who wish to leave hospital support: People can live with a Shared Lives carer long-term, visit for a short break or receive day support. People who choose this option can benefit from a flexible and personalised approach and receive healthcare and support with a family and community they know and have chosen.[[246]](#footnote-246)

Shared Lives can offer a home to an adult with a child and provide support around parenting as well as support to the adult. Sometimes, placement is from the start of a pregnancy. Shared Lives carers are not foster carers as they support the adult to support the child. The adult retains parental responsibility for the child. It is not an assessment service, although Shared Lives carers can offer insights into how the parent is managing. For parents with intellectual disabilities, placements require that carers receive training on safeguarding children, parenting support skills and communication, training around attachment and boundaries and ensuring carers understand the court process if applicable.

Evaluations have shown that for family/unpaid carers, the Shared Lives model has increased wellbeing, reduced feelings of social isolation, and reduced likelihood of carer breakdown.[[247]](#footnote-247) Schemes recruit, train and approve carers and match people who need care and support with approved carers. People with care needs either live as part of a long-term Shared Lives arrangement or use the service for short breaks or day support. People use Shared Lives as a stepping-stone towards getting their own accommodation and on occasions for emergency care. Shared Life carers are approved following recruitment and training by one of the UK’s local schemes and are regulated by the government’s care inspectors.

In 2017, Shared Lives, provided care through a network of Shared Lives carer members, to 13,000 people in 153 local Shared Lives schemes across the UK.[[248]](#footnote-248) Shared Lives consistently outperforms other forms of regulated care in CQC inspections. In February 2017, CQC had inspected all adult social care services and rated community social care services such as supported living and Shared Lives the best overall.[[249]](#footnote-249) 2019-2020 data about the Shared Lives sector in England showed that it was still the highest quality form of social care and that it supported a total of 11,470 people overall in 2019-2020. In March 2022, 97% of people felt they were part of the family most or all of the time; 87% people felt that their Shared Lives carer’s support improved their social life and 82% felt that their Shared Lives carer’s support made it easier for them to have friends; 92% people in Shared Lives felt involved with their community; 85% felt their Shared Lives carer’s support helped them have more choice in their daily life and 85% felt their physical and emotional health had improved.[[250]](#footnote-250) An independent report by Social Finance showed that Shared Lives costs £26,000 less per year for people with learning disabilities than other forms of regulated care (£8,000 less for people with mental health problems). Kent University and others have found positive outcomes, and there is a national outcome-measuring tool in use.[[251]](#footnote-251) Evidence suggests that Shared Lives day care provision is in line with the costs that commissioners would expect to pay for “traditional” day care provision. There is no more than 10% difference between costs. In terms of respite care, Local Authority-run Shared Lives respite schemes are cheaper in Wales and Scotland than “traditional” forms. In Northern Ireland and England, the cost of Shared Lives is slightly more expensive than “traditional” forms.[[252]](#footnote-252)

# Appendix 5: LAC processes

## LAC type processes in Scotland

Scotland was the first UK jurisdiction to introduce a Local Area Coordination (LAC) approach. A recommendation contained in the Scottish Executive report (2000), ‘The same as you’, was that local authorities and health boards would introduce LAC to support people with intellectual disabilities and their families in the community. This did not feature in the equivalent English document, ‘Valuing People’, published by the Department of Health in 2001. However, the Scottish Report was not a White Paper like Valuing People was, and while local authorities were encouraged to implement LAC they were not obliged to do so.

In 2002, there were eight LACs established in five local authority areas in Scotland and by 2006, 25 out of 32 authorities in Scotland had implemented LAC with 59 Local Area Coordinators.[[253]](#footnote-253) In 2012, 21 out of 32 authorities in Scotland had LAC with 86 Local Area Coordinators. [[254]](#footnote-254) The role of the local area co-ordinator was to act as an information point, support 50 individuals and families and help them build social networks and to work across service boundaries and with other agencies and community groups to promote inclusion.[[255]](#footnote-255)

In 2007, the Scottish Executive commissioned an independent evaluation of the implementation of LAC. Local Authorities employed LAC co-ordinators, but three authorities commissioned voluntary agencies to provide LAC and one commissioned a Further Education college to do so. In a fifth area, the local authority and NHS Trust were joint employers. Over half the local area co-ordinators were in social work offices or resource centres for adults with intellectual disabilities. All the local area co-ordinators supported adults with intellectual disabilities and in 19 authorities they also worked with children with intellectual disabilities.[[256]](#footnote-256) Nine authorities supported people with Autistic Spectrum Disorder and a further five, people with mental health issues while three had a remit to work with people with physical or sensory impairment.

Within these broad categories, however, some local area co-ordinators had specific remits; for example, to work with young people with intellectual disabilities aged 14–19, or those aged over 45 living with parents. Only 12 of the 25 authorities offered a ‘cradle to grave’ service. Where this was so, local area co-ordinators reported advantages in being able to continue working with people during periods of transition while parents and children benefited from the LAC approach early. Other local area coordinators found it frustrating that they had to turn people away because of their age or their type of need was ineligible for support. This is contrary to LAC principles about inclusion.[[257]](#footnote-257) In addition, ideally, LAC is independent of statutory provision so that local area co-ordinators can act as independent advocates for people using services. The LAC ethos is to support individuals and families to move beyond the role of welfare recipients.

## LAC in the UK

Since 2010, some English and Welsh Local Authorities introduced LAC but expanded its eligibility criteria to include support to those considered ‘vulnerable’ due to age, frailty, disability, mental health issues and housing precariousness. A 2020 review of evaluation studies on the implementation and development of LAC in England and Wales examines the opportunities and challenges of implementing what they considered a “strengths-based, assets-based and placed-based initiative” within Local Authority social service settings. The review concluded that LAC can balance health and wellbeing outcomes with the civic mission of implementing values, control and co-production without one being subverted to the other. However, it considered that embedding LAC as originally implemented in Local Authority settings requires skilled political and policy leadership.[[258]](#footnote-258) Other evaluations have noted the same. When LAC schemes are based on the Western Australian model, evaluations shown that where fully implemented, there has been strong evidence of a range of consistent and positive outcomes for individuals and families but that, without principled leadership at every level, including integrity in the scheme design, these outcomes have been unpredictable.[[259]](#footnote-259)

Scotland introduced a similar model of delivery to Western Australia from the early 2000s for persons with intellectual disabilities. In 2007, the Scottish Executive commissioned an independent evaluation of the implementation of LAC. The evaluation interviewed coordinators, managers and those accessing the service and did case studies. The evaluation found that coverage of LAC across Scotland was patchy, with wide variation in aspects of implementation e.g. in the size of the area covered, actual and target populations, introductions, numbers, groups and ages of people supported, office location, access to dedicated budgets, etc. While there may be operational reasons for variation at local level, there was concern among some co-ordinators that differences were rooted in a departure from the original LAC ethos. Positive outcomes for individuals and families identified in evaluations of LAC in Scotland[[260]](#footnote-260) included accessing accommodation; increased work, training and education opportunities; and trying new things e.g., a young man said to have spent the previous 3 years in his bedroom was attending college. Greater use of mainstream services made people realise they did not need to rely exclusively on formal provision. A man introduced to a supported employment scheme found a paid job and his care package reduced from 50 to 5 hours a week. With an increased availability of flexible supports, people enjoyed more social activity, friendships and relationships and became more involved in community activities and groups. LAC coordinators helped groups apply for funds to develop inclusive leisure and recreational activities as an alternative to day care. Following LAC interventions, people knew more about informal and formal options for support resulting in more choice. One LAC coordinator commented that growing capacity with one person led to increasing choices for all because finding a solution for one person’s issues often widened the known options for others.

However, there were fewer outcomes for building up community capacity, with many local area co-ordinators reporting little progress in this regard. Reasons cited for lack of progress in community capacity building included the following:

* LAC co-ordinators’ work office base was outside the areas they worked in.
* LAC co-ordinators had no drop-in facility.
* Apathy/resistance in some communities.
* Lack of ‘spare’ resources within disadvantaged communities.
* The long-term nature of community capacity building.

In six authorities, LAC co-ordinators had engaged in community capacity building and ‘success’ factors mentioned included the following:[[261]](#footnote-261)

* LAC co-ordinators had bases other than social work offices.
* LAC co-ordinators had previously worked in the area and, in three cases, with a community development remit.
* Goodwill in communities and a readiness to get involved.

## LAC in Integrated Personal Commissioning (IPC) in England

In England, Integrated Personal Commissioning (IPC) is a nationally led, locally delivered programme that supports integration of services across health, social care and the voluntary and community sector.[[262]](#footnote-262) NHS England[[263]](#footnote-263) and the Local Government Association are responsible for the IPC programme, which is an effort to create a single, accessible, local point of contact for groups of people in their local community. LAC is a component of the programme. [[264]](#footnote-264) The IPC programme, launched in April 2015, ran in its original format until March 2018 with a focus on the following groups:[[265]](#footnote-265)

* People with intellectual disabilities with high support needs, including those in institutional settings or at risk of placements in such settings.
* Children and young people with complex needs, including those eligible for education, health and care plans.
* People with multiple long-term conditions including frail older persons.
* People with significant mental health needs.

For those who wish to implement LAC, this must be funded in a sustainable way from existing budgets: “LAC is voluntary in the IPC programme. While there is compelling evidence about LAC, its funding is a challenge. Given its potential scale across the country, it is vital that clinical commissioning groups (CCGs) and local authorities commission LAC in a sustainable way, that is, they must fund it from existing budgets. This could be a reallocation of existing staff or moving funding from direct service provision to areas such as LAC that are more prevention focused. This will likely be a gradual process as it is unlikely to be possible to make major changes immediately”.[[266]](#footnote-266)

## Irish CD initiatives with one or two LAC features

In Ireland, there have been some small projects with one or two of the LAC features. In 2015, the Department of Health in Ireland sponsored several measures including local area coordination (LAC) in disability services with €2.7million funding from Dormant Accounts Fund. Pobal administered and managed the scheme, which ran from 2015-2017. The LAC type pilot projects were small scale, short term (maximum 2 years) and were adaptations, that is, initiatives that perhaps shared one or two features in common with LAC. There was no formal evaluation of these projects. Disability Equality Specialist Support Agency (DESSA), a national community development organisation in County Leitrim managed one of these projects, ‘Community Inclusion, Capacity and Connection’.[[267]](#footnote-267) This was a two year project, 2015-2017, that supported people to participate more in the community and to develop leadership roles. The purpose of the project was to provide education and training for the community/voluntary sector on disability policy; link service users to mainstream community services and develop a process of engagement between disability service providers, HSE and community development organisations. The project supported 52 persons to realise some goals. Five participants became officers in a user-led disability forum and joined a Public Participation Network. Four participants completed St. Angela's NUIG Access and 3rd-level Foundation Course. One participant became a youth leader with the Girl Guides. Nine parents got advocacy skills training. Eight persons received mentoring. Forty organisations received disability equality training and 80 staff/volunteers in disability and community organisations developed skills to create inclusive community opportunities.[[268]](#footnote-268)

Another funded LAC project was a partnering between Longford County Childcare and Westmeath County Childcare to study how coordination of Disability Services might be planned. They used the National Policy: Better Outcomes, Brighter Futures as a framework for their study. They held some network meetings, gave some training to early year education students and produced a guide to services for young people with disabilities in Longford and Westmeath. They developed a transition passport to support access and participation in a variety of settings for children or young people and organised training for families on various disabilities.

## LAC and the NDIS in Australia

While the NDIS have what are called LAC coordinators, these employees carry out assessments for individualised funding and do not necessarily have a CD background. In a 2021 report, ‘Supporting LACs to be LACs’, the Independent Advisory Council expresses its opinion that “the Local Area Coordination function can be pivotal to meeting legislative objectives related to supporting social and economic participation and facilitating greater community inclusion, neither of which can be achieved without building community capability. It can also assist in mitigating the risk of the NDIS becoming a funding source for a failed community response.”[[269]](#footnote-269) “It the view of Council that the Local Area Coordination function should now be clearly articulated in Agency policy and safeguarded with an identified vision, charter and principles that are consistent with the NDIS Act, and that embed the function as relational, in local communities and resourced primarily to support and connect people. … LACs must also be given the mandate, time and skills to build the capacity of communities to welcome and actively include people with disability. Raising awareness, partnering and building the capacity of organisations and engaging in community development projects designed to have broader social impact should be core responsibilities of the LAC function.”[[270]](#footnote-270)

Local Area Coordinators (LACs) in the NDIS are the public face of the NDIS and the contact point with the NDIS for people with disabilities. However, these LACs are not trained in CD principles and practices as the LACs in Local Area Coordination as originally established in Australia. LACs in the NDIS are engaged in needs assessment for individualised plans. In the initial rush to establish individualised plans, some LACs were gathering data and information from people with disabilities on the phone, which was used to establish individualised funding. This differs markedly from the original model of LAC where LACs are working directly with persons with disabilities in the community to support them develop natural supports as well as working at developing inclusive communities.

# Appendix 6: Examples of UD from the NDA

The NDA consults with a diverse range of stakeholders, especially persons with different disabilities to inform its advice on policy, research, standards and monitoring and UD. Some examples of the inclusive consultation process are as follows:

In July 2018, the NDA co-hosted an inclusive consultation workshop with the National Transport Authority (NTA) on a new fleet of buses for the Greater Dublin area. The objective of the consultation was to ensure that the interior and exterior of these buses were universally designed. A wide range of disability stakeholders, including DPOs, participated. Over 40 people with a diverse range of disabilities attended the event. As a result of this consultation, the colour of the front of the new Go Ahead buses was changed to yellow and the poles in the interior of the buses were also changed to yellow.  Ensuring that the front of the buses were yellow meant that that were more recognisable and visible to persons with different disabilities, visitors and tourists.  Similarly yellow poles in the interior of the buses ensured they were more visible and recognisable to diverse range of users, regardless of age, size ability or disability.

During early 2020, in response to the COVID-19 pandemic, the NDA collaborated with the National Standards Authority Ireland (NSAI) to contribute to the development of new standards for face masks (Community Face Coverings). As done with many other standards projects, the NDA helped the standards committee to engage with relevant parties to represent the needs of persons with disabilities relevant to the specific project. In the context of face masks, a range of diverse human sensory, physical and cognitive factors and functions were brought to the attention of the standards committee such as, size, age, upper body movement limitations, deaf and hard of hearing. A list of these considerations for manufacturers and suppliers was included in the new standard, along with highlighting a need for some masks to have transparent sections to facilitate viewing of facial expressions necessary for lip reading and sign language. The Irish standard was followed by related European versions of the standard that have retained much of the content that highlights design considerations for a wide range of users.

In August 2021, NDA consulted with persons with disabilities and DPOS to establish a Register of websites and mobile apps by public bodies for monitoring under the EU Web Accessibility Directive.  NDA published a survey requesting information on priority areas for accessing information and services online as well as the names of the most commonly used public sector websites and mobile apps.  The Register of website and mobile apps developed by NDA following this consultation was published on the NDA website as part of NDA’s first monitoring report on the EU Web Accessibility Directive, which was forwarded to the European Commission in December 2021.

These examples demonstrate how co-production is a key part of UD and illustrate how the use of co-production and UD can lead to more inclusive services, products and communities.

1. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD or CPRD for short) is an international human rights treaty that was adopted in 2006. Ireland signed it in 2007 and ratified it in March 2018. The goal of the CRPD is that persons with disabilities will attain their human rights in common with all members of society. [↑](#footnote-ref-1)
2. DPOs are distinct from service providers and disability non-governmental organisations (NGOs) and it is essential that the differences are understood by all. DPOs are civil society organisations **of** persons with disabilities as distinct from other disability organisations and charities **for** persons with disability. For an organisation to be considered as a DPO, it must be (largely) an organisation of persons with a disability where a majority of persons with disabilities form the management, staff, members, volunteers and user groups. The CRPD vision is that of representative DPOs as rights advocates who actively engage in implementing the CRPD and monitoring its implementation. [↑](#footnote-ref-2)
3. Independent living and community living are interrelated and both are mentioned in Article 19. However, as the meaning of independent living is sometimes misunderstood, the term ‘community living’ may better captures the independence (social independence, negotiated autonomy and rights) and interdependence (reciprocity, responsiveness, relationships, responsibility, solidarity, equality and social justice) of living ordinary life in one’s community. [↑](#footnote-ref-3)
4. NDA (2021) Building Back Better Consultation <https://nda.ie/news-and-events/news/nda%E2%80%99s-building-back-better-consultation.html>

NDA (2022) Roundtable discussions on improving participation and inclusion <https://www.nda.ie/news-and-events/news/summary-of-the-listening-session-%E2%80%98improving-participation-and-inclusion-through-creating-liveable-communities%E2%80%99.html> [↑](#footnote-ref-4)
5. Lee, A. (2003). Community Development in Ireland, *Community Development Journal*, 38 (1): 48-58. [↑](#footnote-ref-5)
6. Community Work Ireland (CWI) is a national organisation that promotes and supports community work as a means of addressing poverty, social exclusion and inequality; promoting, protecting and advancing human rights and ultimately achieving social change that will contribute to the creation of a just, sustainable and equal society. CWI What we do – Community Work Ireland <https://www.cwi.ie/> [↑](#footnote-ref-6)
7. Department of Health (2021) The HSE Disability Capacity Review to 2032 <https://www.gov.ie/en/publication/d3b2c-disability-capacity-review-to-2032-a-review-of-social-care-demand-and-capacity-requirements-to-2032/> [↑](#footnote-ref-7)
8. The Independent Advisory Council (Council) represents the participants' voice in the NDIS. It comprises 12 members who represent a wide range of disability and advocacy sectors, bringing their expertise of disability. The Council advises the Board of the National Disability Insurance Agency (NDIA), which is the governing body of the NDIS, on the most important issues affecting participants, carers and families. The NDIA Board must consider all the advice provided by Council when performing its duties. [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. NDA (2022) Engaging and consulting with disabled people in the development and implementation of legislation and policy: A note for Government officials and staff of public bodies. <https://www.nda.ie/publications/others/uncrpd/engaging-and-consulting-with-disabled-people-in-the-development-and-implementation-of-legislation-and-policy.html> [↑](#footnote-ref-10)
11. The National Council on Disability (NCD) in the USA promotes liveable communities and how to develop them. NCD reports include Liveable Communities for Adults with Disabilities (2006); Inclusive Liveable Communities for People with Psychiatric Disabilities (2008); the State of Housing in America in the 21st Century : A Disability Perspective (2010) <https://ncd.gov/publications/2010>   [↑](#footnote-ref-11)
12. Article 9 UNCRPD <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-9-accessibility.html> [↑](#footnote-ref-12)
13. Those interviewed worked in community development organisations and cooperatives; specific community projects; local authorities; local development companies (LDCs); Public Participation Networks (PPNs); Disability Equality Specialist Support Agency (DESSA); Community Work Ireland; HSE Mental Health Engagement Office; Inclusion Ireland; government departments such as the Department of the Environment, Community and Local Government and public agencies such as Pobal and the National Advocacy Services. [↑](#footnote-ref-13)
14. Stakeholders at the roundtable discussions included officials from four government departments (Rural and Community Development, Social Protection, Transport and Housing); academics from UCD, NUI, Galway and Trinity; representatives from LDCs, LCDCs, NESC, Inclusion Ireland, Walk, Genio, Pobal, DESSA, ILMI, DWI and an expert with a lengthy experience of community development including anti-poverty and social inclusion strategies and local development and NDA staff.)  [↑](#footnote-ref-14)
15. [NDA (2022) Summary of the Listening Session, ‘Improving participation and inclusion through creating liveable communities’ https://www.nda.ie/news-and-events/news/summary-of-the-listening-session-%E2%80%98improving-participation-and-inclusion-through-creating-liveable-communities%2%80%99.html](file://C:\Users\olearyh\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\VVV5L8QL\NDA%20(2022)%20Summary%20of%20the%20Listening%20Session,%20‘Improving%20participation%20and%20inclusion%20through%20creating%20liveable%20communities’%20https:\www.nda.ie\news-and-events\news\summary-of-the-listening-session-âimproving-participation-and-inclusion-through-creating-liveable-communities%252.html) [↑](#footnote-ref-15)
16. NDA (2021) Summary of the Building Back Better Consultation <https://nda.ie/news-and-events/news/nda%E2%80%99s-building-back-better-consultation.html> [↑](#footnote-ref-16)
17. The Social Inclusion forum is organised by the Department of Social Protection. It is part of the structures put in place to underpin the implementation, monitoring and development of the Government’s social inclusion agenda.” Department of Social Protection, Social Inclusion Forum http://www.socialinclusion.ie/SocialInclusionForum.html [↑](#footnote-ref-17)
18. A systematic literature review was not possible as the field was too broad for that. In the scoping review the types of available evidence in the various fields pertinent to this research were identified, concepts and definitions in the literature clarified and the research that has been conducted, for example, on participation and co-production, DPOs, CD, etc. identified. [↑](#footnote-ref-18)
19. A university library-provided discovery service is an index-based, discovery search tool, that accesses information resources subscribed to or purchased by academic and research libraries. Unlike a stand-alone library database, a library discovery service searches through the content of hundreds of proprietary databases, as well as selected open-access content simultaneously. It is a powerful research tool that offers all the search advantages of a single database, but extends the search through a much larger domain of academic sources, as well as makes content from obscure or little-used databases accessible. [↑](#footnote-ref-19)
20. NDA (2011) A review of literature on natural community supports [A Review of Literature on Natural Community Supports | The National Disability Authority (nda.ie)](https://nda.ie/policy-and-research/research/research-publications/a-review-of-literature-on-natural-community-supports.html) [↑](#footnote-ref-20)
21. ibid [↑](#footnote-ref-21)
22. Goll, JC., Charlesworth, G., Scior K, Stott, J. (2015) Barriers to Social Participation among Lonely Older Adults: The Influence of Social Fears and Identity. Dorner TE, ed. PLoS ONE, 10 (2):e0116664. doi:10.1371/journal.pone.0116664. [Barriers to Social Participation among Lonely Older Adults: The Influence of Social Fears and Identity - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4338142/) [↑](#footnote-ref-22)
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24. NDA (2011) Exploring the Use of Natural Community Supports in Promoting Independent Living among Adults with Disabilities in Ireland

<https://nda.ie/policy-and-research/research/research-publications/exploring-the-use-of-natural-community-supports-in-promoting-independent-living-among-adults-with-disabilities-in-ireland.html> [↑](#footnote-ref-24)
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<https://www.socialcapitalresearch.com/designing-social-capital-sensitive-participation-methodologies/definition-participation/> [↑](#footnote-ref-26)
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28. Chapter 12 Community Participation <https://ec.europa.eu/echo/files/evaluation/watsan2005/annex_files/WEDC/es/ES12CD.pdf>. [This chapter is from a manual on emergency sanitation: assessment and programme design byHarvey PA,. Baghri, S., Reed, RA (2002) <https://www.ircwash.org/sites/default/files/Harvey-2002-Emergency.pdf>] [↑](#footnote-ref-28)
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49. Stages in the theory of change model: 1) **Understand** - map assets and relationships in a community/around a person. 2) **Involve** participants/service providers to work together to develop solutions. 3) **Connect** - facilitate platforms that enable social connection including networks among people/groups and brokering individuals to sources of support. This explanation of the theory of change model is taken from RSA (2015) Community Capital The Value of Connected Communities, edited by Matthew Parsfield, with Professor David Morris, Dr. Manjit Bola, Dr. Martin Knapp, A-La Park, Maximilian Yoshioka and Gaia Marcus https://www.thersa.org/reports/community-capital-the-value-of-connected-communities [↑](#footnote-ref-49)
50. ibid [↑](#footnote-ref-50)
51. Dixon, J. (1989) The limits and potential of community development for personal and social change, *Community Health Studies*, 13 (1): 82-9. [↑](#footnote-ref-51)
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54. The impact of ‘austerity’ measures on the UK community and voluntary sector have been significant. Since 2010, local governments have had significant funding cuts – up to 40%, affecting the size and reach of services and their ability to support communities. Cuts and what services are cut has varied from local authority to local authority. There is an extensive body of research on the impact of these measures. [↑](#footnote-ref-54)
55. Big Society was proposed by the government in England in 2010 – an attempt to integrate the free market with a theory of social solidarity based on voluntarism. It was proposed that the Big Society would be a significant boost for people power. It was funded from Dormant Accounts at a time when reducing the budget deficit was considered critical. There were large cuts in public spending and while there were queries about where ongoing funding would come from for ongoing CD in the Big Society, the emphasis was on individuals and communities taking control of their destinies and communities. The research literature shows that such attempts to let communities work things out themselves without – or with reduced - ongoing support, capacity building, resources, etc. does not boost sustainable community living or “people power”. [↑](#footnote-ref-55)
56. p.5, The RSA (2015) Community Capital The Value of Connected Communities <https://www.thersa.org/reports/community-capital-the-value-of-connected-communities> [↑](#footnote-ref-56)
57. NDA roundtable discussions March 2022 <https://www.nda.ie/news-and-events/news/summary-of-the-listening-session-%E2%80%98improving-participation-and-inclusion-through-creating-liveable-communities%E2%80%99.html> [↑](#footnote-ref-57)
58. Eversole, R. (2012) Remaking participation: Challenges for CD practice. *Community Development Journal*,47 (1), 29-41. [↑](#footnote-ref-58)
59. The aims of independent living are accessible environments, housing, transport and information, access to technical aids and equipment, education and employment and the right to personal assistance. [↑](#footnote-ref-59)
60. Some obligations under Article 19 are of immediate effect whereas some elements relating to the provision of services are subject to the standard progressive realisation outlined in Article 4 (2). <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> [↑](#footnote-ref-60)
61. Article 9, UNCRPD <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> [↑](#footnote-ref-61)
62. Independent living and community living are interrelated and both are mentioned in Article 19. However, as the meaning of independent living is sometimes misunderstood, the term ‘community living’ may better captures the independence (social independence, negotiated autonomy and rights) and interdependence (reciprocity, responsiveness, relationships, responsibility, solidarity, equality and social justice) of living ordinary life in one’s community. [↑](#footnote-ref-62)
63. National Council on Disability (2006) Creating Liveable Communities <https://ncd.gov/sites/default/files/Creating%20Livable%20Communities.pdf> [↑](#footnote-ref-63)
64. May 2021 listening session <https://nda.ie/news-and-events/news/nda%E2%80%99s-building-back-better-consultation.html> [↑](#footnote-ref-64)
65. A research paper on DPOs and a working paper on engagement with DPOs is available at <https://nda.ie/publications/others/uncrpd/nda-working-paper-on-engagement-with-disabled-persons-organisations-and-related-research-report.html>. DPOs are civil society organizations **of** persons with disabilities as distinct from other disability organizations and charities that are **for** persons with disability. The CRPD Committee emphasizes that to qualify as a DPO, an organization must be (largely) one of persons with a disability and that a majority of persons with disabilities should form the management, staff, members, user groups, volunteers, etc. General Comment No. 7 (2018), adopted at the 20th session of the CRPD Committee (27 Aug-21 Sept 2018), addresses the participation of persons with disabilities through their representative DPOs, in implementing and monitoring the CRPD. Article 4.3 of the CRPD mandates the participation of persons with disabilities and DPOs in any process that will lead to decisions that impact on their lives. In other words, States must facilitate that DPOs and persons with disabilities participate as equal participants in decision-making regarding laws and policies that affect them and in monitoring CRPD implementation [↑](#footnote-ref-65)
66. In Iceland, representatives and leaders of DPOs and the research community formed a joint working group and formulated a strategy to strengthen their ability to influence the development of legislation and policy. They attributed changes to articles that instituted personal assistance as a legally mandated service to their intervention using the CRPD as the reason for changing the draft legislation. They also succeeded in amending other parts of the legislation. Löve, L., Traustadóttir, R., Rice, J (2019). Shifting the Balance of Power: The Strategic Use of the CRPD by Disabled People’s Organizations in Securing ‘a Seat at the Table’, *Laws Journal*, <https://www.mdpi.com/2075-471X/8/2/11/htm> [↑](#footnote-ref-66)
67. Disability Rights UK (2014) Five Key Messages from Research into Inclusive Communities <https://www.disabilityrightsuk.org/sites/default/files/pdf/4%20%20Inclusivecommunitiesfivekeymessages.pdf> [↑](#footnote-ref-67)
68. Young, R., Reeve, M., Grills, N (2016). The Functions of DPOs in Low and Middle-income Countries: A Literature Review. *Disability, CBR & Inclusive Development Journal*, [S.l.], 27 (3), p. 45-71. <https://dcidj.org/articles/abstract/10.5463/dcid.v27i3.539/> [↑](#footnote-ref-68)
69. DPOs in Egypt played an active role in shaping Egypt’s new constitution in 2014. As a result the adopted draft includes a comprehensive article on the rights of persons with disabilities, while separate articles outline the rights of children with disabilities and establish the National Council of Disability Affairs. Similarly, DPOs were involved in constitutional reform processes in Uganda and South Africa both of which adopted strong protection for disability rights. (Sprague, A., Raub, A., Heymann, J. (2020) Advancing Equality: How constitutional rights can make a difference. University of California Press.) [↑](#footnote-ref-69)
70. The Equality functions of the Department of Justice and Equality transferred to the Department of Children, Equality, Disability, Integration and Youth in mid-2020. [↑](#footnote-ref-70)
71. Co-production is also known by other names including co-design, co-development. [↑](#footnote-ref-71)
72. The Co-production Network for Wales is an independent, not for profit organisation. <https://www.demsoc.org/public-square/case-studies/co-production-network-for-wales>

<https://www.communityplaces.info/sites/default/files/Co-Production%20%28Definitions%20and%20Principles%29.pdf> [↑](#footnote-ref-72)
73. ibid [↑](#footnote-ref-73)
74. ibid [↑](#footnote-ref-74)
75. ibid [↑](#footnote-ref-75)
76. Social Care Institute for Excellence (2022) Co-production: what it is and how to do it <https://www.scie.org.uk/co-production/what-how> [↑](#footnote-ref-76)
77. [Think Local, Act Personal (TLAP) National Co-production Advisory Group](https://www.thinklocalactpersonal.org.uk/Browse/Co-production/National_Co-production_Advisory_Group/) <https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/> [↑](#footnote-ref-77)
78. I Ostrom first used the term at Indiana University in the 1970s to explain why crime rates rose when police stopped walking the beat and started patrolling in cars. The relationships that police developed with people and the informal knowledge they exchanged with the community when on foot helped prevent and solve crimes. Ostrom argued that police need communities and vice versa to increase community safety and she used ‘co-production’ to describe this relationship.

See, for example, Ostrom, E., Parks, RB., Whitaker, GP., Percy, SL. (1978) The public service production process: a framework for analysing police services, *Policy Studies Journal*, 7: 381-389. And, Ostrom, E. (1996) Crossing the great divide: coproduction, synergy, and development’, *World Development*, 24(6): 1073–1087 as cited by William et al (2021)COVID-19 and Co-production in Health and Social Care Research, Policy and Practice Volume 2: Co-production Methods and Working Together at a Distance, Bristol University Press Digital <https://policy.bristoluniversitypress.co.uk/covid-19-and-coproduction-in-health-and-social-care> [↑](#footnote-ref-78)
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187. Personal communication from active PPN member. See also Access for all <http://www.southernassembly.ie/uploads/publications/dRSES19-35%20Kerry%20PPN.pdf> Report on Disability Awareness Workshops in County Kerry [↑](#footnote-ref-187)
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189. Local Community Development Committees (2018) <https://www.gov.ie/en/policy-information/f4022e-local-community-development-committees-lcdcs/> [↑](#footnote-ref-189)
190. Department of Rural and Community Development Statement of Strategy 2017- 2020 <https://drcd.gov.ie/wp-content/uploads/DRCD-Statement-of-Strategy-ENGLISH-final-14032018.pdf> [↑](#footnote-ref-190)
191. Previously these community development projects were funded independently under the Community Development Programme. [↑](#footnote-ref-191)
192. The Rural Social Scheme (RSS) is an income support scheme that provides part-time employment opportunities for farmers and fishermen and women in receipt of specified social welfare payments, and who are underemployed in their primary occupation. [↑](#footnote-ref-192)
193. The SICAP programme budget for 2016 was €35.8 million. The 2021 SICAP budget is €43 million (Note: in 2008, the budget was €84.7 million.) The SICAP programme that commenced on 1 January 2018 will run until the end of 2022. [↑](#footnote-ref-193)
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The eight actions are: 1) Map area; 2) Joint commissioning; 3) Co-production; 4) Share control with local groups and people; 5) Focus on outcomes; 6) Develop market; 7) Develop workforce and leadership; 8) Communication Strategy. [↑](#footnote-ref-211)
212. The three stages in the theory of change model are: 1) **Understand** - map assets and relationships in a community/around a person. 2) **Involve** - participants and service providers to work together to develop solutions. 3) **Connect** - facilitate platforms that enable social connection including networks among people/groups and brokering individuals to sources of support. This explanation of the theory of change model is taken from RSA (2015) Community Capital The Value of Connected Communities, edited by Matthew Parsfield, with Professor David Morris, Dr. Manjit Bola, Dr. Martin Knapp, A-La Park, Maximilian Yoshioka and Gaia Marcus file:///H:/Downloads/Report-rsaj3718-connected-communities-report\_web.pdf [↑](#footnote-ref-212)
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217. ibid [↑](#footnote-ref-217)
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The Department of Rural and Community Development oversees SICAP. Pobal manages the programme. LCDCs are the SICAP contract holders and award the funding while LDCs deliver the SICAP programme locally. The first SICAP ran from 2015-2017 and was the first State-funded local development social inclusion programme in Ireland to be subject to competitive tendering. [↑](#footnote-ref-268)
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