

Evaluation Report

**DESSA's Steps to Mainstreaming Participation:
A Framework**

A study commissioned by



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Preface

This evaluation reports on the Steps to Mainstreaming Participation Framework. This evaluative review has been commissioned by DESSA and supported by the Citizens Information Board and the Department of Social and Family Affairs. The evaluation was completed during September and November 2008. The evaluation concerns projects in support of people with disabilities and those working with or preparing to work with them for the first time and rolled out in a variety of local contexts in the Western, Mid-Western and North Western region in recent years.

The Steps to Mainstreaming Participation Framework is based on the principle of activation of individuals and groups in specific geographic areas and the promotion of greater participation by both people with disabilities and CDP and FRC project staff, in promoting the awareness of, the actualisation of, the rights of people with disabilities.

Abstract

In Autumn 2008 an independent evaluation was undertaken of the Steps to Mainstreaming Participation Framework which had been implemented in the West, Mid West and North Western regions of the country. The Steps to Mainstreaming Participation Framework is a practical social inclusion initiative, supported by the Department of Social and Family Affairs and the Citizenship Information Board. The Programme was designed and developed by DESSA in conjunction with CIB and Social Welfare Western Region. The evaluation found that local Community Development projects and Family Resource Centres have had considerable success in reaching out to include and involve people with disabilities and their families in remote rural areas, villages and in disadvantaged city housing estates. With relatively small grants, the projects and centres had brought an estimated 100 persons into contact with mainstream services through specially adapted courses which accommodated their circumstances. While a small number went on to further education or a job, the majority of participants wanted more time and more exposure to opportunities outside their homes. Participants were living with a wide range of disabilities or long standing health conditions. Social and personal isolation was identified in the evaluation as a strong sentiment among participants with disabilities and support staff.

Acknowledgements

The authors acknowledge the helpful support and guidance in this evaluation offered by DESSA, DESSA board members and representatives of Citizens Information Board and Department of Social and Family Affairs. Peter Kearns and Eileen Carroll assisted the research by offering their personal experiences of how the Framework was implemented. The evaluation team are grateful for the administrative support offered by Peter Kearns in the fieldwork stages of the evaluation. The evaluation team are grateful to Raphoe Family Resource Centre for their participation as a case study in the evaluation and for the hospitality offered by staff and participants, when visiting the centre. The evaluation would not have been possible without the time and contributions made by individual staff and participants of Community Development Projects and Family Resource Centres who shared their views, offered information and offered suggestions. This direct input into the research enabled the evaluation team to offer a broad range of findings and considerations on the Steps to Mainstreaming Participation Framework, which otherwise would not have been possible.

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1 INTRODUCTION

1.1 Background to the evaluation

The aim of this external evaluation is to review and reflect on the effectiveness of the Steps to Mainstreaming Participation Framework, identify any possible gaps in the programme and outline the appropriate direction of the programme for the future.

The evaluation identified the existing strengths, weaknesses, opportunities and threats of the programme. Examples of strengths of the programme included providing a contact base for people with a disability and community development and in turn effective mainstreaming, introduction of the 'social model' to programme participants and bringing people with different types of disabilities together. Weaknesses of the programme include limited resources within DESSA and capacity of projects to support the programme. Opportunities for the programme include the potential to further develop the knowledge of staff in Family Resource Centres and Community Development Projects of the 'social model' of disability. Threats to the effective implementation of the programme include funding, consistency of delivery and fear that the disability group may become isolated within FRCs and CDPs.

1.2 Background to the Programme

DESSA was established in 2001 to work within the Community and Voluntary sector in the area of disability rights. The mission of DESSA is to support the inclusion and active participation of disabled people in Irish life through community development methodologies. This is achieved through three areas of action including capacity building, policy development and networking. Through collaboration between the Forum of People with Disabilities and DESSA the Steps to Mainstreaming Participation Framework was initiated.

The aim of the Steps Framework is to empower disabled people and community development practitioners with knowledge and capacity to ensure the active participation of disabled people within public, civic and community life. This is achieved through delivering strategic supports at local level to people with disabilities through community development organisations and providing those local community development organisations with the capacity and supports to co-ordinate the programme at local level. In support of this, programmes were organised through local Community Development Programmes and Family Resource Centres with the purpose of mainstreaming services for people with disability. In 2005, a pilot scheme of this framework was released.

At present, the programme comprises of:

- A series of training programmes designed to introduce disabled people to their local community
- Exploring disability issues so that participants can inform policy and effect change nationally and locally
- The development of practical skills to enable participation
- The development of advocacy and mentoring supports enabling disabled people achieve life goals within a mainstream community development context
- Capacity building among community development practitioners in disability equality
- The development of a model of mainstreaming.

The Steps to Mainstreaming sets out seven steps to participation for people with disabilities under three broad headings of social, economic and community capacity. The first three steps of the Programme; *Making Choices*, *Step Forward* and *Mentoring West*, which are aimed at building social capacity, come under the remit of this evaluation. (See Steps to Mainstreaming Participation Framework in Appendix 1).

The *Making Choices* programme is directed towards people with disabilities at a local community level with the aim of increasing their participation in the community. The training programme involves introduction to and becoming familiar with the local Community Development Programme (CDP) and Family Resource

Centre (FRC) programme to encourage participation in the social, cultural and economic activities of their community. *The Step Forward* programme is directed towards those with an interest in disability issues, with a view to influencing disability policy at a local and national level. Finally the *Mentoring West*, which was run as a pilot project, aims to build on the initial steps with a view to providing CDPs and FRCs the resource of trained disabled mentors to work with assigned individuals who have self-advocacy capabilities.

1.3 Conceptual framework of the Steps to Mainstreaming Participation Framework

The review has examined a large number of printed internal documents, texts, notes and awareness materials used in the initiative by one of the main tutor/facilitators. The documents had a wide scope.

They embraced presentations on the concepts of:

- Mentoring
- Advocacy
- Community Development

Following this document examination, the review produced a 20-page paper on social inclusion and active citizenship, advocacy in its various forms, and community development. The paper, is provided separate to the evaluation, and distinguishes between the emphasis that these concepts bring to social development and social inclusion perspectives and practices. This is a potentially stand-alone paper and can be used later as a reference document by DESSA and by funding bodies. A summary of the paper is included in (Appendix 3).

The combination of the examination of texts and the preparation of the concepts paper threw up an ambiguity in the application of inclusion, advocacy and community development in the *Steps to Mainstreaming Participation Framework*. There is a tendency to use the terms interchangeably as part of the promotion of a wider social inclusion agenda. This is not too surprising, since this is also the case with major documents in the public arena on social inclusion/exclusion such as *Towards 2016* and the National Economic and Social Council's *Developmental Welfare State*. There was no ambiguity in this area on the part of the funders and promoters of the Programme.

1.4 Projects/Stakeholders consulted in the evaluation

It was agreed that a total of ten Family Resource Centres and Community Development Projects would be included in this evaluation. Table 1 lists the ten projects consulted.

Table 1

Family Resource Centres and Community Development Projects in evaluation

Location	Project Name
Limerick county and city	Hospital FRC
	West Limerick CDP
	Our Lady of Lourdes CDP
	Southill CDP
	Southill FRC
Clare	East Clare CDP
Galway county and city	Ballybane CDP
	Aonad Resource Centre
	Na Calai CDP
Mayo	Cosgallen CDP
Donegal	Raphoe FRC

Source: As per DESSA tender document, June 2008.

As well as community development organisations, it was agreed that the funders and partners of the programme would be interviewed along with DESSA employees and programme facilitators.

A number of qualitative research methods would be used to examine the programme: roundtable discussions, telephone interviews and face-to-face interviews. To interview programme facilitators, funders, partners and DESSA employees, face-to-face and telephone interviews were used. Roundtable discussions were used to interview programme staff and participants. In addition, telephone interviews with staff were used to follow up on issues raised in the roundtable discussions.

The following section will discuss the methodology used in this research in more detail.

2 METHODOLOGY

2.1 Evaluation as a method of research

Evaluation as a method is useful to examine a policy or programme and to make an assessment of it. According to Weiss:¹

Evaluation is a systematic assessment of the operation and/or the outcomes of a programme or policy, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of the programme or policy.

The research team were aware that in the case of an external review, many of those invited to become involved in the evaluation might feel they were being judged. It was important therefore to reassure staff and participants of the importance and value of the evaluation for the future implementation of the Steps to Mainstreaming Participation Programme in their centres.

Murray et al. (1994)² identify a number of resources needed to carry out an effective evaluation. These are 'financial resources,' 'time,' 'skills,' 'availability of and access to information' and 'key informants.'

2.2 Aim of the evaluation

The aim of this evaluation is to review and make recommendations on the overall Steps to Mainstreaming Participation Framework in relation to its potential to becoming a community development mainstreaming strategy and to review the key elements of the *Making Choices*, the *Step Forward* training programmes and the *Mentoring Programme*, with ten participating Community Development Projects and Family Resource Centres. In the course of the evaluation, it was agreed that due to its very small size, an evaluation of the *Mentoring Programme* could be discontinued.

To undertake this evaluation a number of key tasks were identified and incorporated:

- Examine the impact of the Making Choices and Step Forward training programmes in terms of the first steps to the engagement
- Examine and identify the specific challenges relating to the delivery of the programmes for stakeholders and make recommendations based on best practice
- Examine and make recommendations in relation to the overall content of the Steps to Mainstreaming Participation Framework including its purpose as a community development mainstream strategy
- Identify the resources, technical support and the expertise required to maintain the ongoing development of the Framework.
- Examine and make recommendations regarding the optimum partnership element of this work.
- Compare or contrast the projects using a community development framework

2.3 Type of evaluation method employed in this research

The methods employed in this evaluation were:

- Roundtable discussions with project participants, facilitators and staff in two regions
- Phone interviews with individual members of project teams
- Discussions with project promoters, funders and facilitators

¹ Weiss, C.H. (1998) *Evaluation: Methods for Studying Programmes and Policies*, Prentice Hall, Englewood, p. 4.

² Murray, B., P. Faughnan and D. Redmond (1994) *Undertaking an Evaluation*, Sociology Association of Ireland, Maynooth.

- Site visit to one project
- Document examination

Particular emphasis was placed on the evidence, opinions or data which would signal a need to adjust or alter the Programme in the light of practice.

2.4 Evaluation Design - strengths and weaknesses

The evaluation used a 'look back' technique to ascertain how the participants and staff of the projects recalled and remembered their experiences and attitudes at the time. The research team were aware that using such a technique might lead to a number of weaknesses, such as individuals not being able to remember specific details, individuals having selective recall and individuals adjusting their views with the benefit of hindsight.

The design of the evaluation presumed – wrongly as it turned out – that local area based projects would have maintained detailed records of participants, their backgrounds and outcomes of participation in the programme. This absence proved a disadvantage in making a comprehensive assessment.

The time, which had elapsed since the end of some project's activities and the commencement of the evaluation, meant that not all key individuals were available for interview.

2.5 Roundtable discussions

To facilitate the evaluation two roundtable discussions were organised, one in Galway city and one in Limerick city. Staff and up to three participants in CDPs and FRCs residing in these or near to these areas were invited to attend these meetings. Additionally one programme in Raphoe, Co. Donegal was taken as a case study where staff and participants were met and interviewed in their Family Resource Centre, which hosts the Steps to Mainstreaming Participation Framework.

Three general open questions were used in the round table discussions with staff and participants. These were:

1. Looking back, what were your expectations of the programme?
2. Looking back what was your experience of the programme?
3. How did it turn out?

Two information notes were issued, one from DESSA and one describing the role of Ralaheen in the research, to invite staff and participants. (Appendix 2)

Telephone interviews were made to projects. A feedback form was given to those in attendance at the meeting requesting data on the numbers who expressed interest in attending the programme initially, numbers who attended the programme, and numbers who decided to opt out of the programme before completion.

Tables 2 and 3 outline the projects invited to attend the roundtables.

Table 2

Limerick Roundtable discussion 10th October 2008

Limerick Roundtable Discussion	Projects invited	Projects attending
Maldron Hotel, Limerick City	Hospital FRC	Hospital FRC
	West Limerick CDP	West Limerick CDP
	Our Lady of Lourdes CDP	-
	Southill CDP	Southill CDP
	Southill FRC	Southill FRC
Participants who attended	5	
Staff who attended	5	

Source: Information provided on scheduling roundtable discussions and attendance at the meeting.

Table 3

Galway Roundtable discussion 20th October 2008

Galway roundtable discussion	Projects to be invited	Projects attending
Marriott Hotel, Galway City	East Clare CDP	
	Ballybane CDP	Ballybane CDP
	Aonad Resource Centre	Aonad Resource Centre
	Na Calai CDP	Na Calai CDP
	Cosgallen CDP	-
	-	Mentors Tuam
	-	Sligo Northside CDP
	-	Loughrea FRC
Participants who attended	4	
Staff who attended	5	
Numbers of support persons	3	

Source: Information provided on scheduling roundtable discussions and attendance at the meeting.

2.6 Discussions with Programme promoters and funders

The evaluation team met with the Programme promoters and funders, with the evaluation Advisory Group, with the Board of DESSA, with the Manager of DESSA and with Programme facilitators. Two written progress notes on the evaluation were prepared for these meetings and oral presentations were made.

2.7 Analysis of the principles underpinning the programme

At the start of the evaluation, the team requested documents relating to the Programme from DESSA and as many as were available were sent to the research team for review and analysis. It was useful to review the background documents to the Programme in order to ascertain how it unfolded in each site.

2.8 The use of evidence in social initiatives

The review found very little use of social 'evidence' in the Programme. By evidence we mean statistics on disability, prevalence of disability in geographical areas, benefit and allowance claiming, informal accounts of beneficiaries of the Programme, information coming from Local Partnership or Leader Groups, who have usually completed socio economic profiles. For example, the Census 2006 provides extremely important statistical evidence on people with disabilities, by age groups and small area of residence or district. This evidence is free and public and can be downloaded with about 1 hours training for a frequent computer Internet user. Evidence strengthens the sense of solidarity – 'we are not alone' – provides a stimulus to other potential partners and generates legitimacy for co funding applications.

3 ROLL OUT AND ADMINISTRATION OF PROGRAMME

3.1 DESSA programmes included in the evaluation

It was agreed following discussion with DESSA that ten projects would be included in the evaluation. Each of these ten participating projects had, or still has, one Steps to Mainstreaming Participation Framework programme in operation.

Table 4 shows the list of Counties of Community Development and Family Resource Centre projects included in the evaluation and the proportion of persons with disabilities living in those counties.³

Table 4

Counties included in the evaluation and % level of disability, 2006

County	% of persons with a disability living in county and State
Clare	8.9
Donegal	10.2
Galway	8.6
Limerick	9.9
Mayo	9.8
Sligo	10.2
State	9.3

Source: Central Statistics Office (2006) Disability, Carers and Voluntary Activities, Dublin, Table 2A, p. 16.

3.2 Geographical location of projects

Projects for review in this evaluation are located in various parts of the country, in Clare, Limerick City and County, Donegal, Galway City and County. Some areas have an above average proportion of people with disabilities in the area population. Tables 5-7 (below) show the numbers of persons declaring a disability by age in three project areas.

The total number of persons living in Abbeyfeale is 1,090 persons; the percentage of people with a disability living in the Abbeyfeale area is 13.6%, considerably greater than the national average of 9.3%.

Table 5

Number of persons with a disability in Abbeyfeale, Limerick categorised by age group, 2006

Age	Number of persons with a disability
0 - 14	15
15 - 24	10
25 - 44	33
45 - 64	44
65+	47
Total	149

Source: Central Statistics Office (2006) Small Area Population Statistics.

³ Information obtained at roundtable discussions and telephone conversations.

The percentage of persons with a disability of the total number of persons living in the Portumna area of Galway (1,377) is 8.8 %. This is slightly less than the national average of 9.3%.

Table 6
**Number of persons with a disability in Portumna,
Galway categorised by age group, 2006**

Age	Number of persons with a disability
0 - 14	8
15 - 24	7
25 - 44	29
45 - 64	28
65+	49
Total	121

Source: Central Statistics Office (2006) Small Area Population Statistics.

In Scarriff, the percentage of persons with a disability of the total number of people living in the area is 7.8%. This is again less than the national average of 9.3%.

Table 7
Number of persons with a disability in Scarriff, Clare categorised by age group, 2006

Age	Number of persons with a disability	Number of persons living in Scarriff
0 - 14	86	2,199
15 - 24	49	1,093
25 - 44	121	2,741
45 - 64	212	2,413
65+	285	1,244
Total	753	9,690

Source: Central Statistics Office (2006) Small Area Population Statistics.

3.3 Advertising and recruitment of participants

Various means of advertising the Steps to Mainstreaming Participation Framework were used by each of the projects. These included door-to-door, local radio and newspaper, posters, open days or use of the Parish newsletter.⁴ Door-to-door was not successful in urban areas where high numbers of houses are located, such as in Southill where one staff member estimated 1,500 houses in the catchment area.⁵ Participants in rural areas indicated that it might be more difficult for people with a disability in their areas to receive access to information. In such areas 'word of mouth' of the programme was successfully used.

Day Services in local areas were contacted, as well as organisations in the area, such as, the Irish Wheelchair Association. In some project areas, as many as two or three Day Services are in existence, some catering for specific disabilities.⁶

⁴ Information obtained at roundtable discussions and telephone conversations.

⁵ Telephone conversation with one staff member.

⁶ See note 4 above.

A staff member of Our Lady of Lourdes CDP felt that radio worked best as a means of communication in the area – an ad was placed on the community diary slot. An advertisement was placed in the Disability Federation of Ireland newsletter, emails were sent, an ad was placed in the Limerick paper and posters were also used to recruit numbers. Door to door was not used, as resources, such as personnel, would be a problem.

It was felt that the way in which participants were recruited to the Programme had a huge bearing on how the programme was rolled out. In many projects, the type of disability affected the content preference of the programme. In one instance, the group consisted of only people without a disability, and two persons who had initially joined with a disability felt outnumbered and withdrew from the Programme. In other projects, if the programmes were advertised to Day Services these participants would have different preferences to those not attending a Day Service.

Southill FRC commented on the fear of enrolling, noting the *Community apprehension of taking part in programme due to fear of losing entitlement to disability benefits* and do not want to go over 19 hours a week in activities.

Access to persons with a disability in the area remains problematic for some projects in the Limerick area. An example was given of advertisement placed in the paper but a large number of people did not feel that it applied to them. *Needs are not being met due to isolation. Some may even feel disillusioned from applying for services due to past experiences.*

An example of differing experiences given for participation in the Programme was that – *some participants received payment (top ups) while others did not.* **(DESSA meeting Limerick)**

Communication is a big thing – to people that need the service – the household should know about it – it should describe what is going to be put on offer. It has to be the household because the household is involved – let them avail of the information...all through B's life I have to physically go and check what projects are going on **(Parent at Galway roundtable).**

Several of the comments made in the evaluation raised issues which can be addressed. Open days for the Programme can explain what is on offer including benefit and allowance entitlements. Some projects in fact paid a 'top up' to those participating but who do not claim a DSFA benefit or allowance. Indeed any person not claiming a benefit or allowance should be accompanied to a CIC by the project to have their circumstances reviewed.

3.4 Duration of programmes

The Making Choices Programme was to be run for ten weeks and the Step Forward Group Development was to be run for six weeks. However, it was found that the programmes were run with variable timeframes departing from the Framework curriculum. Each of the Making Choices and Step Forward Programmes for evaluation lasted for different durations. For example, some were run for two or three hours per week for 10 weeks whereas; others were run for one day per week for five or six weeks. Another project ran the Making Choices Programme for four hours one day per week for four weeks.

3.5 Number of participants

The number of participants in each Steps original programme is outlined in Table 8.

Table 8

Number of Steps participants in each project's original Programme

Project	Number of programme participants who stayed
Raphoe FRC	10
West Limerick CDP	11
Hospital FRC Southside Disability Awareness Group: Southill FRC Southill CDP	8
Our Lady of Lourdes CDP	18
Ballybane CDP	10
Na Calai CDP	10
Aonad FRC	9
East Clare CDP	10
Sligo Northside CDP*	23
Cosgallen CDP	10
Loughrea FRC	8
Tuam CDP graduates*	4

Source: Interviews and roundtable discussions with staff of projects for evaluation.

*Not part of the original evaluation

3.6 Programme participants

It was estimated that of the ten projects agreed for evaluation approximately 100 staff and service users had completed one stage of the project.⁷ Participants in the programmes ranged from various backgrounds such as having acquired a disability such as a visual impairment to people with intellectual disabilities, persons who recently had a stroke, physical disability, a participant on the autism spectrum and those with more than one difficulty or disability, such as Multiple Sclerosis and intellectual disability or sensory disability with a longstanding health condition. The age range of participants was from late teens through to those over 65.⁸

3.7 Gender of participants

Overall, from meeting with staff and participants at roundtable discussions and follow up telephone conversations, the gender of programme participants was predominately female. In many instances, in groups of fewer than ten participants, only one or two men were part of the group.⁹ However, a number of staff stated that this might be due to the type of disability, their interest in the programme content such as drama, as well as their interest in Community Development activities.

⁷ Information obtained through the use of feedback forms for participants, telephone interviews and roundtable discussions.

⁸ Information obtained through telephone interviews and roundtable discussions.

⁹ Information obtained through telephone interviews and roundtable discussions.

3.8 Programme Staff

The staff responsible for organising the Steps programme in each of the projects varied and included Project Support Worker, Community Development Programme Co-ordinator, Development Worker and Project Worker. Recruitment of facilitators varied for each project. A common facilitator used by several projects was Peter Kearns who was also involved in the planning of the Steps to Mainstreaming Participation Framework.

Projects used both local and outside facilitators, sometimes depending on the choices of the participants. An additional factor to consider when hiring facilitators were extra costs, such as travel and accommodation expenses.

Technical Support to the programme was supplied by DESSA and funders of the programme: the Citizens Information Board and Department of Social and Family Affairs. Responsibility for the development and delivery of the overall programme lies with DESSA.

3.9 Concluding remarks

The Steps to Mainstreaming Participation Framework was implemented as a mainstreaming tool for people with disabilities. The projects in the evaluation showed considerable variations in the levels of disability reported, as compared with the national average. Reasons for this included the location of services for people with disabilities and in one instance; a factory was located in the area, which hired numerous people with a hearing disability.¹⁰ This may contribute to a clustering of people with disabilities in certain locations.

In recruiting participants, projects adopted an approach which suited the local community, whether they lived in an urban or rural area. Projects noted the fear of potential participants that the Programme would undermine their social welfare allowances. The majority of participants starting and completing a 'step' of the programme have been female. Reasons for this included the community development aspect of the programme as well as the course content. Those in support or promotion of the programme, such as DESSA, the Citizens Information Board and Department of Social and Family Affairs were positively portrayed in participant responses.

¹⁰ Ballybane, Co. Galway.

4 FINDINGS FROM THE RESEARCH

4.1 Research Methodology

Staff found the roundtable discussions extremely useful as a medium of exchange of information and personal experiences. In the course of the evaluation the research team met with some participants and some staff in Raphoe, Donegal, in Galway and in the Limerick area. The meetings were invaluable in revealing the richness and diversity of the Steps to Mainstreaming Participation Framework for such developments.

4.2 Programme Design

The evaluation identified a number of issues in the course of the research with the programme design and delivery. Concepts such as 'advocacy', 'mentoring' and 'community development' were sometimes used interchangeably in the Steps Framework when implemented at local level. Promoters and funders, however, were very clear on the important distinctions between the terms.

The evaluation team felt that following review, the programme design would need reassessing and further consideration in the future. Measures of success for the programme were not outlined to the research team. Through researching course curriculum, this was still unclear and the only evidence provided of how a participant would have reached completion of the programme was related to a Steps to Mainstreaming Participation Framework chart, which indicated social and economic capacity. No clear operational guidelines were offered on the programme. This would need to be addressed further in future programmes.

A number of limitations were identified in the aims of the Step Forward Programme such as, the use of the term 'training' instead of more suitable words, like information or skills.

In relation to Programme design some projects saw themselves as fulfilling a gap while others saw the Programme as an opportunity for direct and immediate participation of people with disabilities in the area.

Participants mentioned that information in disability rights circulating informally in neighbourhoods can be incorrect:

The information provided (informally) for people with disabilities is poor and incorrect. Hospital FRC provides an accessible resource centre (for information). (DESSA meeting Limerick)

The management group in the FRC see the disability group as essential to their centre. Training for the disability group is 5 to 7 hours per week. At present the group meet every second week in the year apart from July and August. (Hospital Family Resource Centre, Co Limerick)

For the Funders, there was an interest in the Programme being both inclusive and very person centred.

In the words of a funder:

We have a large customer base but there are particular groups who are not accessing the Family Resource Centres. The FRCs are aware that funding is available for services. They are becoming more inclusive and are engaged in applications for funding and the needs of people with disabilities. We are attempting to take away the cloak of invisibility of people with disabilities and to emphasise that people with disabilities are part of the community.

A second funder stressed the need for the Programme to have an individualised or person centred approach and that the qualitative nature of the evaluation should therefore help *to capture the richness of the experience.*

4.3 Planning and organisation

Both Programme staff and participants felt that it was imperative for participants to be included in the planning stages of the programme. It was reported that the types of disability predominant in the group had a huge impact on the type of activities preferred to be included. It is worth noting that the Programme never intended that any particular category of disability would be a determining focus of group membership, on the contrary, the Programme hoped to bring together participants who, up to now, may only have contact with a single service provider.

Two persons with a disability were members of the planning group and had an input to the delivery of a programme in Limerick. (Discussion with Our Lady of Lourdes CDP)

In Hospital Family Resource Centre, the programme is attended by a group of people with acquired disabilities. For them concepts such as empowerment, capacity building and lobbying skills were important as well, as offering confidence and support to live at home independently. Other topics and courses included in projects included opportunities for skills acquisition and further education through computer training and literacy.

We initially expected about 18 on the course based on the CSO figures for the area – but we got nobody from the immediate area. We would like the Department (of Social and Family Affairs) to use their database – the HSE will write to people on their database.¹¹ The Department could take their lead and write to people they have on their database informing them of the programme. Our own advertising doesn't seem to get to the people.

We did a questionnaire and went door-to-door with it. We got a good response, however we found that people didn't have the time to fill out the questionnaire at the door. We didn't get to know the people at the door – there wasn't enough time. We knocked on doors after six in the evening. (Local Programme co-ordinator)

Participants from Galway tried different methods of promoting the Programme:

Organisation is the biggest thing - you have to know what's going on. I would keep it (size of courses) small.

The service providers can be a good way to get information out – I mentioned this programme to the social worker but she didn't seem too interested... the social worker didn't want to know.

Some participants experienced difficulty in the Programme arrangements:

We didn't know the course times from week to week and the times changed from week-to-week. We were not given the programme in advance and we only got the times on the actual day. Step 2 is now completed. In the future we would need the days, dates and times fixed in advance. (Parent of young man with a disability from a rural area of County Galway).

Others stressed the atmosphere and systems of communication between participants and Programme co-ordinators:

There should be a good atmosphere in the place – have the premises bright – the ambiance of the place is important. It's nice to come into a bright room

I can't use computer/email but it would be good – text messaging is good... We need broadband – a lot of Co. Galway is on the edge of broadband access – the signal is very bad. If you are two miles outside of Loughrea the service is very bad – pockets of the county have no access to broadband.

None of the Making Choices group has access to email!

The local TD doesn't have broadband in his office in Galway – I was in the Serengeti in Tanzania and there was better access to broadband than there is in rural west of Ireland (Participants at Galway Roundtable Discussion)

¹¹ This has already been done in some areas.

4.4 Curriculum development

Getting the right match between the content of Programmes and participant wishes was an issue for Galway groups according to staff:

We started a ten-week programme with a very independent group who decided what they wanted to do. They decided they wanted to do computer programming and stress management – wanted to be able to deal with everyday situations. The Stress Management course ended up being modified – and they started to do art work (Galway Roundtable)

The course was interspersed with relaxation therapies and many of the participants preferred that to the learning element of the course, which included issues such as 'Know Your Rights'. Most wanted to come back for the relaxation classes rather than the knowledge part of the course... many did not feel confident in the knowledge class (Galway Roundtable)

In Donegal, some participants stressed more the way you learn rather than what you learn. The group has been running for two years. One participant said that:

In the two years (I) have learned a lot personally. Couldn't have been done in one. It takes time for things to sink in

In the group (I) feel all are equal. In the time spent in the group, others don't talk over you and include you. Difficulty in education in the past. Can catch up on skills and education in the group (Discussion group with Steps to Mainstreaming Participants in Raphoe, Donegal)

4.5 Delivery of programme

The delivery of each of the programmes was different in each area. The reasons for this can be attributed to a number of factors including the background of participants for example, whether they had acquired a disability, the type of disability of each of the participants attending, funding available, the level of resources available, the delivery techniques of facilitators.

Although the Programme has been described as flexible to adapt to each group of participants and the project setting, the core objectives of the Steps Framework were sometimes disconnected from the delivery and outcomes of projects. It was felt that to maintain the programme as an effective mainstreaming tool, some consistency is needed in its roll out in projects.

For some staff a main priority was involvement of participants and their needs or additional skills required. Staff in Hospital FRC, felt that it was important for people with disabilities to have an opportunity to co-ordinate the sessions. In a number of projects participants were not involved in the planning stages of the programmes. As a result, their preferences were not included or explored. The inclusion of the 'medical model' versus 'social model' of disability in the programme delivery was viewed as extremely beneficial by both staff and participants. Staff were not familiar with these concepts.

One staff member commented on the delivery and facilitation of the programme by a person with a disability. The staff member described this as a genuine example of achievement by a person with a disability. This facilitator was commended for presenting leadership and motivational skills.

Some staff members described the length of each session as too long especially for those who were venturing outside of their own homes into local community programmes for the first time.

At the beginning 20 participants attended the workshop. This fell to eight participants by the end of the programme. Mostly men dropped out and it was felt the most common reason for drop out was the radical shift experienced by participants, many of who did not leave their house before, to sitting around in a circle in the middle of the floor. Activities such as drama were also a huge influence on the numbers who dropped out. No input from the participants was asked for in the planning of the workshop. Other reasons for drop out included personal issues, others felt they had moved on and outgrown the group. Some

participants felt that the drama was often not suitable and excluded certain individuals. (Telephone conversation, Hospital Family Resource Centre)

Aonad Resource Centre felt that participants of the programme preferred sessions focussed on day to day experiences, rather than those delivered on the importance of the 'social model' or drama sessions. The majority of participants in the group of nine participants have mental health difficulties and felt that sessions on therapy, stress management and relaxation were more enjoyable than those on academic issues. For these, facilitators were hired from Mayo, Galway and Sligo. Modules that have been included in various programmes include art, woodwork, lobbying skills, computer training, literacy, gardening, aromatherapy and drama.

A high level of administration to run the programme is required according to some staff members they found having a point of contact to refer to with questions regarding the funding application forms and programme useful. In a Limerick region a collaboration of two CDPs and one FRC had proved successful in reaching out to people with disabilities in their respective areas while job sharing the administration tasks of the programme.

A programme coordinator found the charges of one facilitator quite expensive. She found the administrative work considerable such as recruitment, getting a suitable room, and funding, tutors and module material – it involved a '*lot of work.*'

4.6 Programme aims versus programme outcomes

One staff member described the programme as particularly good value for money as it '*opened a floodgate of needs*' of people with disabilities in the local area. Programme participants and project staff, where the group had moved onto to forming two or more groups, viewed operating on a step-by-step framework as essential.

Staff felt that the topic of concern on which the framework is based, is a slow process and staff were unable to estimate how long such groups should be funded for. Examples of outcomes from the programmes which addressed social inclusion and participation were used to illustrate this point such as forming their own committees or chairing meetings, confidence building, support to living at home independently for those with an acquired disability, awareness training, successful local community lobbying campaigns and update of skills.

In Southill, a programme participant is now the Chair of a Disability Awareness group in the area. Two programme groups organised a successful lobbying campaign on the use of footpaths: Na Calai CDP and Hospital FRC. Two participants of the East Clare CDP moved on to further education, while a further two got jobs.

In the majority of projects, a follow up or second follow up programme was underway, or applications were awaiting approval. The costs applied for and received for these varied considerably from the original programme for different reasons:

- Projects were currently in the process of the Steps Framework having originally run the Making Choices Programme and from this the Step Forward Programme.
- Projects had gone one step further in delivering an Advocacy Programme - a third related programme for participants.
- In Abbeyfeale, the West Limerick CDP hosts a second group called the Look Forward group, which is made up of 11 participants from the original group of 13.

One of the aims of the programme outlined in material supplied to the research team, indicated that the programme would facilitate members to explore their identity and transform issues to a national level. From meeting with the participants and staff involved with the programme, it would seem that this would be an unrealistic short-term goal, based on what the programme has achieved to date and the preferences of participants.

It would be more advisable that this could be done through DESSA under its current remit and objectives. Following meetings with each of the participating projects DESSA could be informed of the issues affecting people with disabilities in local communities. Policy reform is a complex national process and should not be a goal for the programme participants.

In terms of administration, the research team were unable to report from data on how many participants went through the Programme. In future, the research team would envisage that appropriate record keeping be maintained and measures of the social inclusion process or outcomes for individuals.

A computer and literacy programme has been set up and started this week. It will run for seven weeks at a time. The first course will have four of the original participants of the DESSA programme attending. To date, a further four have expressed interest in signing up for the second course...

Politics would be another area for courses to be organised particularly in terms of voting and rights. Successful examples of effective lobbying skills are the appointment of a former participant as Chair of the Disability Awareness Group. (Conversation with staff, Southill Limerick)

Attended a one-day workshop on disability awareness with Peter. Felt it was refreshing, different and was excited afterwards – wanted to spread knowledge around. In comparison, left other training after one year, as ethos was wrong. Ethos in Peter's training was on equality and providing a level playing field. Staff person reported that she felt it all 'made sense' afterwards. No lecturing involved but message was put across. Was sceptical at first but after Peter's training felt the 'penny dropped' – 'I get it now.' (Staff Limerick Discussion)

Before one day training Deirdre felt she was 'brainwashed by the medical model.' Deirdre worked in an organisation previously which claimed to be person-centred but after training realised it was not. (Staff, Limerick discussion).

Question needs to be asked of what group would do with what they now know. They feel that they should use their learning – if not *the programme should no longer be run.* (Staff discussion Limerick)

Participants in the Limerick region were very appreciative of learning about the 'social model' of disability services. *In comparison, the medical model is negative and has a religious aspect. Attitude of gratefulness and thank God to be alive. After training come away with disability second to me being a person, said one attendee.*

M. from Southill CDP received two days training. Afterwards felt she had a 'clear vision of the social model... Religion was generally core to disability. For example on a recent trip to Lourdes, M. read through the excursion plans for a group attending, some with disabilities. For those with a disability, activities were based in Mass or in the church, for others social activities were planned. Felt people never stopped to think. (DESSA meeting in Limerick)

One participant went on to enter the employment market; one participant is now a Chair of a meeting group. They found it useful to combine the resources of other FRCs and CDPs to form the Disability Awareness Group. Before that, Anne stated *it was a struggle.* The working group formed from the Steps group now meet on a regular basis and find this coordinated approach useful to meet and discuss disability and other issues. (Telephone discussion, Our Lady of Lourdes CDP, Limerick).

A former DESSA coordinator wondered how well the Steps to Mainstreaming Programme would work, were it not for the Community Development approach. She felt that there could be: *too much rigidity in 'goal' orientation outside CD centres –CD offers a process to address or find a home for capacity gap* (Email to research team)

Participants – (men and women in a rural area) with very different disabilities were able to put words on their own personal experiences with Steps to Mainstreaming and described the positive outcomes clearly as follows:

Listened to more and feel that your point of view is taken up

Enjoy standing up for yourself

People listen to you - We feel that people with no disability don't listen

Next step – go out and not be afraid to speak up and get point across

Feel a big improvement – not feeling like I make a show of myself

Express yourself – confidence to take part and join in

Helpful learning – help each other and be there to help each other, not afraid to ask

(Discussion group with Steps to Mainstreaming Participants Framework in Raphoe, Donegal)

The remarks of participants highlight the importance of careful and slow support to individuals who are isolated and have lacked confidence to make their opinions or themselves known in the past.

4.7 Concern with isolation

The Steps to Mainstreaming Participation Framework reaches out to very isolated families in rural townlands (outside Raphoe), villages/towns (Hospital) and housing estates (Southill parishes). The initiative is effectively reaching out successfully to the hard-to-reach – a task that can be undertaken effectively by local groups and fulfils a social inclusion mandate.

For many participants in Limerick and Raphoe, their outing to the FRC or other facilitated group was the **only** social outing of the week. Some participants in Raphoe described a sense of '*belonging*' to a group or being '*like a family*'.

Brid Lyons (Southill FRC) works with the Making Choices group. The main obstacle as she saw it, was trying to get people to take part in the programme. Isolation is a huge problem in the city area. There is little involvement of people in community groups with certain disabilities such as those who are blind or wheelchair users.

Without the support of my husband and family I would live alone and feel sorry for myself.

Pauline (participant Hospital FRC) is a carer for her husband at home. He has difficulties in terms of access to buildings – *I don't go out too much' ... I only go to the group.* **(DESSA discussion in Limerick)**

Motto is: If community can't come to us we'll go out to them. **(Meeting with Tony McDaid, Raphoe Family Resource Centre)**

For many others attending the group, *they face a lack of support at home or in care and they come here and think it's the bees knees.* **(Meeting with Paul Fagan Facilitator of Steps to Mainstreaming Framework in Raphoe, Donegal)**

Isolation was identified by a DESSA Board member, and in particular isolation, for example in urban housing estates and not just rural areas. The Programme can be viewed as an important footbridge into the mainstream by individuals who otherwise would have little to no contact with personal development, services, resources or information provision.

4.8 Slow pace of acquisition of participation skills

Facilitators remarked that progress in participation and participative learning takes one to two years based on one day per week sessions of intensive activity and trust building. This slow pace differentiates the programme from other Family Resource Centre initiatives. Despite the slow pace, it appears appropriate to fund activities based on a step-by-step process.

A DESSA Board member agreed that there was a need for a slow pace of delivery and an approach that recognises that time is needed to achieve development, for example 3-5 years of funding as in the case of Adult Day Services. **(DESSA Board discussion)**

4.9 Funding

Funding was cited by projects as an obstacle to becoming involved in the Steps to Mainstreaming Participation Framework. Many staff members stated that facilitation costs were especially high. It was one of the largest percentages of the overall funding received to run the Programme. All participants and staff included in the evaluation estimated that funding needed to run such programmes in the future has increased. This was estimated for all parts of the country, particularly Dublin. Nevertheless, most staff and facilitators expressed no specific views on expanded funding and regarded cultural and attitude changes and transport as significant issues.

Many centres had resorted to using local facilitators for part of programme to keep costs down. The facilitators were knowledgeable in a specialised area and fulfilled the groups' requests on programme content. In Southill, the use of local facilitators was beneficial as they had an understanding of Community Development in the local area.

Southside Disability Awareness Group had extra costs in hiring a room in a hotel for the sessions, as no alternative was available to them in their areas for the original Making Choices programme.

In addition, sources of funding for programmes varied for the type of programme rolled out in each centre. Although the majority of programmes sourced their funding from the Department of Social and Family Affairs, in Hospital FRC, Limerick, funding was received from Combat Poverty for the Making Choices Programme. In another instance funding was received for the first Making Choices Programme from the Department of Social and Family Affairs, while funding for the second was received from the local Vocational Education Committee. This added to confusion for staff members but is actually consistent with a multi-agency approach to delivery.

The estimated level of funding reported as received by each project for their first Programme included in the evaluation is presented in Table 9 below.

Table 9

Estimate of funding received by each project

Project	Funding received
Raphoe	€11,516
West Limerick	€5,000
Hospital	€2,500
Southside Disability Awareness Group: Southill Southill Our Lady of Lourdes	€5,000
Ballybane	€4,768
Na Calai	€4,295
Aonad €7,000	
Sligo Northside	€4,300
Cosgallen	€3,500
Loughrea	Not known
East Clare	Not known
Tuam CDP graduates	Not known

Source: Interviews and roundtable discussions with staff of projects for evaluation.

Second funding applications for follow up programmes were adjusted according to additional costs not foreseen in the first application, such as reasonable accommodations and transport. For others the funding applications were adjusted to account for change in numbers participating in the programme. Table 10 shows some of the main costs included in application forms.

Table 10

Breakdown of funding costs in application forms

Costs	
Transport	
Reasonable accommodations	General Sign Language Interpreters Personal Assistants
Facilitation	
Travel expenses of facilitators	
Hiring rooms	
Day trips	
Materials and supplies for activities	

Source: Interviews and roundtable discussions with staff of projects for evaluation.

For many staff the application process for funding was described as troublesome. The choices of funders for first and subsequent funding varied for many projects and inexperience led to many staff not rationalising the correct amount of funding for each costing. In some instances funding was granted to projects in anticipation of higher numbers attending the group. In one instance the amount of funding exceeded the numbers of participants due to delivery of what was perceived as a similar programme in the area for people with disabilities.

These teething issues appear to be getting ironed out. Members of the Board of DESSA stressed that competition between groups should not be fostered and if cost sharing is possible across groups, then that is a good thing.¹² **(Meeting with DESSA Board)**

4.10 Reasonable accommodations

Costs to run each programme were more expensive than first anticipated by the CDPs and FRCs. For example, Hospital FRC made an original application for €2,000 from Combat Poverty for the Making Choices Programme, however, this figure was later increased to €2,500 due to increased transport and travel costs.

One example of extra costs in the Raphoe Family Resource Centre was the cost of a Personal Assistant for a woman who attends the monthly management committee meeting. Costs for PAs are built into funding applications. This ensures the participation of the disabled person at meetings.

Staff interviewed as part of the evaluation felt that it was important for those co-ordinating each programme not to have to ask participants to put their own hands into their pockets.

A participant from Ballybane in Galway (a RAPID area) who is one of several Deaf persons, has been able to engage in a social participation programme thanks to the provision of an Irish Sign Language Interpreter. **(Galway Roundtable)**

¹² The evaluation team were informed that some individuals using HSE funded Day Services were not provided with transport on the day of their attendance at the Programme.

No standard of care exists – different accommodations received – creates conflict. Important for people with disabilities to meet and talk about access to services and entitlement to benefits – addresses powerlessness and ensures information is spread. (DESSA meeting in Limerick)

We would like to have known that we could get a Deaf (ISL) interpreter – we could have advertised this then. (Galway Roundtable)

It would appear that projects need to be advised in advance to research and locate with the help of Citizen Information Centres, or more experienced projects, as well as with people with disabilities, the types of accommodations they should envisage.

4.11 Day Services

A small number of Steps participants were attending a Day Service in the local area. For example in Raphoe, three of the ten original participants were attending a Day Service. Two further participants were living, and are still living, as residents in a community home. A staff member of the Aonad Family Resource Centre stated that two Day Services in the area were contacted to recruit participants.

Whether such a programme is delivered in conjunction with other local community initiatives or day services in the future...was a subject raised by the DESSA Board.

The HSE has appointed a Working Party to review Day Services for people with disabilities. The Report of their work is due for publication during 2009. This may provide a framework for consideration of joint support to the Programme.

4.12 Reasons for withdrawal from programmes

Reasons for withdrawal from programmes included:

- Participants feeling they had 'moved on' from the group
- Lack of suitable or accessible transport
- Take up of job or course
- Describing the length of sessions as too long or intensive
- Dislike of drama used in sessions – felt that it was too much of a change from what they were used to at home
- Preference to social rather than learning aspect of the course
- Long term sickness or personal health concerns

Of the group of 13, which started out in the Steps Programme, 10 stayed to receive certificates for completion. **(Meeting with Tony McDaid, Raphoe Family Resource Centre)**

It started with seven people and there is now five in the group – one has gone to another course and another had a transport issue. The individual concerned lived in Loughrea and was unable to secure funding for transport – the course costs were covered for two days a week but because the computer course was on a Friday which was an additional day they weren't covered for transport costs. Transport was working out at €90 per day. (Staff Galway Roundtable)

'There is an issue re costs – we put a ceiling on the numbers this year – there was a missed opportunity as some people haven't come back to the project. (Galway roundtable)

Future Programme promoters might consider recruiting slightly more participants to the Programme to allow for the retention rates or holding open days for users to see if they would like to enrol.

4.13 Staying rate of participants

Eight participants participated in the course in Hospital FRC and each of these participants has returned for follow up programmes.

Reasons why participants stayed to complete the programme included:

- Viewing the sessions as a social outing
- Receiving information
- Opportunity to share personal experiences
- Social skills
- Confidence building
- Empowerment building
- Capacity building skills
- Holistic therapies
- Friendships made
- Payment of top-up assistance

The Hospital FRC experience shows that the programme can meet a very wide variety of needs and interests which can be incorporated into the experience.

4.14 Transport

Transport is a major consideration in rural townlands, towns and villages for all residents and equally for people with a disability. Access to suitable and reasonably priced accommodations is a difficulty in all locations. It was generally agreed that access to transport is more difficult to obtain in rural areas, but this applies to everyone and not just people with disabilities. One staff member described transport in the Western region of Ireland as 'disjointed'. For many participants who wished to travel to the roundtable discussions, transport was claimed to be their main obstacle.

Transport is a major obstacle for people with disabilities to link in with other groups, for example those linked in with Hospital FRC. This is useful to spark motivation among participants. B. described the meeting as great mentally and physically. Funding for taxis needs to be addressed he thought: *funding directly affects participation.* (Limerick)

Transport and access to information are two of the main difficulties for people with disabilities. (DESSA meeting in Limerick)

Raphoe is poorly serviced by public transport and local buses are not all wheelchair accessible. (Meeting with Tony McDaid, Raphoe Family Resource Centre,)

P. reported:

Transport is so disjointed – particularly if the mother and father are working it is difficult to co-ordinate times and transport. It can be difficult to get to a place at a certain time of the day with people working at different times. (Galway roundtable)

We would also like to have known that we could get funding for a bus. (Galway roundtable)

In Galway Brian said:

It's a shorter journey time in the car – on the bus you have to go through every area. You leave at 8.30 on the bus and get there at 10. If you're in the car it only takes 40 minutes.

His mother:

If we weren't able to bring Brian ourselves he couldn't get to the course. (Galway roundtable)

4.15 Top-up payments

Top-up funding was received from the Department of Social and Family Affairs for some participants attending the programme and not for others. This was described as a major obstacle in two projects, Hospital FRC and Sligo FRC. This obstacle was described by one staff member as a reason for the group to be divided as some were receiving assistance with travel expenses and others were not. In one instance participants received the additional funding for the first programme, however, when they applied the second time their application was rejected and as a result, it was reported, the participants no longer continued with the programme.

The DSFA will pay about €20 a week to each claimant of an Allowance who participates in these programmes. This is a welcome recognition of the 'costs of disability'. However, those who have no claim with the Department get nothing. Among those with no claims are married women with disabilities. A solution here is either for the €20 to be factored into budgets or for non-claimants to make claims for nominal amounts such as €10 a week, which can then be 'topped-up'. Staff from some projects were not up to date on this topic.

4.16 Awareness raising for staff

Staff in Limerick, especially Hospital and Southill, indicated the importance of distinguishing between the medical model of service delivery by both state and charitable bodies and the social or rights-based model. They described this as the single most important piece of knowledge obtained from the courses.

Staff in Raphoe applied the results of the presence of the Disability group within their (adapted) building to other actions within the project such as co-operation with other bodies in the area, changes in management board and understanding of social inclusion as applying to people with disabilities and getting their agenda onto the FRC agenda.

The Limerick participants and staff emphasised the prevalence of inaccurate and misleading (word of mouth) information on the working disregard, the disability pension versus adult dependent allowance, and the entitlement to VRT waiver on cars for people with or without limbs. The mixed messages fostered suspicion in neighbourhoods that some who had obtained benefits did so by favouritism or special arrangements rather than by right, even when this was not the case.

A Galway family found that their son with an intellectual disability got more out of his one day a week with the Programme than the four days a week with a local Day Service. They had asked his Day Service to co-operate with the programme.

4.17 Disability and age discrimination

Limerick participants expressed very strong views and opinions about the removal of social services for people with disabilities at the age of 65. They felt 'affronted' when told they could no longer have a PA (by HSE) or that services were reserved for those ready to take up employment. Those with a physical or sensory disability are moved onto the Intellectual Disability Database once they reach the age of 65 according to a Limerick staff person. This affects the level of supports available to persons who once received them through the Physical and Sensory Database.¹³

Participant B. reported: *I was told I was too old for a scanner* (Blind participant). Once you reach 65, you are offered the choice of buying it with a 25% discount.

Another example cited was of a woman who was on a list for seven years to receive equipment and once she reached the age of 65 was told that she was no longer qualified to avail of the service.

¹³ This was a complex area that was not further explored in the course of the evaluation.

This would *'turn you off'* applying in the future. Another person agreed but stated that that they thought this kind of behaviour was the idea behind it so that the *person would just give up*.

Noreen, participant from Hospital FRC felt that people in the area have a *'fear'* of service providers. CIB advocacy programme in the area supports people to address issues. *'The Database change crept up on those over 65.'* (DESSA meeting in Limerick)

The group agreed that there might be conceptions passed from one area to another on access and entitlement to services and supports and they might not be true. (DESSA Board)

4.18 The use of volunteers

The use of volunteers to support the programme was uncommon. Typical reasons for this included politics and lack of awareness of disability issues in the area. Staff felt that volunteers would be useful to cut back on costs such as hiring bus drivers. In Southill a buddying system has been set up in the community and allows young people in the area without a disability to familiarise themselves with a group member.

It could be an opportunity missed not to test the opportunity for volunteers in the communities to offer their services on a short-term, short time basis.¹⁴

4.19 Programmes in existence in the area

Some Family Resource Centres and Community Projects are in touch with or interact with many other local area projects, networks, partnerships, cooperatives, associations and groups. This reflects a rich and important feature of civil society at grassroots level. Connecting the Programme with some of these groups is worth pursuing, bearing in mind that some attempts at this were rebuffed by other groups or agencies. Prior to the establishment of a Programme, it is worth verifying that there is no equivalent action in the area or measures that would be viewed as duplicate, even where this is not the case.

4.20 Unanticipated findings

Participants of the Steps programme in Raphoe reported that a number of them had a second role at home of caring for family members. Some participants who live at home are also carers, sometimes the only carer to family members, such as an elderly mother with MS who cannot get out of bed or a father with Parkinson's disease. Some participants are in families where two adult men are impaired or three adult sisters have learning difficulties in one family. The review also noted a close relationship between absolute poverty in the family and the presence of a person disability.

¹⁴ The Evaluation Team is aware from other research of a Midlands Service Provider who advertised for volunteer drivers and was overwhelmed with offers from retired and other individuals who wanted to make a small contribution to the lives of their neighbours.

5 RAPHOE CASE STUDY - DONEGAL

5.1 Selection of Raphoe as a Case Study

Raphoe Family Resource Centre was chosen by DESSA as a suitable case study within the Steps to Mainstreaming Participation Framework. It was agreed that all those involved in implementing, co-ordinating and participating in the programme would be included. In terms of interview style, the course co-ordinator and facilitator of the programme were interviewed on a one-to-one basis and the programme participants were interviewed in a group setting.

5.2 Background to the programme

The group has been running for two years and the Department of Social and Family Affairs have approved funding for a third. The majority of participants in the group may be described as moderately to severely intellectually impaired, or having learning or concentration difficulties, with some having more than one disability. Of the group of 13, which started out in the Steps Programmes in Raphoe, Co. Donegal ten stayed to receive certificates for completion. Two have since left, one for personal reasons and one woman has started a catering course away from home.

The co-ordinator stated that the Programme was opened up through ongoing support and a launch pad provided by DESSA. Information is readily available and has provided assistance with upgrading policies and procedures. Advice, signposting and training are provided to run the programme.

5.3 Description of the area – location, CDP and CSO Data

A significant number of people with disabilities living in the area are older people. Of those 1,065 persons living in Raphoe, 132 persons have reported having a disability, which is 12.4% of the population. This is higher than the national average of 9.3%. A breakdown of the numbers of persons with a disability in Raphoe by age group is illustrated in Table 11.

Table 11

Number of people with a disability living in Raphoe categorised by age group and as a percentage of the total number of people living in Raphoe, 2006

Age	0 – 14	15 – 24	25 - 44	45-65	65+	Total
Nos.	15	9	32	41	35	132
	% of total population living in Raphoe					
%	1.4	0.8	3	3.9	3.3	12.4

Source: Central Statistics Office (2006) Small Area Population Statistics.

5.4 Description of the programme

In Raphoe, the centre co-ordinator described the programme as '*value for money*'. He believes each Steps participant is contributing to an enriched experience in the Family Resource Centre. He notes that as the Programme is run outside of the house or residential centre the participants are living in, it is more beneficial to them. The FRC Coordinator considers individual outcomes for each participant as essential in planning the programme. Some participants live in households where siblings or parents also have a disability (Autism Spectrum, Parkinson's Disease, learning disability).

¹⁵ As stated in the Census 2006, Carers and Voluntary Activities.

5.5 Funding

The Family Resource Centre provides individual travel to the programme for each participant. This is usually through a personal taxi service. Raphoe FRC estimates the cost at over €2,000 a year. Many voluntary organisations and not-for-profit organisations have fleets of vans, which are idle some of the day and are not shared with other organisations, despite public investment in those same organisations. The use of cabs, however, means that people are not being 'bussed' into centres involving long journeys.

Costs for PA's are built into funding applications. This ensures participation of people with disabilities at meetings. In a third application for funding Raphoe has incorporated reasonable accommodations to ensure that if a persons' condition deteriorates over time, they will be catered for.

5.6 Responses from participants

Equality of participation in the group appeared strong along with the importance placed on decision-making for individuals in the group. A participant described the setting for the Programme as '*a nice place*'. One participant commented on the feeling of '*belonging*' in the group and described each member of the group as equal, adding: *in the time spent in the group, others don't talk over you and include you.*

5.7 Skills and learning

Activities in Raphoe include role-play, golf, karaoke, music, first aid, indoor barbeque and Christmas shopping. One woman with a physical disability reported on the difficulty in accessing education in the past. She stated that she: '*can catch up on skills and education in the group.*' Voter participation was incorporated into the group through allowing each participant to vote on their Christmas shopping location. However, when the group were asked to discuss work and training the group described the programme as '*more relaxed atmosphere than work, not as tense – or sitting in a quiet room*'.¹⁶ The group appeared to be a place for some of the members to express themselves. The facilitator stated that for one male participant the group session provided a sanctuary every week.

DESSA promotes the employment of people with disabilities to run their Programmes. A person with a disability facilitates the programme in Raphoe, the group were able to relate better with people with disabilities and involve themselves in the programme. At the closing stages of the Making Choices Programme a certificate ceremony was organised, where participants who completed the programme were awarded with a certificate and photographed.

5.8 Programme Outcomes

The facilitator reported that many attending the group are upset at how they are being treated outside of the group and this rejection can impact on a person's life. The Family Resource Centre provides a framework of support and information when an individual leaves a residential service or home.

Raphoe, with a very experienced facilitator-tutor, is successfully imparting participation skills to members. A part of this is done through practicing role plays/micro drama, such as how to meet a doctor to renew a prescription, how to argue without being aggressive or overly timid, how to hold on to your argument. This was displayed to us through a DVD recording. Concepts incorporated in the drama production included respect, advocacy, and confidence. Two members of Raphoe now sit on the FRC management board, and this is described as Community Development. A further participant has taken on a part-time work placement in a chemist. Others in the group reported becoming volunteers since their participation in the programme.

Some participants feel that that the group is a mainstream participation framework group and that they do not have a disability. This is interesting as the Raphoe Programme aims to provide participants with support to become more involved in and enter the mainstream. As part of the work carried out by the Raphoe group, a campaign is underway to prevent lorries parking outside the door of the resource centre.

¹⁶ Term used "Sitting in a quiet room" for day centre location used for participants with challenging behaviours

6 CONCLUSIONS AND PROPOSALS

1. Design

In rolling out the programme participants and staff felt that organisation is key. The setting up of a planning group to discuss and plan the programme was recommended. This planning committee would include future participants of the programme and/or persons with disabilities.

Collaboration is key. This is particularly the case with involving participants of the programme in the planning stages of the programme. A participation approach in all areas of the programme was identified as a priority. Arranging group participants to meet with staff and facilitators before the programme commences could facilitate this. In one instance the collaboration of two CDPs and one FRC in the Limerick region proved a success.

Staff appreciated assistance from the programme initiators in the administrative aspects of the programme, particularly on what accommodations should be accounted for in funding applications.

Greater consideration needs to be given to the allocation of funding. The evaluation team felt that more advice should be given to programme co-ordinators in how costs should be managed and allocated both in applications and implementation of the programme.

2. Participant recruitment

The DSFA had facilitated some projects by inserting information about the programme into selected mail shots so that potential participants would be informed. While some project staff thought this was a great idea, none could say whether this was actually effective. It might be argued that the role of community based projects is to develop their own communication routes, especially as not all potential participants will be claimants.

The recruitment of participants for each programme should give consideration to the background of participants and their type of disability. Recruitment should take account of the policy of the Health Service Executive to encourage large-scale residential service providers for people with disabilities to develop community-based settlement of residents in towns and villages across the country.

3. Description

The Step Forward Programme might be described as a programme of social participation, learning or information.

4. Rolling out the programme

Promoters of initiatives should have some basic data on disability, which is available from public sources or other non-profit bodies, while preparing their applications.

In material supplied to the review team, reference was made to drawing up a simple toolkit of practical steps in rolling out the Programme. Such a resource is not in existence. The review team would be favourable to such a resource being available to project staff.

Individuals with a wide range of disabilities attended the programme. However, some of the impairments that individuals have may have an impact on the topic preferences of the individuals.

5. Size of participant group

Staff felt that the size of the group was important. The greater the size of the group, the harder it is for participants to connect with each other. One staff member recommended a number between 12–18 as the ideal group size. This would allow participants to have an input into the programme content.

6. Curriculum design

Greater consideration needs to be given to the curriculum the Steps to Mainstreaming Participation Framework. The evaluation team were made aware that in some instances the group did not easily relate to the activities and topics addressed in the Programme. For many participants, their personal background had a significant impact on their preferences for programme content.

Participants described the programme as a 'social outing'. Both staff and participants expressed an overwhelming preference for social rather than learning aspects of the course. Should the programme be redesigned, this factor should be taken into consideration.

The evaluation team recommends that in rolling out such programmes in the future, original material be drafted or referenced to its source or idea.

7. Facilitators

Although many staff members appreciated the use of external non-local facilitators, due to the extra costs of travel and accommodation expenses incurred through their hiring, the review team felt that additional costs such as these should be kept to a minimum, through hiring local or regional specialised facilitators, where qualified and available.

8. Adjustments

In terms of reasonable accommodations, the evaluation team were impressed with the extent to which reasonable accommodations, once identified, had been organised.

9. Equity between participants

A problem in the successful rolling out of programme was the issue of some participants receiving a top-up payment to their Disability Allowance, while others did not. Some programmes remedied this by paying an equal allowance to non-claimants out of the project funds.

10. Progression through the Framework

Most projects employed just one or two steps of the Mainstreaming Framework. In the relatively short duration of the programme, there was no evidence of progression to a third or fourth 'step.'

11. Interagency working

Some projects had little contact with others working in the field of disability in their local areas. Some projects were positively discouraged from pursuing the programme on the grounds that the projects were not specialised or service providers.

12. Record keeping

Record keeping was weak. Simple data should be maintained on how many participants enrol and remain in the programme. Records should be kept of the outcomes for the individuals involved and in terms of any changes in their status, for example to in a volunteering capacity, training course attendance or other participant statuses and outcomes.

13. Budgets

In the course of the evaluation, no FRC or CDP staff person suggested an increase in budget. Most had found the budget broadly adequate for their needs.

7 STEPS TO MAINSTREAMING PARTICIPATION

Participation to Inclusion – Steps to Mainstreaming Participation Framework

Based on the terms of reference and findings of the evaluation, the following pages outline a template for a revised programme design.

Field	Proposal	Responsibility
Programme Concept	To write up a one/two page concept sheet such that projects have a contextual understanding of 'social' activation and social participation as preparatory to social inclusion actions for and with people with disabilities.	DSFA/DESSA
Communication of concept	Programme should be placed in context and communicated with reference to UN Convention on Rights of People with Disabilities and DSFA Sectoral Plan implementation.	DSFA/DESSA
Programme design	Promoters might explore the provision of a hot meal in the middle of the day, as is the practice in at least one project currently running.	Projects
Collaboration	Projects should identify, where appropriate, partners, organisations and associations who would wish to be associated with the activities of the Programmes. Co-operation and collaboration with local structures, such as County Development Boards might be advisable to embed project actions in the local structures.	Projects
Engagement of participants	Participants should be engaged taking account of their prior learning (if any) and proximity or remoteness to services and civil society. Organisations and associations of people with disabilities/family members should be encouraged to participate at this stage of project development.	Projects
Mobilisation of participants & peer support	Where potential participants are, for example Deaf, they might be encouraged to invite others who can offer peer support.	Projects
Preparation	A half-day or full day workshop with project promoters, funders and support bodies appears to iron out preliminary hitches. Supporting projects using a simple set of suggestions and guidelines, drawn from the experience of existing projects, printed or by web, would facilitate the roll out of the initiative.	DESSA
Development of course content	Planning for simple outcomes for and with individuals participating is helpful for individuals participating and for funders. Projects should be flexible in adapting the course content to the interests and opinions of participants and particular barriers they may face in society, particularly in relation to step one and two of the Framework. It is also increasingly public policy in day services used by people with disabilities.	Collaboration with project partners & participants.
Development of course content	Participants understanding of how social information and social protection works and are used, could be enhanced by visits to Citizen Information Centres, local Advocacy Projects and Centres for Independent Living.	Projects & their Partners & Funders
Curriculum	Course promoters might bear in mind that long sessions may pose difficulties for some participants and schedule timetables according to preferences.	Projects
Reporting	A short data sheet on the numbers enquiring about course participation, numbers enrolling and numbers staying the course should be maintained. The recording of information on the destination of 'graduates' is an invaluable source of information on success.	Projects
Evaluation	The closing of programmes can be marked for participants by attendance certificates and photographs.	Projects, DESSA & Funders

Appendix 1

Steps to Mainstreaming Participation Framework

Introduction

This framework seeks to empower disabled people and community development practitioners with knowledge and capacity to ensure the active participation of disabled people within the community.

The framework sets out to firstly, increase disabled people's participation in public, civic and community life by delivering strategic supports to disabled people at a local level through local community development organisations; and secondly, to provide those local community development organisations with the capacity and supports to co-ordinate the programme at a local level. These strategic supports - training, networking, advocacy and mentoring will enable disabled people develop skills, experience and confidence to actively engage and participate within their communities.

The programme comprises (i) a series of training programmes designed to introduce disabled people to their local community; explore disability issues so that they can inform policy and effect change locally and nationally; and develop practical skills to enable participation (ii) the development of advocacy and mentoring supports enabling disabled people achieve personal life goals within a mainstream community development context; (iii) capacity building among community development practitioners in disability equality; and (iv) the development of a model of mainstreaming.

In the development of the framework it is important to clarify the aims and objectives for DESSA in relation to the framework and distinguish them from the aims and objectives of the framework it's self. The following sets out both sets of aims and objectives.

DESSA Aim and Objectives Steps to Mainstreaming Participation Framework

Aim

DESSA will provide strategic and technical supports to CDPs and FRCs to develop their capacity to deliver the Steps to Mainstreaming Participation Framework.

Objectives

- DESSA will identify CDPs & FRCs to deliver and resource the Steps to Mainstreaming Participation Framework
- DESSA will explore and develop the capacity of CDPs & FRCs to deliver the framework
- DESSA will evaluate with CDPs & FRCs how effectively the Steps to Mainstreaming Participation Framework is delivered ensuring that there is consistency and a focus on its social model/ comm. Dev. ethos.
- DESSA will communicate a policy context both to projects and a national level for the Steps to Mainstreaming Participation Framework

Steps to Mainstreaming Participation Framework Aims & Objectives

Aim

Participants on the Steps to Mainstreaming Participation Framework will be able to identify and demonstrate the capacity to access mainstream structures within a community development context.

Objectives

- Participants will with the support of CDPs & FRCs identify the community development sector as a means of accessing the mainstream
- Participants will investigate access to the mainstream through social model and community development modules delivered within CDPs & FRCs.
- Participants will identify, both through individual and group advocacy methods, ways to transform barriers to the mainstream
- Participants will demonstrate a community development approach to accessing the mainstream

To date fourteen projects have participated in some aspect of the Framework, which are as follows;

West Limerick CDP, Hospital FRC, Our Lady of Lourdes CDP, East Clare CDP, Ballybane CDP, Na Calai CDP, Aonad FRC, Cosgallen CDP, Ballymote FRC, Sligo Northside CDP, Raphoe FRC. Loughrea FRC will be commencing the Making Choices Programme in November. These projects have had varying degrees of success in using the framework to engage with local disabled people.

The framework is a work in progress and has been developing organically over the past number of years. It is still very much in a fluid developmental stage whereby it is continuously being altered and adapted to the needs of the disabled people involved and the projects. In essence each project is developing in their own unique way in accordance with the needs of the group involved. While it is recognised that there is a need to allow flexibility within the work, it is also important to maintain some consistency between projects which at times is a delicate balancing act and will require more thought as the work expands to other regions.

The external review which is due to commence by the end of the year will be timely as there is a need to reflect on the effectiveness of the Framework, to explore the gaps that exist and consider how to direct it into the future. The review will include an analysis of some of the issues that need to be addressed if the Framework is to develop into a sustainable and effective mainstreaming tool.

Appendix 2

Information Note: Evaluation of Steps to Mainstreaming Participation Framework

Ralaheen is an independent and non-partisan research enterprise based in Dublin and staffed by social researchers with qualifications in social science. We are collaborating with DESSA to carry out a review of the Steps to Mainstreaming Framework. The review will be based on reading of documents, some roundtable discussions with participants and organisations in communities and some individual conversations with participants either face-to-face or in writing.

Some of our questions for the review, for which we need your help, are as follows:

- *'Looking back, what were your expectations of the programme in which you were involved?'*
- *'What was your experience of the programme in practice?'*
- *'If you were to give advice to someone considering going on such a programme or organising such a programme today, what would you advise them to do differently?'*

We look forward to meeting organisations and participants during September and October in the Donegal, Limerick and Galway regions.

If you are not attending the discussions around the review, we invite you to write a short letter to us, telling us of your experiences. The letter can be handwritten by yourself or a friend, or sent by email. I am hoping to receive some letters during September and October.

Yours,

Pauline Conroy

Appendix 3

Summary of Accompanying Paper on Concepts

1 Introduction

Concepts such as social inclusion, active citizenship, advocacy, mentoring, community development and activation form the context to the development of DESSA's Steps to Mainstreaming Participation Framework. These concepts each have their own broader historic, social, political and economic context. Employing them as part of an analytical tool-kit, the aim is to complement the findings of the research evaluation, leading to more robust findings based both on empirical evidence and conceptual frameworks. There are many concepts employed in this area, revealing a lack of clarity in their definition and application.

2 Concepts in context

The concepts explored in this evaluation relate generally to peoples' rights. In Ireland, over the last decade, the state has placed great emphasis on ending 'social exclusion' and promoting 'social inclusion'. This debate commenced in the late 1990s at a time when the government launched its first national anti-poverty strategy, following the United Nations Social Summit. Indeed the title of the government's latest Social Inclusion programme is entitled 'Building an Inclusive Society' and states that the key priority for government is building an inclusive society.

Many have argued the imperative of a rights based framework in which access to services would be conferred as a statutory entitlement. This was certainly a key demand of disability groups during the discussions on the Disability Bill in 2005. The key tool with which individuals access their rights is citizenship. This confers specific rights, such as freedom of speech and assembly, the right to vote, to access public services and legal protections amongst others. However, citizenship can also serve to exclude - and historically, citizenship rights have been conferred on some but not others. Social exclusion therefore, can be an outcome of the different administrative categories. For example, many people with disabilities would like to vote or take a train, but cannot get access to the polling booth or the train station.

3 Disability and citizenship

While apparently people with disabilities have the same rights as non-disabled, this is not the case in practice. Many people with disabilities do not experience citizenship as they as they have been denied access to many of the rights and services to which citizens are entitled. Despite many and substantial developments, both social and physical barriers continue to limit disabled peoples' ability to enjoy their full rights. Inaccessible buildings, poor public transport, difficulty in accessing mainstream social and community services have very real consequences for people with disabilities.

4 Disability and social inclusion

Researchers Gannon and Nolan¹⁷ found that people with disabilities are much less likely: to be a member of a club or association, to have an opportunity to talk to their neighbours, to meet friends or neighbours most days, or to have an evening or afternoon for entertainment. Almost half had no formal education. The 2006 Census found that one in five people with disabilities live alone.¹⁸

In the context of the above research that the National Economic and Social Council¹⁹ definition of an

¹⁷ Gannon, B. and Nolan, B. (2005) *Disability and Social Inclusion in Ireland*. Dublin: National Disability Authority and Equality Authority joint publication.

¹⁸ Central Statistics Office (2007) *Census of Population, 2006, Volume 11, Disability, Carers, and Voluntary Activities*. Dublin: CSO.

inclusive society should be considered:

'(An inclusive society) is essentially about full participation in society and such participation is possible only with access to core taken for granted rights and the fulfilment of the associated obligations that characterise full membership of society.'

Within this inclusion framework there exist 'core taken for granted rights', however, for people with disabilities it is not possible to take rights for granted. The aim of an inclusive society is based on the obligations of on the individual. So, the onus is placed upon the individual to access their rights and also show responsibility in fulfilling social 'obligations'. It is only then that 'full' membership of society is achieved. Without advocacy many people with disabilities would have no mechanism by which they may access their rights. In moving away from a 'contingency based' (events of accident, sickness, maternity, injury) welfare system, NESC has replaced it with a 'life cycle' approach.²⁰ This normalises disability into a mainstream perspective without taking account of differences and the uneven playing field. In this context, the Disability Sectoral Plans redress the tendency to underestimate disability issues.

5 Advocacy and accessing rights

Advocacy is concerned with upholding the rights of citizens. For Birmingham (2001),²¹ advocacy is a tool, which can redress power dynamics, through allowing greater participation in society and by building the capacity of vulnerable people to develop the confidence, knowledge and experience base in which they can advocate for themselves. There are a number of advocacy models currently in use, operating from the basic provision of information, the empowering of individuals to demand their rights and to the expertise of professional advocates.

Advocacy has a statutory basis in the *Comhairle Act, 2000*. The Citizens Information Board is obligated under the *Citizen Information Act, 2007* to support the provision of advocacy services in the community and voluntary sector for people with disabilities. The advocacy approach is often individualised or personalised and has specific outcomes for the expected betterment of individuals' circumstances.

The 2007 Act makes legal provision for a Personal Advocacy Service for persons with disabilities unable to obtain, or have difficulty in obtaining, a particular social service and may be at risk of harm without the provision of that service. While the government has emphasised its commitment to achieving an 'inclusive society' it has not been possible to proceed with funding in 2009 for the Personal Advocacy Service.²²

6 Concepts in use in Steps to Mainstreaming Participation Framework

The DESSA Steps to Mainstreaming Participation Framework employs a Community Development model. It aims at the transformation of society and the placement of those directly experiencing poverty and inequality at the heart of the process of change.²³ It has a long tradition in Ireland with Lee²⁴ tracing its origins to the rise of the cooperative movement in the late 19th Century and is currently at the heart of the Combat Poverty Agency's approach to tackling poverty. Community Development education has a statutory basis in the Combat Poverty Agency Act, 1986. While generally considered a desirable value to promote Community Development,²⁵ agreement on the meaning or outcome of Community Development is less clear-cut.

¹⁹ National Economic and Social Council (1999) *Opportunities, Challenges and Capacities for Choice*. Dublin: NESC, p. 8.

²⁰ See National Economic and Social Council (2005) *The Developmental Welfare State*. Dublin: NESC.

²¹ Birmingham, D. (2001) *Advocacy: A Rights Issue*. Dublin: Forum of People with Disabilities.

²² *Irish Times* (2008) 'Advocacy service delay criticised,' Thursday 10th July 2008.

²³ Craig, G. and Mayo, M (1995) *Community Empowerment: A Reader in Participation and Development*. Ledwith, M. and Campling, J. (2005) *Community Development: A Critical Approach*, Cambridge: Policy Press.

²⁴ Lee, A. (2003) 'Community Development in Ireland' pp. 48-58 in *Community Development Journal* 38 (1), Oxford University Press.

²⁵ Conroy, P. and O'Leary, H. (2006) *Community Work in a Globalised Ireland*. Dublin: Combat Poverty Agency.

7 Past and present conditions for people with disabilities

The advancement of the rights of people with disabilities in society took inspiration from a global civil rights movement of the 1960's, a period which marked a new consciousness of disability issues and new forms of organisation.²⁶ The establishment of Centres for Independent Living (CIL) was a concrete example of the type of advance that could be achieved through disabled people organising collectively and '*creating new solutions to problems defined by disabled people themselves*'.²⁷ There are now hundreds of CILs across the world including in Ireland. While demonstrating the power of collective organisation, there are still problems with the lack of clarity around many key concepts, such as the tendency to consider employment as the ultimate gateway to social inclusion.

8 Future opportunities for people with disabilities

Some public policy considers that the best way to tackle social exclusion is a job.²⁸ In relation to people with disabilities, the belief is that '*employment offers the best means (for people with disabilities) to participate fully in the social, cultural and economic life of the country*'.²⁹

Over the next two years, the Irish government intends to 'activate' 7,000 disabled people into the labour market. Currently, there are just over 9,000 people with disabilities receiving social income support payments, already activated in the Irish labour market.³⁰ This represents one in ten of all Disability Allowance claimants. It reveals a readiness to engage in work when the right transitional labour market programmes are available. The 9,000 are frequently counted as inactive in labour force studies since their principal economic status is as a recipient of a Disability Allowance. However, there are many thousands of people with disabilities who are not only remote from the labour market, education and training but are also outside the orbit of social and developmental opportunities. It is in their direction that important social programmes and interventions play a central role in the tackling the exclusion of people with disabilities from mainstream every day life.

²⁶ Dowse, L (2001) 'Contesting Practices, Challenging Codes: self-advocacy, disability politics and the social model' pp. 123-141 in *Disability and Society* 16 (1).

²⁷ Oliver, M. (1990) *Politics of Disablement*. London: Macmillan, p. 111.

²⁸ Department of Enterprise, Trade and Employment (2002) *National Employment Action Plan 2002*. Dublin: Stationery Office.

²⁹ Department of Enterprise Trade and Employment (2006) *Sectoral Plan Under the Disability Act 2005*. Dublin: Stationery Office.

³⁰ Statistics on persons who have sought permission to undertake part time therapeutic employment from the DSFA.

Appendix 4

Context for social programmes promoting participation by people with disabilities

1 The 2006 United Nations Convention

Social participation has come to the fore in international and national discussions on promotion of the rights of people with disabilities to participate in all aspects of mainstream society, during this first decade of the 21st century. The paragraphs below mention the growing significance of social participation in society as opposed to economic participation in the labour market.

The UN Convention on the Rights of Persons with Disabilities has been signed by the Member States of the European Union and by the European Community. The 2006 Convention is based on the principles of non-discrimination, participation and inclusion in society, equal opportunities and accessibility.

Four sections of the Preamble to the Convention refer to participation as a distinct sphere of activity.³¹ Article 1 sets out the purpose of the Convention and participation is cited a core goal:

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 19 on living independently and being included in the community states:

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community...

Article 26.1 (b) on habilitation and rehabilitation states that States Parties shall take effective and appropriate measures, including:

Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities close as possible to their own communities, including in rural areas.

Article 30 lays out the right of persons with disabilities to participate equally in cultural life, recreation, leisure and sport.

2 The European Union proposal for a Directive

The 2006 UN Convention laid the groundwork for the development of a Directive which would assist Member States to implement the social aspects of the Convention, if they had not already done so.³² Ireland is already compliant with many of the provisions of the proposed Directive under the Equal Status Act 2000-2004. The Directive is based on Article 13 of the *Treaty of Amsterdam* and interestingly refers to participation outside the labour market and to what are vaguely termed 'social advantages.'

The proposed Directive aims to implement the principle of equal treatment between persons irrespective of religion or belief, disability, age, or sexual orientation *outside the labour market* (author emphasis). An impact assessment of the proposal found that those at risk of discrimination often find themselves less able to participate fully in society and the economy, with negative effects both for the individual and for broader society.

³¹ Sections (e), (k) (m) and (y).

³² Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation. COM (2008) 426- final, Brussels, 2.7.2008, discussed by the Council in Luxembourg, 2.October, 2008.

Article 3 – Scope

Discrimination based on religion or belief, disability, age or sexual orientation is prohibited by both the public and private sector in

- 1. Social protection, including social security and health care*
- 2. Social advantages*
- 3. Education;*
- 4. Access to and supply of goods and other services which are available to the public, including housing*

Article 4 – Equal treatment of persons with disabilities

In order to guarantee compliance with the principle of equal treatment in relation to persons with disabilities, it is proposed that there be established:

the measures necessary to enable persons with disabilities to have effective non-discriminatory access to social protection, social advantages, health care, education and access to and supply of goods and services which are available to the public, including housing and transport, shall be provided by anticipation, including through appropriate modifications and adjustments. Such measures should not impose a disproportionate burden, nor require fundamental alteration to the social protection, social advantages, health care, education, or goods and services in question or require the provision of alternatives thereto.

3 Measures of the Department of Social and Family Affairs

The Department of Social and Family Affairs – National Disability Strategy Disability Sectoral Plan is being implemented with a number of measures being converted into actions to specifically promote social participation and social inclusion. Ireland's report on *National Strategies for Social Protection and Social Inclusion 2008-2010* (NSSPI) was submitted to the European Commission in October 2008. Access to quality work and learning and quality services with particular reference to people with disabilities is a key focus of the social inclusion section of the report.

The National Development Plan 2007-2013 provides for a Social and Economic Participation Programme involving an investment of €50 million in an Activation Sub-Programme over the lifetime of the Plan. The programme will promote participation and social inclusion through activation measures aimed at all people of working age. This new approach will build on the DSFA's existing experience and relationship with the people concerned, in co-operation with other service providers such as FÁS, VECs, HSE and other local agencies.³³

Given the renewed emphasis on social participation in all spheres of mainstream society in international public law, European Union law, and on social activation and opportunities both inside and outside the labour market in Ireland's national and disability Sectoral plans, the DESSA programme should be positioned strategically and explicitly as a complement to and interactive component of these developments.

³³ A number of lessons have been drawn from the experience of the 2005 Disability Allowance Project in the Midlands, for which an evaluation was published in 2006.

