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Services: Challenges and Opportunities

Findings from the 3-Cities Project

Project Lifecourse Policy Brief

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What this Policy Brief is About

This is the second in a series of Project Lifecourse policy briefs based on findings from the first phase of the 3-Cities Research Project. Involving Dublin, Galway and Limerick, the 3-Cities Project aims to engage in a collaborative process to re-imagine services and communities to maximise participation for children and youth, older people, and people with disabilities in their localities and cities.

This policy brief examines service provision from the perspective of service managers, service providers and, crucially, of children and youth, older people, and people with disabilities, as service users. Research on services that incorporates perspectives from various levels of service systems is still relatively uncommon. Consequently, service practitioners and policy stakeholders sometimes lack access to an appropriate evidence-base.

The main focus for this policy brief is on services that can help to support community participation in each of the three cities. The findings build on those reported in the first policy brief in relation to participation in the community. The analysis considers both challenges and opportunities surrounding services for the three participant groups. While considering these challenges

and opportunities as they relate to each group individually is not new, the value of this analysis is that it cross-cuts the experiences of children and youth, older people, and people with disabilities, and the often siloed service infrastructure which they use. Reporting the voices of these participant groups with respect to services highlights some of the complexities around accessing services. Including the views of service managers and service providers offers insight into operational and strategic considerations. Although distinct perspectives in their own right, together these informants help us to understand the shared experiences of children and youth, older people, and people with disabilities who use services, and the experiences of managers and providers across the three groupings who coordinate and provide services.

Context: Messages from Earlier Research

We begin by considering some of the main topics and issues related to service provision and service access that have been discussed in relevant national and international literature.

Context of Service Delivery

The context of statutory-supported service provision in Ireland is becoming increasingly complex. Services across a range of domains, including local authority services and health and social care services, can be best described as a mixed model of provision. Alongside traditional statutory and voluntary providers, private services are increasingly prevalent, partly due to governmental focus on cost optimisation (Wren et al. 2014), and partly owing to the belief internationally that market mechanisms can effectively address perceived inefficiencies in existing public provision (Gash et al. 2013). Pressure has also come on services from recession-induced, and the Troika-approved, constrained public spending, bringing significant cuts to resources. Irish society itself is changing too, becoming a much more complex place to live and encapsulating more complex sets of service needs, with increased urbanisation, a growing and ageing population, changing family structures, increased immigration and emigration, and changeable economic fortunes.

While there are still questions about the degree to which policy formation in Ireland has incorporated international evidence and research (Ruane 2012), several key policy documents and guiding strategies are considered to be informing the broader philosophy of provision with respect to children and youth, older people and people with disabilities, and their participation in society. Such documents include: Children First (Department of Children and Youth Affairs 2011) for children and youth, which establishes child-centred and rights-based approaches to services; New Directions (HSE 2012) for people with disabilities, which emphasises choice, inclusion and person-centred care, and; the National Positive Aging Strategy (Department of Health 2013) for older people, which has vocalised the need for person-centeredness and healthy and active aging. The National Action Plans for Poverty and Social Inclusion (Department of Social and Family Affairs 2007), the National Strategy for Higher Education 2030 (Department of Education and Skills 2011) and the National Housing Strategy for People with a Disability 2011-2016 (Department of Environment, Community and Local Government 2011) highlight other policy efforts to maximise inclusion across the life cycle in a range of other service domains.

Challenges for Service Delivery

There are a number of challenges as developed within the literature with respect to service delivery and design for such groups as children and youth, older people, and people with disabilities. Public funding cuts to statutory services and statutory-supported services, as a consequence of the economic recession, is perhaps one of the most significant challenges facing managers, providers and service users generally (O'Hanlon et al. 2005, Burke 2010, Wall and Cullen 2014). Shifting service structures have had a significant impact on service design, as have budgetary constraints in the context of increased demand (HSE 2014), fragmentation of service delivery (Barnardos 2011, OECD 2014), and issues around service communication within and between organisations (HSE 2013). Poor service communication with the public, for instance through digital exclusion (OECD 2011, CARDI 2013), has also been an on-going issue. Services have sometimes been slow to recognise the diversity of needs and experiences of people accessing services.

The fact that state agencies are commissioning services from an increasing mix of private and voluntary providers can introduce greater flexibility. These kinds of service structures have, however, been noted to be more complex and fragmented, particularly in health and education (OECD 2008:18). This can in some instances compound issues of communication and service effectiveness. Specialist knowledge has become fragmented, too, residing in outside agencies and private-sector consultancies, which impacts negatively on how statutory, voluntary and private services work with each other and address the needs of service users.

Independent of the degree of the mix of providers, improving and delivering services involves an inherently political process comprised of individuals, statutory, private and voluntary services, and community and state stakeholders, who may each have potentially irreconcilable interests (Boyne 2003), clashing values (Taylor 2003), and may require different incentives to ensure on-going engagement (Fleddurus et al. 2015). The prospect of poor role division and service boundaries between stakeholders is another set of challenges (Bovaird 2007): local champions can tire when over-burdened and the capacity of the third sector

to lobby for change may be reduced (Ilcan and Basok 2004). Further, with increasingly blurred lines between statutory, voluntary and private sectors, public accountability may also be affected (Bovaird 2007).

There is a pressing demand for consultation and co-production of relevant policies and services that are efficient, effective and fit for purpose. However, a significant challenge remains in developing a flexible public service for a more heterogeneous and multicultural population (Garavan et al. 2001, OECD 2008, Howlin 2012). No system of service provision can represent the complexity of service user needs (Stickley 2006); this is especially the case regarding long-term or enduring welfare services (Pestoff 2013). In this respect, not only do different groups of users such as children and youth, older people and people with disabilities have different needs, they also have different experiential trajectories through the service system. Equally, some groups may be assessed as 'insufficiently severe' to warrant services, while others may deem services offered to be unwelcome or lacking utility (Winterton et al. 2012). Other groups find themselves no longer entitled to the same level of service provision, such as children with disabilities turning eighteen (Warren and Boxall 2009:282).

There are still questions around how to build capacity for consultation that can lead to greater participation. Service users can be expected to participate in shaping services even though better-off members of society tend to retain control over community resources and ultimately have greater influence on the nature and design of services (Bovaird 2007). In turn, service users and communities can feel over-burdened, especially if required to co-produce and co-deliver services, which can often mean distributing "responsibilities to the powerless" (Mulgan, 1991). Compounding these issues, community and voluntary actors often prefer to engage locally where professional service providers struggle to cede power over decision-making responsibilities (Barnes et al. 1999).

Opportunities for Service Delivery

It has been suggested that integrating services requires a conscious focus, so that it becomes instantiated as a core element of service delivery. Trust-building through clear lines of communication, good leadership and good staff who understand the benefit of service integration and interagency work are considered essential to preserving integration. Local champions are also required, as is a long-term commitment to building

capacity to secure more public participation in service design and delivery (Canavan et al. 2014). Public participation in planning and governance has been promoted internationally to help define funding and policy priorities, which is seen to have some positive influence on democratic engagement, distribution of power, service delivery and wellbeing (Speer 2012; Asenova et al. 2015). These benefits rely on clear consultation strategies that focus on citizen perspectives at least as much as on public service reform (Flinders and Dommett 2013). In the UK for instance a paradigm of 'networked community governance' (Benington and Moore 2010) is one rationale to enhance service integration more locally, where community well-being and community-based self-reliance are promoted as public goods.

Across Europe, new ways to engage citizens in service design and delivery are being sought, using new techniques of co-management (e.g. local user councils), as demographic aging, democratic deficit, and the semi-permanent presence of austerity economics in national budgets take their toll on national economies (Pestoff 2009). Flexible service-specific and organisation-specific approaches for promoting co-production are suggested to be more efficient than applying 'one size fits all' solutions that struggle to acknowledge the different worlds of statutory, voluntary and private providers (Osborne et al. 2012). Greater engagement with citizens offers greater clarity and transparency, and the potential to enhance active citizenry and provide a compelling counter-narrative to market and state solutions (Pestoff 2009). Accordingly, individual service-users and other community members are increasingly playing a role in shaping service delivery (Bovaird 2007, Bovaird and Loeffler 2012).

Driven by user contact with the private sector, citizens expect swift, effective and appropriate public services. Even in the context of unmet need and lack of recognition of diversity, these expectations have given rise to new sets of opportunities. For example, community groups often manage local community assets such as sports facilities or youth shelters (Kretzmann and Knight 1993, Wates 2014). Even for those considered as hard-to-reach by service providers, research shows that collective local action amongst these groups is used to address need (Ejorh 2014). For example, new communities and recent immigrants often set up their own facilities in response to unmet requirements for amenities (Warren and Boxall 2009).

The Research: What We Did

The 3-Cities Research Project involves two main phases of work. The first phase focuses on the collection of data at the city-wide level in Dublin, Galway and Limerick. The second phase will entail more in-depth work in neighbourhoods of each city. This policy brief presents selected findings arising from the first phase, which took place between January and October 2014.

Broadly, our approach to this research is exploratory and adopts a qualitative approach. This involves using qualitative data-collection techniques, such as interviews and focus groups discussions. Each stage of our work is designed to shape the next stage of work, helping us to refine our research questions as we progress. Preliminary conversations with key stakeholders at regional and national level helped to inform this research approach, including the need to incorporate the focus on community participation, and the need to include multiple perspectives from different levels of service provision and use.

Our approach has also focused on developing a collaborative process with all participants, with a view to equalising power differentials between different groups. Twenty public service managers at the city-level were interviewed across the cities, covering the broad areas of health and social care, and local-authority-administered services for children and youth, older people, and people with disabilities. In each city, a separate focus group was conducted with service providers specific to each of the target groups. In all, nine focus groups were organised, with a total of 78 service provider participants from the areas of health and social care; social inclusion; housing; transport and

mobility; and education, training and employment. Service managers assisted the research team in identifying key service providers for each of the groups in each city. Only service providers who were in receipt of statutory funding or under statutory contract were recruited. Focus groups with children and youth (12-18 years), older people (65 years and over), people with intellectual disabilities, and people with physical and sensory disabilities were organised separately in each city. In all, 12 focus groups were organised, involving 68 participants. Several service providers assisted in recruiting children and youth, older people, and people with disability participants. Careful consideration was given to representing the diversity of each of these groups during participant recruitment. As a result, participants varied according to such factors as gender, socio-economic status, and neighbourhood residential location.

Data collected in the different interviews and focus groups were subsequently transcribed in full and subject to thematic analysis. In this policy brief, our interest is on how different research participants viewed service provision and how such provision affects the community participation of children and youth, older people, and people with disabilities in each of the three cities.

What We Found

What Constitutes Good Service Provision?

Underlying many of the findings in this brief was an understanding of what constitutes good service provision.

Managers and providers of health and social care services for children and youth, older people and people with disabilities were often explicit in articulating ideas around service provision. Common to most service informants was the notion of person-centred delivery. For example, several managers and providers of children and youth services emphasised the need to be child-centred, family-centred and rights-based (in accordance, for example, with the United Nations Convention on the Rights of the Child). In order to facilitate person-centeredness, most health and social care managers and many providers emphasised the need for an integrated, inter-agency approach to service delivery. Some children and youth service managers suggested that the recent establishment of Tusla (The Child and Family Agency) would enable this type of integrated service provision. Managers and providers of services for people with disabilities felt that a holistic approach involving health services, education, employment, housing, transport and mainstream family support services would be necessary to enable true person-centred service provision. In addition, however, individualisation of funding was felt to be necessary to empower people with disabilities, helping people to choose and control their own package of services. For many of the managers and providers of older people services, ideas of what constituted good provision, and indeed person-centeredness, revolved around supporting older people to remain living in the community. While not specifically setting out a philosophy of person-centred service provision, some city-level managers specified that citizens should be at the heart of services, in line with broad notions of social inclusion. In general, most service managers and providers recognised the need for active consultation with service users to ensure good service provision.

From the perspective of children and youth, older people and people with disabilities, there was less of a focus on explicit philosophies of service provision, and more emphasis on getting their voices heard within the process. Some of what was discussed by these participants concerned principles of inclusion and participation in service development, while other aspects concerned principles of choice and control. For example, participants with disabilities talked about the need to

enhance the control that they have over the level and mix of services they receive. Consequently, participants were not only concerned with the articulation of need and preferences for certain services, but also the desire to exercise agency within the service system to be recognised. Participants with disabilities were perhaps most aware of the need for this agency to be supported.

In the main, ideas around what constitutes good service provision echoed the various informants' understandings of the meaning of community participation as outlined in the first policy brief.

Challenges to Service Provision and Access

Service managers and providers identified a range of challenges which made it difficult for them to deliver what they perceived to be an appropriate level and quality of service to children and youth, older people and people with disabilities. For participant groups themselves, challenges primarily related to accessing suitable service structures and, as will be shown, often intersected with operational issues experienced by managers and providers.

Cutbacks

Service managers identified cutbacks to budgetary resources as posing a major challenge to adequate service provision for the three participant groups. Whether managers were connected to local authorities or health and social care organisations, budgetary cuts were described as having a series of knock-on consequences for several operational areas. At a fundamental level, the lack of financial resources meant less support was being given to key areas of service provision, both in terms of direct service provision, for which statutory organisations were responsible, and indirect service provision, where voluntary and private organisations were funded to provide services. Providers spoke in detail about the various consequences of reduced funding for services.

In many cases, reduced financial support was manifest in the inability to fund staff positions. Problems in maintaining adequate staffing capacity was a cross-cutting issue for managers and providers working in health and social care and local authority related service domains. The impact of the public sector employment embargo on staff recruitment was specifically mentioned in this regard, with concerns about continuity and effectiveness being expressed by managers and providers alike.

Service providers expressed concern about the impact of scarce resources on the different participant groups. For example, service providers for people with disabilities emphasised that long waiting lists for assessment and, subsequently for services, can severely restrict people's ability to participate. This was mirrored by the direct experiences of participants with disabilities in attempting to access certain services, with one person in Limerick highlighting:

You could be waiting anything from 12 to 18 months to get your [wheel-] chair; that's after you've been fitted or assessed for it, but you could have something else [by then]: another need [that] needs to be met by the time that chair comes.

A service provider for children and youth services commented that there are such long waiting times for appropriate mental health services, that parents sometimes have to pay for private services, leading to inequality of access for what are perceived as being essential services. Health and social care service providers for older people also expressed concern about long waiting lists for certain therapy services.

Services that helped to support people to remain and live in the community were particularly highlighted by service providers and participants from each group as having been severely affected by reduced financial and human resources. City-level managers highlighted issues around the lack of social housing arising from reduced investment as a result of austerity policies and the economic recession; this was described as being especially acute in Dublin. This concern was echoed by health and social care service managers across the three cities, all of whom saw the need for stable good quality housing as essential to allow people to participate in their communities. For example, in relation to social work with young people, service providers noted that the lack of stable housing could entail having to change support staff. This was viewed as being highly disruptive for young people using social work services. Some of the supply issues around social housing were further compounded when there was a need for accessible housing; in one case a person with a disability had to wait 10 years for suitable accommodation to be made available. Service providers for children and youth were also concerned at the withdrawal of funding for youth services such as fostering supports. A service provider in Dublin highlighted the immediate and long-term impacts of cutting these services:

We had a specialist fostering service. The funding was lost for that... You can't just stop the service and set it up again... You lose all that expertise. You lose personnel.

Older participants and providers of older people's services emphasised the impact of cutbacks to home-help services. Reduced home-help hours were described as reducing the capacity of older people to live at home for longer and therefore were undermining policy objectives that seek to encourage care in the community. As one Limerick older participant said:

It's wrong. The older person in the morning and they need them [home help] for three hours and they only give you one hour. Now, what's that misfortune supposed to do?

Both service providers and participants with disabilities were extremely concerned by cutbacks to Personal Assistance (PA) hours. PA hours were viewed as enabling people with disabilities, helping them to complete essential activities of daily living, and significantly enhancing aspects of communication and community participation. The concise statement of one person with a disability exemplifies this view:

They reduced the amount of PA hours and this has reduced people's independence.

Ultimately, the impact of scarce resources on service provision and access affected strategic elements of service provision. This meant there was less emphasis on development or planning and more on issues of short-term service sustainability. One service provider succinctly outlined the operational consequences of the financial cutbacks:

Uncertainty about funding leads to waiting lists and an inability to plan.

Communication and Integration

Issues around communication were identified by service managers, providers and each participant group as posing a major challenge to the provision and uptake of services. This challenge operated at multiple levels, influencing the effectiveness of service delivery and shaping participants' knowledge of and access to services. As one health and social care manager suggested:

There's two sides to it. There's getting the information [internally] and there's getting the information out there [to service users].

Despite the fact that inter-agency cooperation was viewed as crucial in enabling good service provision, there was still a risk that service actors were sometimes operating in isolation from each other. For example, local authority managers felt it was difficult even for their own staff to be aware of the proliferation of agencies and the services that they provide. As one city-level service manager said after listing some of the many agencies:

You can see here how complicated it is and we're on the inside.... every single day, there's a new agency.

Health and social care managers of older people's services identified the need for linkages between the acute and community care sectors to preserve continuity of service and facilitate person-centred care. However, this appeared to be a function of a larger problem within the sector, with service managers in the HSE sometimes questioning the organisation's capacity to communicate not only with non-governmental and private service providers, but with internal agencies and other government departments.

...The HSE don't talk internally; they don't talk to the Department of the Environment. They don't talk to the Department of Education.

Structural issues concerning service boundaries were also thought to impact on issues of integration and communication. Concerns about continuously shifting HSE service area structures, differences in service provision levels across areas, and the lack of integration between different kinds of service administrative areas (e.g. city councils versus HSE versus Gardai) were just some of the issues raised by service managers and providers. On occasion, these issues could lead to duplication of services in some areas, gaps in provision in other areas, and often forms of service fragmentation.

From the perspective of children and youth, older people and people with disabilities, service providers and the various participant groups, the central focus was on issues around accessing information on publicly funded services. For children and youth (who were not

always accessing service information themselves) and people with disabilities, it was felt that service users were not given sufficient information about what was available. These concerns were strongest, however, amongst older people and providers of older adult services, who felt that this was a function of a broader gap concerning an awareness of entitlements. As one service provider said:

Older people in Ireland are not informed about their rights and entitlements.

Service providers expressed particular concern about digital exclusion. This was again most prevalent in terms of older adult services. In part, difficulties were attributed to many older people being uncomfortable with using technology to access information about services. This is reflected in the view of one service provider for older people:

It's the technology end of things that they are scared of, for obvious reasons; they grew up in a different age and it's now being thrust upon them.

Digital exclusion also posed a problem for accessing commercial services, such as banks, credit unions and insurance, where automated services are increasingly being adopted. Concerns around digital exclusion were, however, most pronounced when it came to accessing essential services. One service provider gave an example of an older person, who had been told that he would be texted by the HSE in relation to a medical appointment. Since the older person was unable to use a mobile phone, he was concerned that he would miss the appointment and be taken off the waiting list.

Bureaucracy

Service managers across all three cities indicated that increasing bureaucracy posed a challenge to efficient service delivery. Bureaucratic processes could absorb a lot of time, especially when staff resources were already stretched to the limit. Some HSE service providers involved in older people's services found that fulfilling the requirements of the Health Information and Quality Authority (HIQA) was particularly onerous. While they recognised that following HIQA guidelines was necessary and beneficial, service providers for older people pointed to the way in which this impacts on their daily routine:

A lot of service providers have been hijacked by HIQA. We eat drink and sleep HIQA at the moment and that's all we seem to do.

Similarly, disability service providers commented that complying with the requirements of the Disability Act can have unwelcome consequences, because it diverts resources from service provision to form-filling:

The first thing it [bureaucracy in relation to the Disability Act] leads to is rationing and ... perverse priorities; like, it's more important to tick the boxes than it is to provide the service.

These aspects of bureaucracy were thought to have an indirect impact on children and youth, older people and people with disability. Bureaucracy could also have direct consequences for these groups. This was particularly the case in relation to funding allocations. For example, it was noted that while a person with a disability may receive a housing grant only once in their lifetime, their housing needs are likely to change several times over the course of their lives. Several participants with disabilities said that applying for services required a huge amount of form-filling. This was particularly difficult for individuals with particular disabilities who required help from their Personal Assistants or support organisations, both of which had been cut back due to public expenditure cuts.

Other types of bureaucracy that could inadvertently serve as a barrier to service provision involve the requirements that are designed to ensure security and safety for service users. Particular mention was made of Garda vetting, which is now required for all volunteers. This requirement was highlighted as being especially onerous for smaller service providers across all target groups, who are heavily dependent on volunteer labour. It was also thought to impact on people's willingness to volunteer. Such requirements can be particularly challenging in the context of funding cutbacks, when community and voluntary organisations are more reliant on volunteers to deliver services.

Stigma, awareness and prejudice

Stigma was highlighted as a barrier to participation in the first Project Lifecourse policy brief. It also emerged as a challenge in relation to services. While issues associated with stigma were most prevalent with respect to the experiences of people with disabilities, they were also evident for children and youth and older people.

At a fundamental level, service providers expressed concern about the stigmatising role of services. This was evident in the way disability service providers described the difficulty in providing services that did not automatically 'label' people as having a disability. It was also evident in how children and youth service providers spoke about how young people and families often did not wish to engage with child protection services due to the stigma of being involved with such services:

Families that would be predominantly 'anti-services' and they would be yet families that you would be wanting to try and reach...It's been through universalism that we've been able to reach out to them.

In some instances, the challenge was more about issues of awareness and prejudice.

Some young people felt excluded from being involved in service delivery; specifically they felt that they were not invited to participate in volunteering due to stereotypical assumptions that they were incompetent and not to be trusted. They also felt that they were stereotyped as being unproductive and a nuisance. Several service managers, providers and older participants felt that some services regarded older people as a homogenous group and did not provide for their diverse needs. For instance, in relation to social connection, participants suggested that there was a focus on providing activities that were stereotypically associated with older people such as bingo; they felt that there should be a variety of different types of activities that target people with different interests and people from both genders. According to participants with disabilities, and some of the service manager and provider informants, some service actors can lack awareness around the needs and rights of people with disabilities, and lack training on how to interact in a supportive way. This was highlighted in regards to public and private general service provision, but also, as this visually impaired woman describes, in relation to services specifically for people with disabilities:

...I would have had bad experiences here in the hospital in I suppose the awareness of the people who are actually working in the eye clinic. Do you know, you are told to sit in the chair 'over there' and you're kind of wondering where is the chair and they kind of expect you well if... you look hard enough you'll see how many fingers I have up!

Some people with intellectual disabilities reported being spoken to rudely by service providers, including bus drivers, and asked to be faster when completing their transactions. People with disabilities also found little awareness of their needs among staff in third-level institutions. Some participants found that they were only offered places on specific courses stereotypically associated with disabilities training, such as computing, even if they had no interest in this type of study.

Physical access and transport

Transport and physical access issues also emerged as challenges to accessing services. Again, this echoes the role of infrastructure as a barrier to participating in the community described in the first policy brief. Problems concerning physical access mainly affected people with mobility issues, while transport issues affected participants from all three groups.

Children and youth were primarily concerned with the cost of public transport. Younger participants in each of the cities reported that the bus fare into the city centre was prohibitively expensive, making it difficult to access centralised youth services, such as youth cafes.

Service providers and participants across all groups noted that improvements had been made recently in terms of the provision of accessible transport, including buses and taxis. However, there were still major problems for people with disabilities and for many older people in gaining access to health services and, more generally, in participating in the life of their community. There was a sense that there was a lack of awareness of the difficulties people encounter in their daily lives when attempting to traverse a city. For example, bus-stops may be located half a kilometre from people's homes. For some older people with mobility difficulties and for people with disabilities, this represents a long way to walk or to travel in a wheelchair. Additionally, not all buses or DART stations (in the case of Dublin) are wheelchair accessible, resulting in long waits for accessible buses/trains.

Research participants described how many private and public services, including health services offices, pubs, nightclubs and even public spaces such as parks, are inaccessible or difficult or unsafe to negotiate. While some people with disabilities overcame many of these obstacles through being determined and enlisting the goodwill of staff in inaccessible service centres, achieving access was dependent on these strategies rather than being provided automatically as a right.

Lack of consultation

Although consultation with service users was viewed as being a key part of good service provision by service managers and providers, and considered crucial by the three participant groups, lack of opportunities for meaningful consultation remained a core service challenge.

In the children and youth sector, there are some relatively recently developed initiatives, such as Comhairle na n-Óg (Youth Council), which do seek to consult young people. However, these were reported as being unevenly developed across and within the three cities. For example, younger participants in Dublin felt that they were not sufficiently consulted by their local authority on the design and maintenance of sports and play facilities in their neighbourhood. These young people had identified the need for safe places to gather within their community that were free of glass and syringes. While they expressed a willingness to engage, they had not been asked for their views:

No-one ever asks us, so we don't get a say in anything where we live

There was mixed evidence about the degree to which children and youth are currently consulted with respect to health and social care services. Some service managers and providers held the view that this is an area that is being developed but, as expressed by this children and youth services manager, one which still needs more work:

We're constantly thinking how we can have people participate more and ...a lot has been done in terms of the language, the literature - making things child-friendly and putting out our literature in child-friendly ways, but I think we're still struggling...

The level of consultation with people with disabilities was also perceived to be mixed. While some city-level managers suggested this grouping had a strong voice on community fora and a relatively well-developed rights-based advocacy movement, there again appeared to be differences across each of the cities. For example, participants with disabilities in Galway felt that disability issues were more strongly represented in Dublin, where there was a greater critical mass of local advocates. Participants with disabilities in Galway and Limerick felt

that there was a need for greater consultation with them on the design of services, as typified by comments from two participants:

Participant 1: They're paying out big money to consultants for this, that and the other and they wouldn't pay us a couple of euro to give them firsthand [experiences].....

Participant 2: Because we're going through the disability. They are not.

There were few examples emerging from the research where older people were regularly asked for feedback in relation to direct service provision. There was a general view among older participants that their voice is not heard in relation to services. Some older participants, and indeed some participants with disabilities, believed that it would be necessary to have a politician working on their behalf in order to have their needs met, reflecting a perceived local clientelism. Others felt that working together as a group provided a stronger means to achieve a suitable service response to their demands. Service managers and some providers in each of the cities highlighted the potential of Age Friendly Cities and Counties programmes, and their Older Persons' Councils, as a means of giving a voice to older people. However, some older participants said that although they had been consulted in the initial stages of some of these programmes, they felt that their recommendations had not yet been acted upon.

Public expenditure cutbacks were perceived as impeding the efficacy of consultation with some of the participant groups. Health and social care service managers felt that having a forum for people with disabilities to voice their needs would be worthwhile, but also acknowledged that limited resources would make it difficult to actually establish such a forum. Similarly, as one HSE manager of services for older people stated, while a community forum with older people would be desirable, lack of resources would make it difficult to address concerns or implement suggestions:

The reason I haven't done it is, I'm not sure if they came up with something whether I'd be able to implement it and there's no point setting up false expectations.

Structural changes too appeared to impact on opportunities for consultation. While a number of city-

level managers pointed to the establishment of the new Local Community Development Committees as an example of a high level of consultation with citizens, some service providers and participants feared that there may not be sufficient space for certain groups (including disability groups) to be represented directly in the new structures. One participant with a disability said:

I'm afraid that if we are not named, we'll be lost... we are the forgotten ones once again. I still think we are in such a minority that we really do need representation.

Opportunities and Good Practice

Research participants made general recommendations or identified particular programmes as providing examples of good practice. While some of these programmes were already in place or were being rolled out, others were pilot projects. Many such initiatives were discussed in the context of having the potential to address some or many of the challenges to service provision and access, that have been outlined above. Service managers and providers and participants from the children and youth, older people and people with disabilities groups also identified certain features of cities or attributes of service providers or service users that help support good practice in service delivery.

Service users' voice

Based on the general recognition that it was essential to consult with members of each of the participant groups, many of the suggested opportunities for future service development emerged from practices concerned with capturing and acting upon service users' voice.

Despite reservations of some groups (as noted in the preceding section), city-level service managers and providers suggested that the new Local Community Development Committees (LCDCs) would provide an excellent means of eliciting the views of citizens (including the three groups) in relation to services and their needs within the city. The multifaceted structure, with representation from, among others, local and community interests, civil society and social partners, was felt to be helpful in identifying gaps and eliminating duplication in service provision. Some participants, particularly people with disabilities, had reservations about the degree to which LCDCs could be capable of representing their interests. City-level managers also

cited local examples of good practice in relation to particular areas of the city, where officials and service providers consult regularly with resident groups regarding developing facilities and addressing problems in the city. The common principles here appeared to centre on consultation being frequent and meaningful and being tied to tangible outcomes. City-level managers also cited the Age Friendly Cities and Counties Programme, given that it takes an inter-agency and consultative approach to transforming places where older people live. Again, while there were certain reservations expressed by older participants about what this process might achieve, the focus on multiple sets of service actors and different areas of life was considered an important holistic approach. As mentioned previously, several managers, providers and young participants pointed to Comhairle na n-Óg as an example of good practice in relation to consultation. A number of positive views were articulated in relation to giving voice to younger people. But demonstrating the difficulty in ensuring representation of those in the most marginalised positions, some service providers felt that such structures are not sufficiently extensive or inclusive to reflect the views of a range of young people, particularly those who are less vocal.

Health and social care service managers and providers for the three participant groups indicated that, although participants may not always be consulted at the broader community level or at the level of service design and development, there is significant consultation with respect to individual service provision shaping services to a particular set of needs. This was articulated in the following way by one service manager:

Within all the agencies, they have a user-involvement forum. So, yeah, it is happening. It mightn't happen within the community, but it certainly happens within the agencies.

For older people too, at an individual level, service managers pointed to meaningful consultation with service users by provider agencies. This was exemplified in an interview with a service manager:

When I commission a home care package for a service user [and] their family, they [individual service providers] discuss with them about what they want. They are absolutely supported to direct how care would be delivered.

Communication and specific structures

Managers, providers and participants identified measures that they believe should be adopted which could help improve communication and service effectiveness with the ultimate goal of enhancing the participation of children and youth, older people and people with disabilities in their communities and cities. While many of these measures concern specific suggestions and structures, each feeds into a broad understanding of personhood and person-centred service delivery.

In many cases, discussion focused on addressing issues around communication among service organisations and between service providers and children and youth, older people and people with disabilities respectively. Across the three participant groups, it was felt that there should be a 'one-stop-shop' information service where service users could readily find information on all services available to them. This would also help service providers to identify and eliminate overlapping provision.

Service providers for older people and older participants themselves suggested that information should be provided via media that older people actually use, including newspapers and radio, and in places that they sometimes frequent, such as doctors' surgeries, pharmacies, churches and post offices. In order to address digital exclusion, providers and older participants suggested intergenerational programmes with one-to-one training by younger people as being potentially useful. Service managers and providers felt that the Age Friendly Cities programme provided an ideal way for service providers to communicate with each other about service provision and also provided a means for older people to communicate their needs. Men's sheds, as a means of targeting older men and particular groups of marginalised older men in a supportive and engaging manner, was also mentioned by service providers and older participants.

In the case of children and youth services, Tusla, the new agency responsible for children and family services, is seen by health and social care managers and many statutory providers as offering an opportunity to enhance child-centred and parent-centred services. Drawing the majority of children and youth services under this single umbrella organisation was felt to eliminate the need for young people and families to approach multiple agencies for information and services relating to different needs. According to some service

managers, this model requires openness on the part of staff to new ways of working and a willingness to step out of traditional silos.

Both service providers and participants indicated that services that were flexible, empowering and that offered capacity-building and leadership for young people would allow young people to have choice and control in relation to participating in the city. Several providers and participants identified youth cafes run by Foróige in each of the three cities as examples of good practice in this regard. Providing opportunities for young people to choose and organise their own activities in a supportive and respectful environment was considered to facilitate capacity-building for young people who were previously disempowered or disengaged. Several young participants, as exemplified by this quote, gave evidence of benefitting in this way:

When I started going to the Youth Cafe, I was a nervous 15 year old with a lot of angst and not many social skills and now I've loads of things and people love me!

'Speak up, Speak out', the complaints forum set up by Tusla for children in foster care, was cited as an example of good practice which could be rolled out to all young people. Both children and youth, and disability service providers felt that inter-agency cooperation between specialist and universal services would help overcome the stigma associated with specialist services for child protection and for children with disabilities. One suggested example of good practice in this regard was a family fun day where children with disabilities could engage in a more mainstream service which allowed them to be a part of a service environment where their siblings were also involved.

In the case of disability services, managers identified a programme called 'Progressing Disabilities' as an example of good practice in relation to a joined-up approach for service provision. This programme integrates the services of the HSE and the voluntary sector to make it more equitable and easier to access for individual clients. It also helps eliminate overlap of services and identifies gaps in provision. While this service is currently available in only some areas, service managers identified the potential for this service to make a significant impact nationally. In a similar vein, managers of older people's services in Dublin cited 'Community Reablement' programmes as a model of provision based on international evidence, which supports older people in making a transition from hospital back to the community. The older person with complex needs is provided with intensive health services across a range of areas for a period of time following discharge, enabling a better quality of life for older people and improved service effectiveness and efficiency. Children and youth service providers highlighted the integrated multi-agency approach to child welfare and protection that is adopted in the Meitheal Programme. This programme aims to make it easy for children and families to gain access to services and to avoid having to contact multiple agencies.

Finally, there were a number of examples cited across children and youth, older people, and disability services where being involved in the arts was considered an important means of raising awareness and overcoming stigma. Examples included the Bealtaine festival (an arts festival for older people), and the Blue Teapot theatre company in Galway, where people with intellectual disabilities can raise awareness as well as explore issues of personal concern.

Conclusion

Service managers, providers and children and youth, older people and people with disabilities who participated in this research endorse an approach to service provision that treats individuals in a holistic way. For the most part informants were in agreement that good services provision is constituted by a person-centred, and in the case of children and youth and disability services, a rights-based focus, and involves meaningful and sustained consultation with service users in relation to the design and delivery of services. There was recognition among managers and providers that service provision should be provided using an integrated multi-agency approach that makes services effective and easily accessible to children and youth, older people and people with disabilities.

Despite this broad agreement in terms of what makes for good service provision, a number of challenges to achieving this ideal were identified. While some challenges are common to all groups, including service stakeholders and the three participant groups, others are more specific to particular sectors, whether this is the children and youth, older adult or disability sector, and the particular groups.

The prolonged economic recession has resulted in reduced funding for each of the service sectors. This to one extent or another affected all groups and services. The consequences of these cutbacks, many of which were interconnected, included: reduced funding for key areas of service provision; reduced staff numbers and workforce capacity; extended waiting times; and reduced services for living in the community for each of the participant groups.

Communication and integration challenges were manifest at several levels. For service stakeholders, this included difficulties in maintaining effective internal communication strategies for large-scale statutory service organisations, problems with inter-agency working, and issues with respect to changing and non-congruent service administrative boundaries. For the three participant groups, communication issues focused on getting access to appropriate information on services, with digital exclusion being a significant contributing factor, especially for older people.

Bureaucracy was described by service stakeholders as a challenge that prevented them from concentrating on service delivery. This was in relation to adhering to statutory regulations and, especially in the case of voluntary organisations, Garda vetting of volunteers.

Stigma, awareness and prejudice was in various forms a challenge experienced by the three participant groups in accessing suitable services. All groups felt that their diversity and heterogeneity was not adequately recognised or reflected in the awareness of services providers. Issues around labelling through service provision were also evident, particularly for people with disabilities.

Physical access and transport, incorporating issues with respect to the built environment and accessible public transport system, was another challenge to accessing services for the three participant groups.

Finally, and perhaps one of the most pronounced challenges, was the concerns around the lack of consultation expressed by children and youth, older people, and people with disabilities. Participants felt that they were not being adequately included in decisions about services that pertain to their lives. For many, this indicated a lack of respect for their own perspectives. Issues around lack of resources and changing governance and service structures were considered to be some of the compounding factors.

There were also a number of examples of good practice. Most of these examples point to the potential worth of capturing the voices of children and youth, older people and people with disabilities in service design and delivery, and that highlight the benefits of inter-agency co-operation and collaborative working. There is a need to look at such projects and initiatives to identify key success factors that can be shared and adapted across the three population groups. There is certainly the potential for significant learning to be gained from dialogue across children and youth, ageing and disability sectors. However, what these findings clearly point to is the nature of the shared challenges, particularly around funding, awareness and consultation, that impact on each of the service sectors and the capacity of children and youth, older people and people with disabilities to be at the centre of service systems.

Key Learning Points

1. There is agreement among service managers, providers and children and youth, older people and people with disabilities that service provision should be person-centred and holistic. This requires an inter-agency approach with sustained, meaningful consultation with service users from each of the groups.
2. Challenges to service provision that restrict the participation of children and youth, older people and people with disabilities in their cities and communities, include: cutbacks, communication and integration issues; excessive bureaucracy; stigma, lack of awareness, and prejudice; difficulties with accessibility and transport; and lack of consultation. These are common issues across the sectors that impact on the realisation of person-centred service provision.
3. Development of meaningful consultation strategies for service design and delivery is required for children and youth, older people and people with disabilities. While there are isolated examples of good practice with respect to consultation, it remains a significant barrier to realising person-centred provision and the enhancement of choice and control in accessing services.
4. There is a need for education, training and awareness campaigns to challenge existing stereotypes of children and youth, older people and people with disabilities. Such campaigns would help ensure that public, private and voluntary service providers and members of the public are aware that these are heterogeneous groups with diverse needs.
5. The common challenges and opportunities with respect to services for community participation across the children and youth, ageing, and disability sectors need to be recognised. In this light further work is required to explore the shared service experiences of children and youth, older people and people with disabilities, with a view to creating an evidence-base for integrated policy and practice development.

References

- Asenova, D., Bailey, S., McCann, C. (2015). Managing municipal austerity: mitigation of social risks. *Local Government Studies*, 41:1, 1-19, DOI: 10.1080/03003930.2014.919268.
- Barnardos. (2011). Reorganising child and family support services. Discussion Paper. Available at: <http://www.barnardos.ie/assets/files/what-we-do/Reorganising%20Child%20and%20Family%20Support%20Services%20Barnardos%20Briefing%20Paper.pdf>.
- Barnes, M., Harrison S., Mort, M., Shardlow, P., Wistow, G. (1999). The new management of community care: user groups, citizenship and co-production. In: G. Stoker (ed.), *The New Management of British Local Governance*. Houndmills, UK: Macmillan.
- Benington, J., Moore, M. (2010). *Public value: theory and practice*. New York: Palgrave Macmillan.
- Bovaird, T. (2007). Beyond engagement and participation: user and community coproduction of services. *Public Administration Review*, September/October, 846-860.
- Bovaird, T., Loeffler, E. (2012). From engagement to co-production: how service users and communities contribute to public services. In: V. Pestoff, T. Brandsen, B. Verschuere, (eds.), *New Public Governance, the Third Sector and Co-production*, 35-60, London and New York: Routledge.
- Boyne, G. (2003). Sources of public service improvement: a critical review and research agenda. *Journal of Public Administration Research and Theory*, 13:3, 367-394.
- Burke, S. (2010). Boom to bust: its impact on Irish health policy and health services. *Irish Journal of Public Policy*, 2:1. <http://publish.ucc.ie/ijpp/2010/01/burke/08/en>
- Canavan, J., Coen, L., Ozan, J., Curtin, C. (2014). *Leading community change: delivering better outcomes in an Irish community childhood development initiative final process evaluation report*. Dublin: Childhood Development Initiative.
- Centre for Ageing Research and Development in Ireland (CARDI). (2013). *E-Government and older people in Ireland North and South*. CARDI: Dublin.
- Department of Children and Youth Affairs. (2011). *Children first: national guidance for the protection and welfare of children*. Dublin: Government of Ireland.
- Department of Education and Skills. (2011). *National strategy for higher education to 2030. Report of the Strategy Group*. Dublin: Government of Ireland.
- Department of the Environment, Community and Local Government. (2011). *National housing strategy for people with a disability 2011 – 2016*. Dublin: Government of Ireland.
- Department of Health. (2013). *National positive aging strategy*. Dublin: Government of Ireland.
- Department of Social and Family Affairs. (2007). *National action plan for social inclusion 2007-2016*. Dublin: Government of Ireland.
- Ejorh, T. (2014). The challenge of resilience: migrant-led organisations and the recession in Ireland. *Int. Migration & Integration*. DOI 10.1007/s12134-014-0361-5
- Flinders, M., Domett, K. (2013). Gap analysis: participatory democracy, public expectations and community assemblies in Sheffield. *Local Government Studies*, 39:4, 488-513.
- Fleddurus, J., Brandsen, T., Honingh, M. (2015). User co-production of public service delivery: an uncertainty approach. *Public Policy and Administration*, 0:0, 1-20.
- Garavan, R., Winder, R., McGee, H. (2001). *Health and social services for older people*. Dublin: NCAOP.
- Health Service Executive (HSE). (2012). *New directions: personal support services for adults with disabilities*. Dublin: Government of Ireland
- Health Service Executive (HSE). (2013). *National service plan 2014*. Dublin: Government of Ireland.

- Howlin, B. (2012). Reform of the public service, *Administration*, 60:1, 15-30.
- Ilcan, S., Basok, T. (2004). Community governance: voluntary agencies, social justice and the responsabilization of citizens. *Citizenship Studies*, 8:2, 129-44.
- Gash, T., Panchamia, N., Sims, S., Hotson, L. (2013). *Making public service markets work better*. London: Institute for Government.
- Kretzmann, J. P., McKnight, J. L. (1993). *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Evanston, IL: Institute for Policy Research.
- Mulgan, G. (1991). Citizens and responsibilities. In: G. Andrews (ed.) *Citizenship*, 37-49. London: Lawrence & Wishart.
- OECD. (2008). *Ireland: towards an integrated public service*, Paris: OECD.
- OECD. (2011). *Together for a better public service: partnering with citizens and civil society*, Paris: OECD.
- OECD. (2014). *Ireland's action plan for jobs: a preliminary review*. Paris: OECD.
- O'Hanlon, A., McGee, H., Barker, M., Garavan, R., Hickey, A., Conroy, R. O'Neill, D. (2005). *Health and social services for older people II (HeSSOP II)*. Dublin: NCAOP.
- Pestoff, V. (2009). Towards a paradigm of democratic participation: citizen participation and co-production of personal social services in Sweden. *Annals of Public Cooperative Economics*, 80:2, 197-224.
- Pestoff, V. (2013). *Collective action and the sustainability of co-production*. Paper presented at the ECPR General Conference, Bordeaux, France.
- Ruane, F. (2012). Research evidence and policymaking in Ireland. *Administration*, 60:2, 119-138.
- Speer, J. (2012). Participatory governance reform: a good strategy for increasing government responsiveness and improving public services? *World Development*, 40:12, 2379-2398.
- Stickley, T. (2006). Should service user involvement be consigned to history? A critical realist perspective. *Journal of Psychiatric and Mental Health Nursing*, 13, 570-577.
- Taylor, M. (2003). *Public Policy in the Community*. Houndmills, UK: Palgrave Macmillan.
- Wall, M., Cullen, P. (2014). Health department warns against more funding cuts. *Irish Times* 12 Sept. <http://www.irishtimes.com/business/health-department-warns-against-more-funding-cuts-1.1926095>
- Warren, L., Boxall, K. (2009). Service users in and out of the academy: collusion in exclusion. *Social Work Education*, 28:3, 281-297.
- Wates, N. (2014). *The Community Planning Handbook*. London and New York: Routledge.
- Winterton, R., Warburton, J., Oppenheimer, M. (2012). The future of Meals on Wheels? Reviewing innovative approaches to meal provision for ageing populations. *International Journal of Social Welfare*, 22:2, 141-151.
- Wren, M., Gillespie, P., Sith, S., Kearns, K. (2014). *Towards earlier discharge, better outcomes, lower cost: stroke rehabilitation in Ireland*. Dublin: ESRI.



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