



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Relocation or reshuffle: an examination of where older people with an intellectual disability are moving

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The study set out to.....

- explore the **policy context** for housing and health for older people with an intellectual disability in Ireland;
- examine the extent to which Irish housing and health policies include core concepts of human rights
- understand if older people with an intellectual disability are **involved in decision** to move place of residence,
- examine the relationship between this **choice** opportunity and the opportunity for choice in other areas of life and
- how both choice and moving **impact on health**

The study found....

- **Some people with ID are changing where they live**
 - Not always by choice
 - Not always involved in decision process
 - Not always to the community
- **First indication of policy implementation on national level**
- **Highlights the continuing need to**
 - Address human rights of people with ID in making choices
 - Reconfigure community to sustain and support community living by people with ID

Background

- **De-institutionalisation major policy shift internationally**
- **Article 19 UNCRPD**
 - Right to choose where to live and who to live with
- **Success and positive outcomes – not inevitable**
- **Supporting policy and services need to be in place**
 - Most notably health services



National policy focus

Housing

National Housing Policy for
people with disabilities 2011-
2016 (2011)

Congregated settings report
(2011)

Health

Healthy Ireland Strategy (2013)

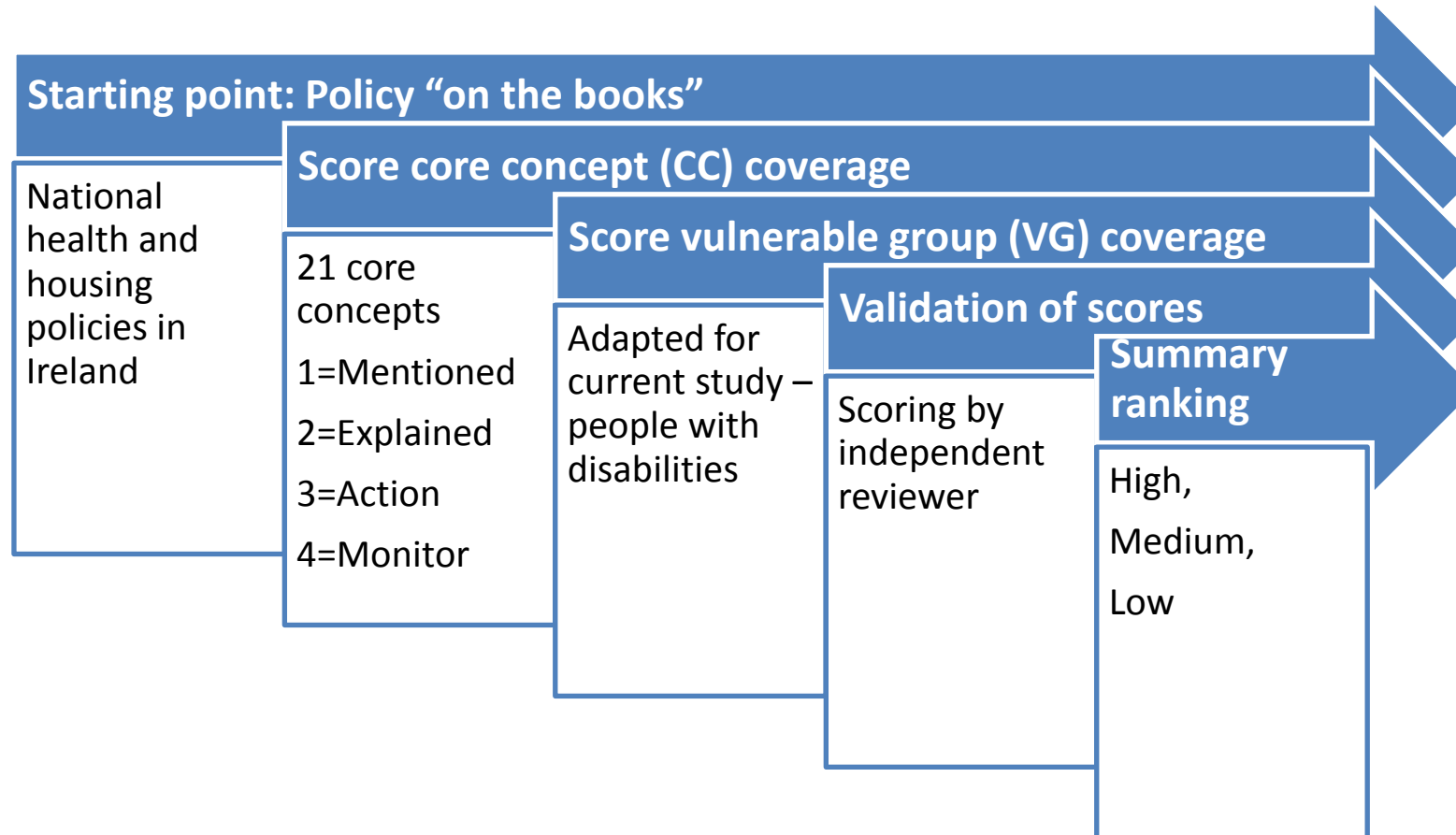
Universal Health Insurance
white paper (2014)

Primary Care A New Direction
(2001)

National Positive Ageing
Strategy (2013)

**ARE POLICIES EQUAL AND EQUITABLE FOR
PEOPLE WITH INTELLECTUAL DISABILITY?**

Policy content analysis: Equiframe



(Mannan H, Amin M, MacLachlan M. (2011) The EquiFrame Manual. Dublin: The EquiAble Consortium)



Policy content analysis Equiframe

Scoring	
Core concept coverage	
Core concept coverage of PwD	
Core Concept quality	
Overall summary ranking	

Policy content analysis Equiframe

	Universal Health (2014)	Healthy Ireland (2013)	Positive Ageing (2013)	National Housing Policy for PwD (2011)	Congregated Settings report (2011)	Primary Care New Directions (2001)

Policy content analysis Equiframe

Scoring	Universal Health (2014)	Healthy Ireland (2013)	Positive Ageing (2013)	National Housing Policy for PwD (2011)	Congregated Settings report (2011)	Primary Care New Directions (2001)
CC coverage	67%	76%	86%	71%	90%	71%
Coverage of PwD	0%	13%	56%	100%	100%	7%
CC quality	48%	100%	100%	100%	100%	62%
Overall summary ranking	Low	Moderate	High	High	High	Moderate

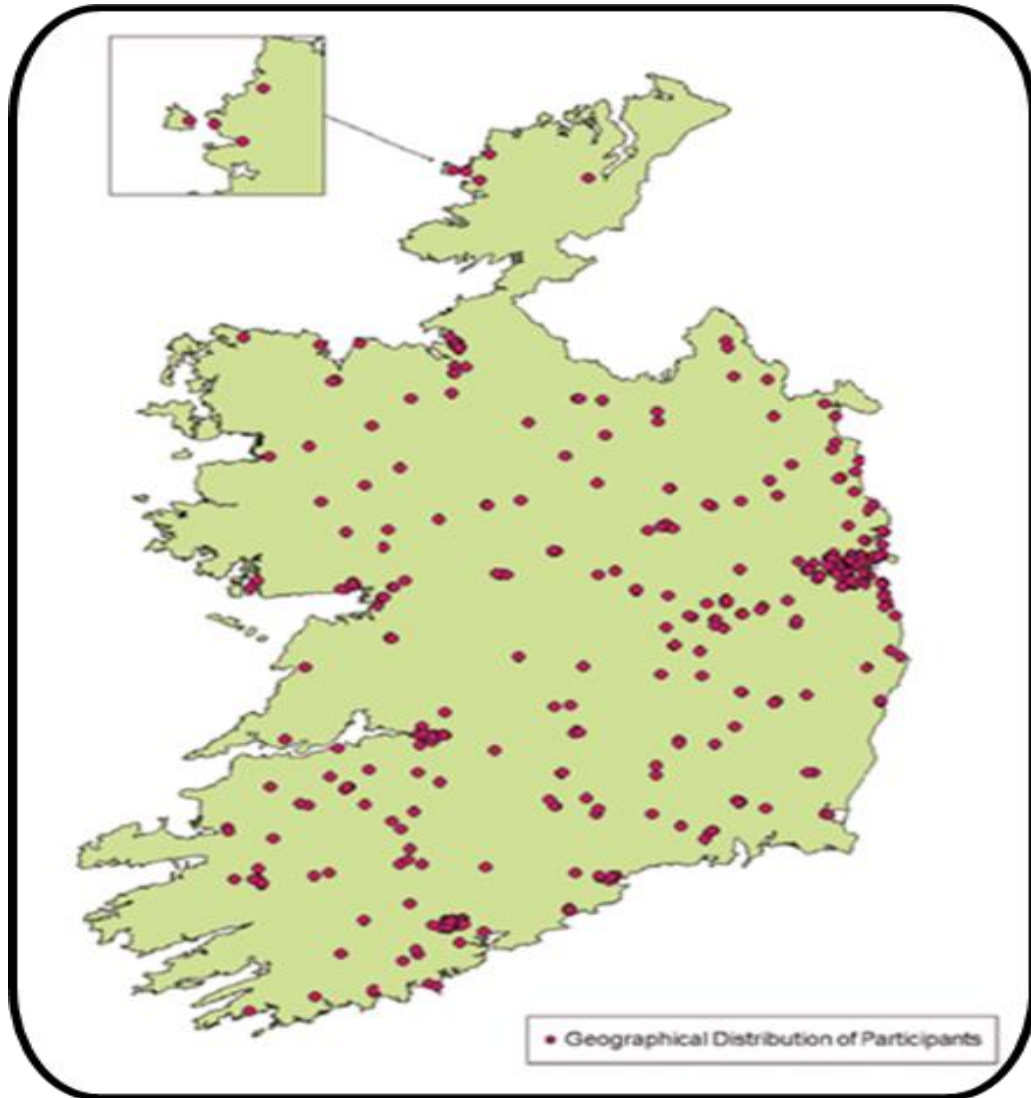
Analysis shows that...

- **No policy included all 21 CC**
- **Overall high CC coverage**
- **Greater coverage of core concepts specific to people with disabilities in housing policies**
 - Health policy lower coverage
 - Concern: supportive health policies

- **Terms such as ‘universal’ and ‘all’ allude to equality but equity may suffer**
 - ‘policy for all’ could further marginalise
- **Inclusion in policy will not automatically diminish health inequity BUT**
 - Provides tools for advocates, family and individuals to push for change
- **Need for specialist policy?**

WHAT DOES THE DATA SAY ABOUT MOVING AND HEALTH FOR PEOPLE WITH INTELLECTUAL DISABILITY?

IDS-TILDA Sample



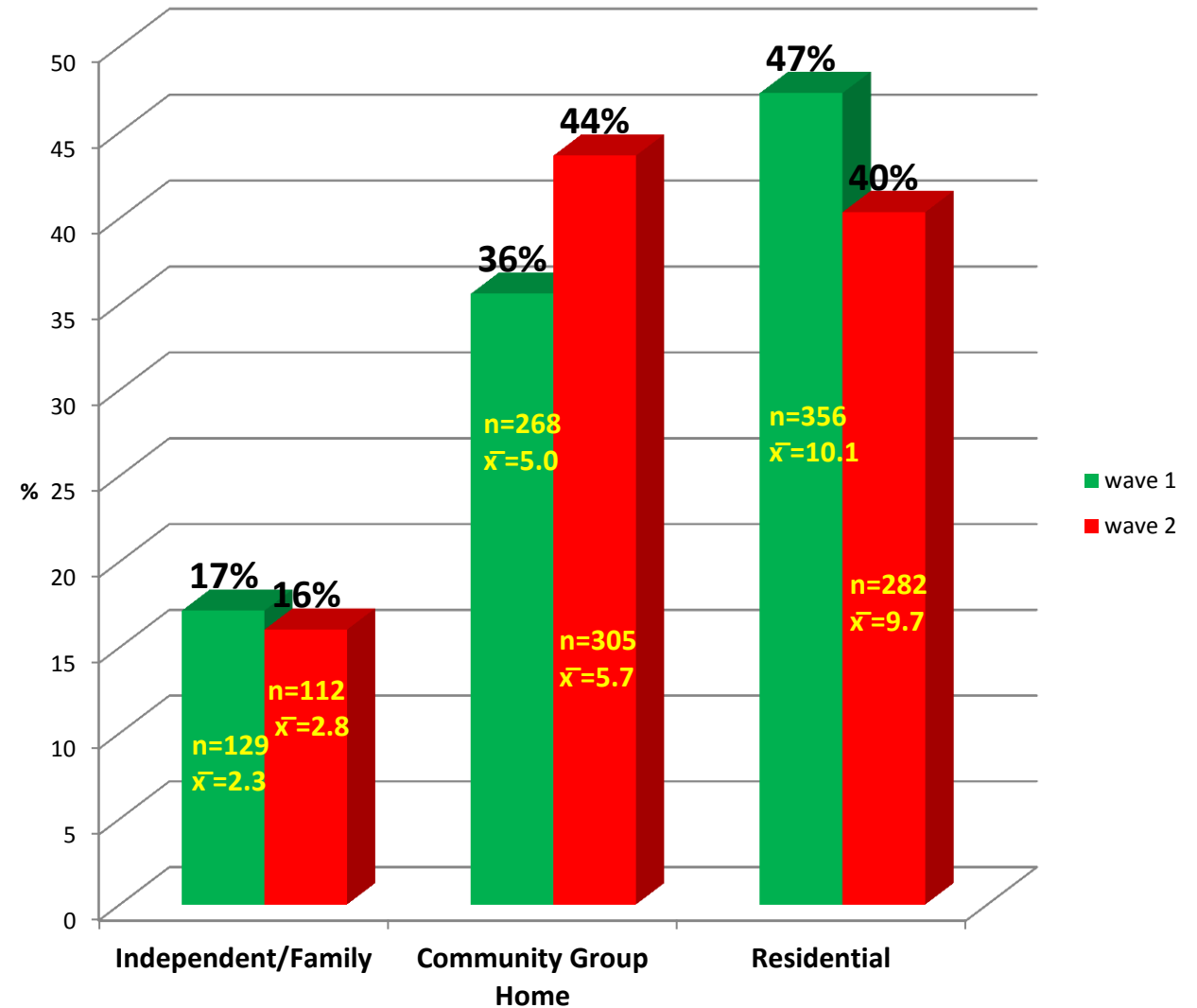
People were:

- Aged 40 years +
- Across all levels of intellectual disability (NIDD registered)
- Wave 1: 753
- Wave 2: 701
- Matched dataset of movers and non-movers (n=230)

Profile by *Location*

- Significant differences across settings in
 - level of ID,
 - current employment status and educational attainment,
 - extent of difficulty with ADLs/IADLS,
 - access to person centred planning

percentage, total number and mean number of people in different living arrangements at wave 1 and wave 2

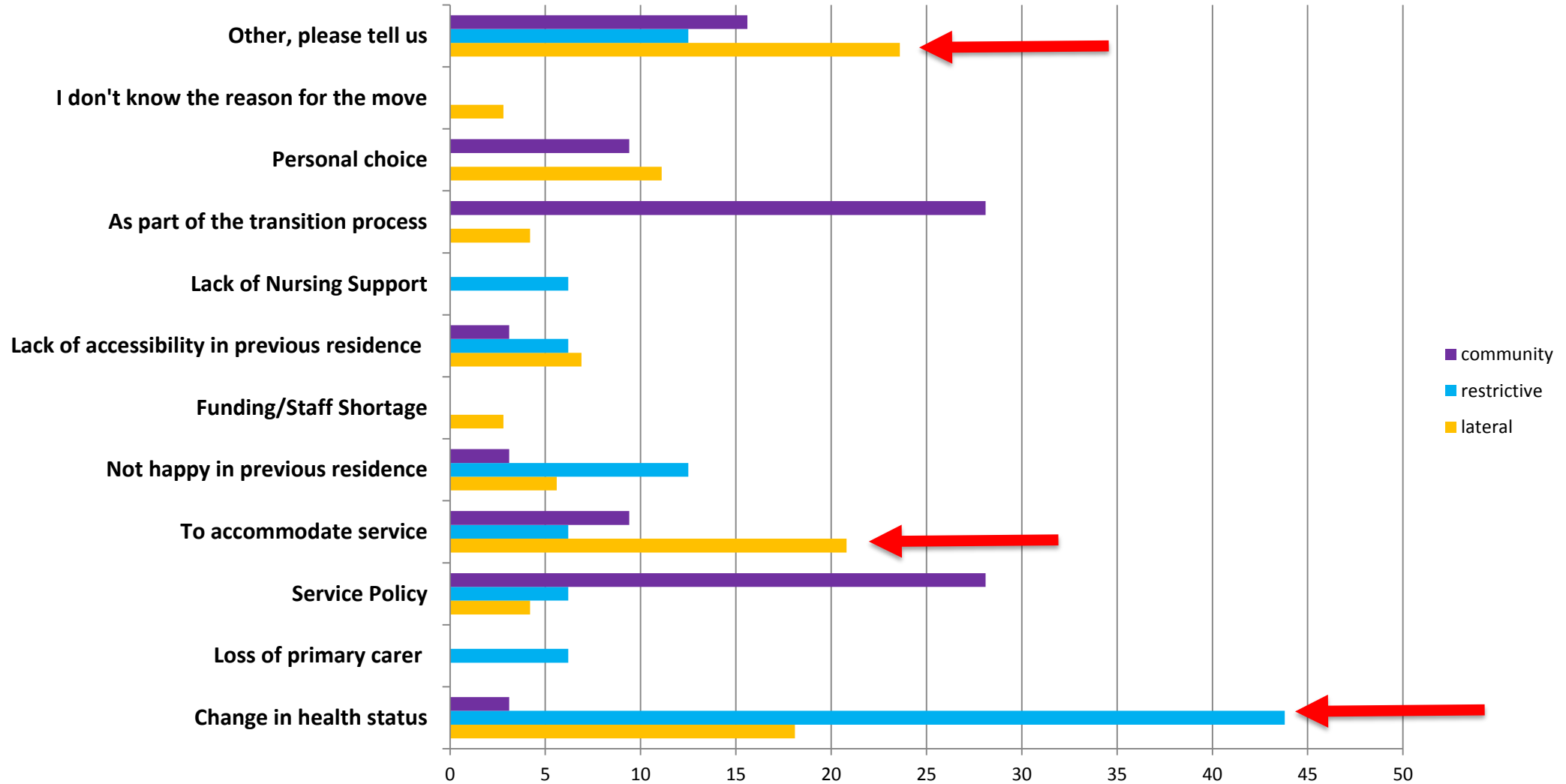


Change of *LOCATION* – who and where?

- **Overall:**
 - 120 confirmed movers (17% sample)
 - 60% wanted to move
 - 80% did not view alternatives
 - Three mover types
 - Lateral, community, restrictive

Reasons for Re- *Location*

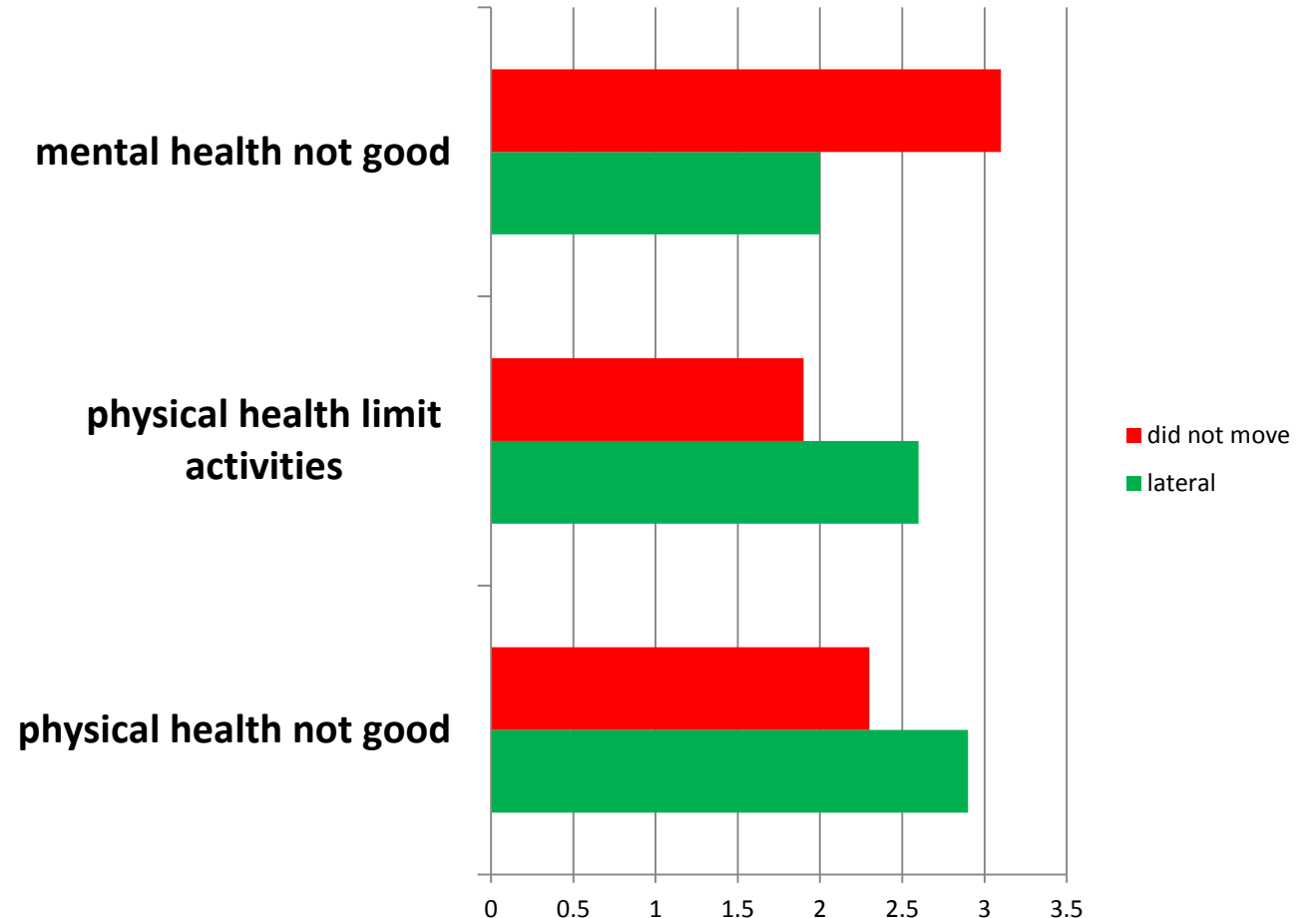
most important reason for move



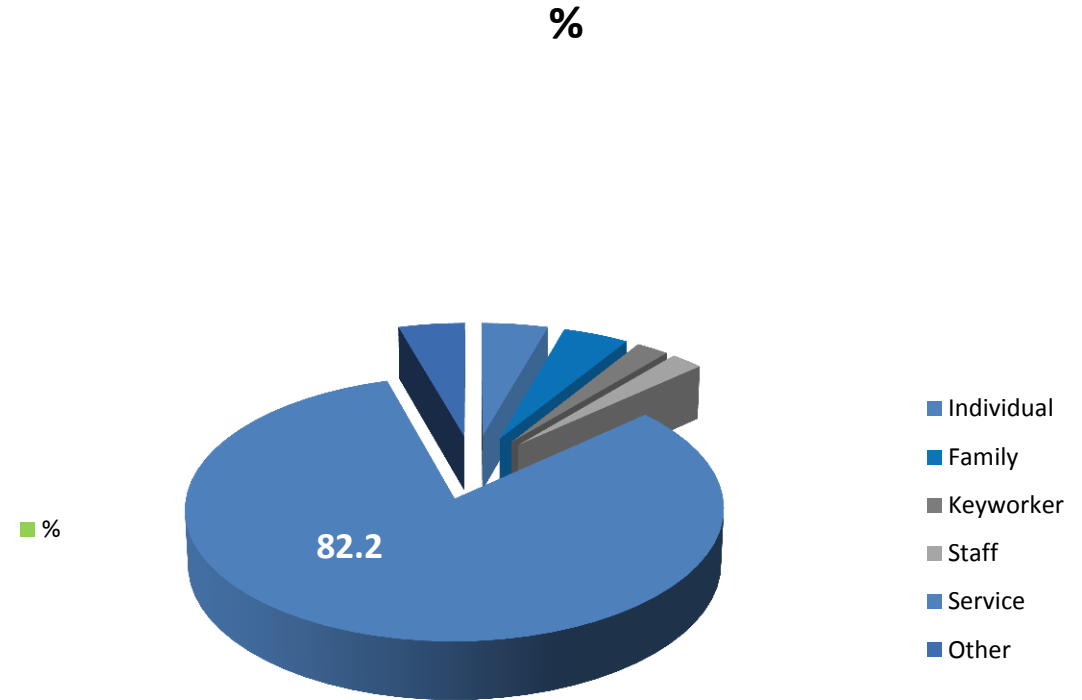
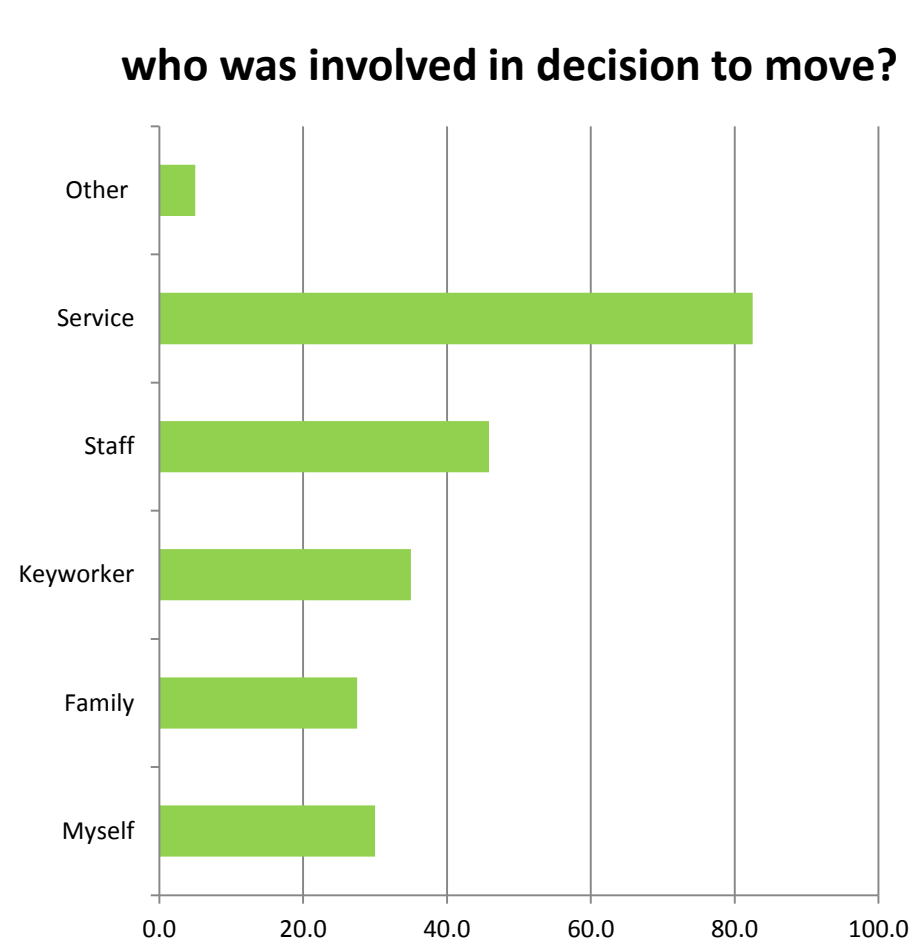
No Re- Location & Re-shuffle

- **Lateral movers**
 - Poorer physical health
 - Lower vitality
- **Non-movers**
 - Greater mean number of days emotional health poor
- **Loneliness, feeling left out, difficulty making friends**
 - Higher prevalence non-movers

mean number of days (in previous 30 days)



Relationships, interdependencies and *LOCATION*



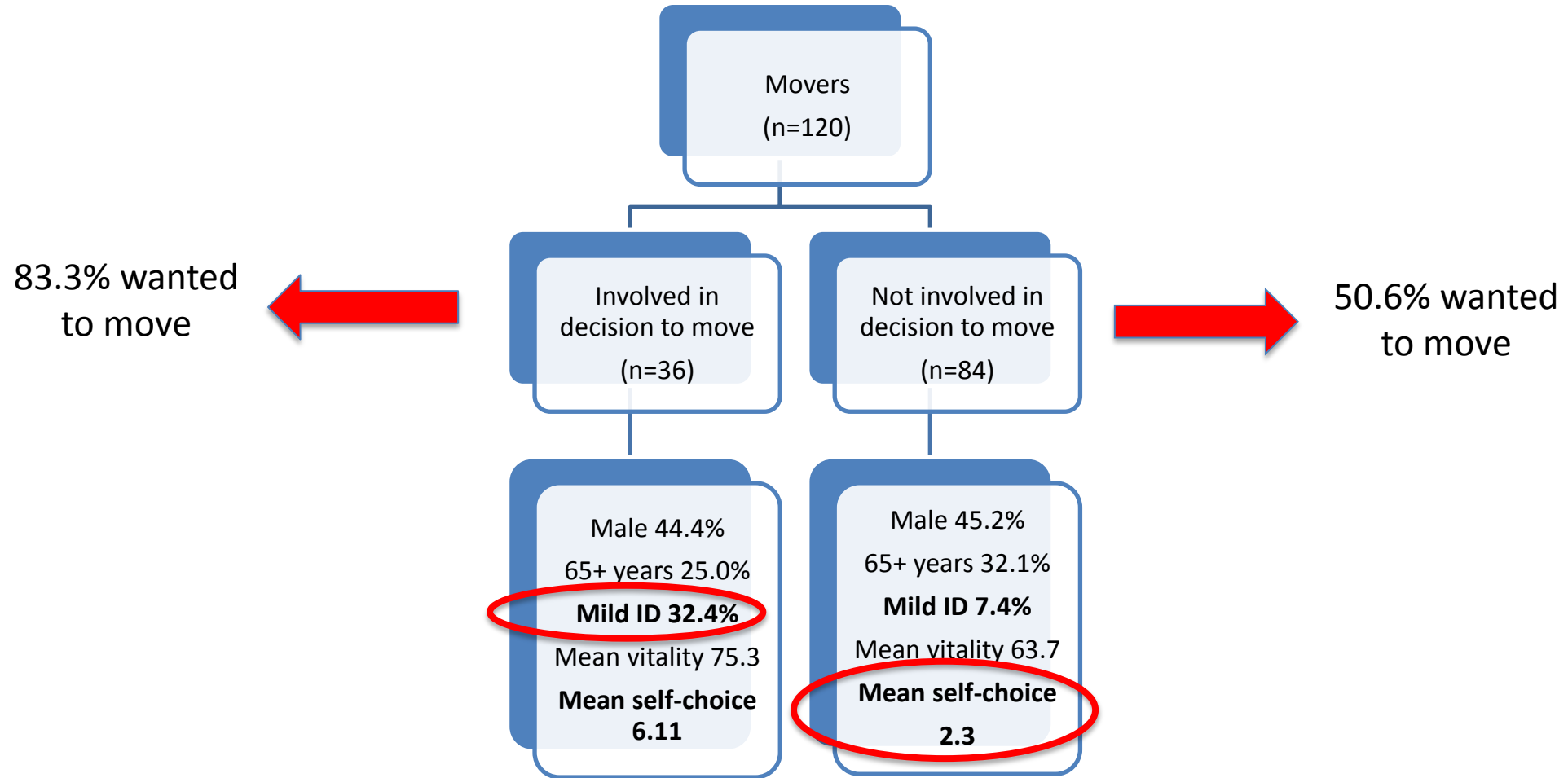
Human Agency: A two factor model



(Source: O'Donovan, M.A., McCarron, M., Carroll, R., McGlinchey, E., McCallion, P. (under review))

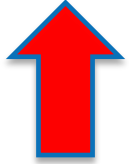


Human agency in moving process



Temporal/Location interaction

- **Health service use**

- OT and SLT  for total movers

- But not community based movers

- **Health setting**

- Mix mainstream & community
- 100% access social work through service provider

In summary:

- **Main drivers for moving are multiple**
 - More restrictive moves continue
- **Duality of home and health evidenced**
- **People with ID excluded from choice making**
- **Decreased use of health services by more community based movers**
- **Continued health service access to ID service providers**

Recommendations

- **Continued tracking of moving process through longitudinal analysis**
- **Transition planning to include health services**
- **Community readiness and support to navigate community health services key**
- **On-going policy engagement**
 - Ensuring people with ID on policy agenda

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Questions?

THANK YOU FOR LISTENING