Comhshaol, Pobal agus Rialtas Áitiúil
Environment, Community and Local Government

National Housing Strategy for People with a Disability
2011 - 2016

**Department of the Environment,
Community & Local Government**

October 2011

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Foreword

The 'National Housing Strategy for People with a Disability 2011-2016' sets out a framework for the delivery of housing for people with disabilities through mainstream housing policy. It has been developed on a partnership basis with a National Advisory Group, chaired by the Department of the Environment, Community and Local Government and involving the Department of Health, the Health Service Executive (HSE), local authorities, organisations representing people with disabilities and other relevant stakeholders, including the National Disability Authority.

Setting out a vision for the next five years, and underpinned by nine strategic aims and a detailed programme of action, the strategy will be supported, in the coming months, by the development of an implementation plan by a high level Implementation Planning Group. This Group will be chaired by the Department of the Environment, Community and Local Government and will include, among others, senior representatives of the Department of Health, HSE and the Department of Public Expenditure and Reform (DPER).

The publication of this strategy contributes to delivery on a number of Programme for Government commitments, including the implementation of the National Disability Strategy, of which housing is a key element; the commitment to promote and support universal design, particularly to ensure accessible housing; the closure of unsuitable psychiatric institutions by moving patients to more appropriate community-based facilities; and the development of specific strategies for elderly patients and those with intellectual disabilities who remain under the care of mental health services. The strategy also supports the Programme for Government commitment to promote and support universal design whereby all environments can be used to the greatest extent possible by all people, regardless of age, ability or disability.

This new publication seeks to mainstream access to independent living for adults living with physical, mental, sensory and intellectual disabilities and will direct the efforts of housing authorities and the HSE to support people with a disability to live independently in their own homes, with accommodation designed and/or adapted as fit-for-purpose, rather than having to move into residential care settings. It will redirect the efforts of our Departments,

agencies and publicly funded voluntary bodies away from managing institutionalised dependency to ensuring mainstream assessment of individual housing needs, finding person-centred community based housing solutions, and providing appropriate tenancy, health and social care supports to people with disabilities, from within the resources currently available across the sector.

The strategy commits to completion of the housing elements underpinning the long standing mental health policy 'A Vision for Change', in relation to the transition from institutional settings to independent living in community based settings, for people with mental health disabilities who have low and medium support needs.

The strategy was also informed by the deliberations and recommendations of the Working Group on Congregated Settings, established by the HSE in 2008 and which reported this summer, and will complement the work currently being undertaken by the Department of Health and the HSE on the Value for Money and Policy Review of Disability Services which is expected to be completed by the end of the year.

This strategy forms an integral part of the recent Housing Policy Statement, which placed greater emphasis on choice, equity across housing tenures and delivering quality outcomes for the resources invested in mainstream housing solutions. The statement also set out the Government's approach to regulation of the wider housing market, including the voluntary and cooperative housing associations, maximising the delivery of social housing supports within the resources available, reform of the private rented sector and the delivery of housing supports for households with special needs.
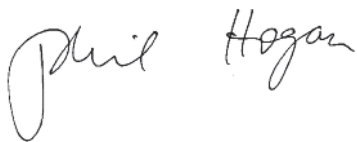
Appropriate and secure housing has been recognised as a key factor in assisting people, including those with disabilities, to manage and/or recover from a mental health disability. The proposals contained in the strategy will have a positive impact in supporting people with mental health disabilities to engage with employment opportunities. Similarly, these proposals will also assist people with intellectual and or physical disabilities to avail of employment opportunities and integrate more fully into their communities, in line with the principles of mainstreaming and social inclusion under the National Disability Strategy.

It is heartening to see the amount of cross-Departmental and inter-agency work – a whole-of-government approach – which has resulted in this publication and which will be continued through the work of the high level Implementation Planning Group. As part of the process, this Group will be responsible for identifying sustainable funding mechanisms to resource the implementation of the strategy. Progress in the years ahead will be driven by the work of an Implementation Monitoring Committee which will be tasked with producing annual

implementation progress reports which will be presented to the Cabinet Committee on Social Policy. The main proposals contained in the strategy have been developed on the basis of ensuring the efficiency and effectiveness of the resources, systems and procedures currently allocated to meet the housing and related support needs of people with disabilities.
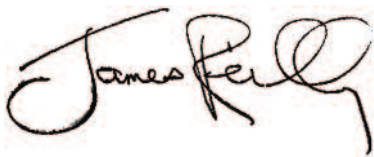
We look forward to working with our partners in the implementation of the strategy and its success in achieving the best possible outcome for people with a disability in the years ahead.

Phil Hogan T.D.,
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Community & Local Government

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James Reilly T.D.,
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Minister of State,
Department of Health and
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Defence with responsibility for Disability,
Older People, Equality & Mental Health

Executive Summary

The National Housing Strategy for People with a Disability is the new Government strategy to address the housing needs of people with disabilities over the period 2011 to 2016. The commitment to the development of the housing strategy was set out in the social partnership agreement, Towards 2016, and underpinned in the 2007 housing policy statement, Delivering Homes, Sustaining Communities. The Government's new Housing Policy Statement, published in June 2011, supports the National Housing Strategy for People with a Disability as part of a framework of initiatives to provide for the housing needs of vulnerable and disadvantaged households. The strategy has been developed with the assistance of a National Advisory Group.

The strategy uses the term "disability" in reference to four categories of disability, i.e. sensory disability, mental health disability, physical disability and intellectual disability.

Vision

The strategy's vision is:

To facilitate access, for people with disabilities, to the appropriate range of housing and related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living.

Strategic Aims

The strategy has 9 strategic aims:

1. To promote and mainstream equality of access for people with a disability to the full range of housing options available suited to individual and household need.

2. To develop national protocols and frameworks for effective interagency cooperation which will facilitate person-centred delivery of housing and relevant support services.

3. To support people with a disability to live independently in their own homes and communities, where appropriate.

4. To address the specific housing needs of people with an intellectual and/or physical disability, moving from congregated settings in line with good practice, including through the development of frameworks to facilitate housing in the community.

5. To address the specific housing needs of people with a mental health disability, including through the development of frameworks to facilitate housing in the community, for people with low and medium support needs moving from mental health facilities, in line with good practice.

6.   To consider good practice in the design, coordination and delivery of housing and related supports.

7.   To facilitate people with a disability to access appropriate advice and information in respect of their housing needs.

8.   To improve the collection and use of data/information regarding the nature and extent of the housing needs of people with a disability.

9.   To provide a framework to support the delivery, monitoring and review of agreed actions.

STRATEGIC AIM 1
To promote and mainstream equality of access for people with a disability to the full range of housing options available suited to individual and household need

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The strategy sets out a framework for the delivery of housing for people with disabilities through mainstream housing options, within sustainable communities. In this regard, a range of measures will be implemented to ensure that all available housing tenures are positioned to meet needs more effectively. In particular, newer delivery mechanisms such as the Rental Accommodation Scheme and the Social Housing Leasing Initiative will be examined to ensure that their potential is fully maximised. As a starting point, all people with disabilities who have a likely housing need, including those currently living in institutions, will undergo an assessment of housing need. To support delivery, specific strategies will be developed as part of Housing Services Plans which will set out proposals to meet the needs of people with various disabilities, underpinned by the effective implementation of the new allocations policy. As part of these strategies, housing authorities will be encouraged to reserve certain proportions of housing units to meet specific needs. The potential of the private rental sector in meeting the housing needs of people with disabilities will be further developed. This will be facilitated through the implementation of awareness raising mechanisms for landlords in relation to renting to people with disabilities.

STRATEGIC AIM 2
To develop national protocols and frameworks for effective interagency cooperation, which will facilitate person-centred delivery of housing and relevant support services

The effective implementation of the strategy will be underpinned by a robust interagency framework. This will be supported by national protocols to improve and formalise cooperation between relevant agencies in delivering services to people with disabilities. In recognition of the importance of the health service in facilitating people with disabilities in accessing and maintaining appropriate housing, the coordination of funding arrangements for both housing and health service related supports will be improved. A formalised engagement regime will be undertaken by relevant Departments as part of the multi-annual estimates process. New local authority led Housing and Disability Steering Groups, established within each county/city council area, will facilitate the implementation of the strategy at local level and will also provide an improved basis for planning and service delivery.

STRATEGIC AIM 3
To support people with a disability to live independently in their own homes and communities, where appropriate

The promotion of independent living requires the implementation of a range of targeted actions, including supports to assist people with disabilities to remain at home or following the development of a disability or an age related mobility problem, the provision of equitable access to specific design options and mechanisms to support people with disabilities who wish to live independently[1]. Priority will continue to be given to ensuring the most effective operation of the adaptation grant schemes for people with disabilities and older people. This will be complemented by the development of mechanisms to ensure that newer housing supply mechanisms, such as RAS and leasing are better positioned to meet accessibility needs. The potential for better collection of data in relation to accessible housing will be considered. With a view to increasing supply for people with disabilities, frameworks will be put in place to adapt vacant social housing units to meet specific design

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[1]   Census data shows that a majority of people with disabilities live in owner occupied homes. Data from the National Intellectual Disability Database shows that the majority of adults with intellectual disabilities live in home settings.

needs. Furthermore, the potential for the inclusion of a suite of accessibility provisions to make housing visitable for people with disabilities under social housing improvement programmes will be examined. As a longer term policy objective and in line with the commitment in the Programme for Government to promote and support universal design, an examination of lifetime housing policy will be undertaken which will also consider the accessibility needs of wheelchair users and the increasing role of technology in supporting people with disabilities to live independently.

STRATEGIC AIM 4

To address the specific housing needs of people with an intellectual and/or physical disability, moving from congregated settings in line with good practice, including through the development of frameworks to facilitate housing in the community

The strategy reflects proposals arising from the report of the HSE Congregated Settings Working Group which was established to develop proposals to deliver community based, person-centred responses for people living in congregated settings. These proposals will have significant implications in relation to how the future housing needs of people with intellectual disabilities are addressed. The proposed closure of the congregated settings is expected to take place over a 7 year period and will be supported by a multi agency framework, thus ensuring that individual ongoing needs are effectively recognised and addressed in order to facilitate the transition to community based, and in some cases, independent living. The full range of housing options available will be considered in order to meet arising need and individual tenancy arrangements will be provided to everyone leaving a congregated setting whose support needs are capable of being met in community based settings. This framework will be supported by the development of specific guidance to assist housing authorities to manage the assessment and allocation process for people leaving congregated settings on a regional or national basis. For people with intellectual disabilities living in the family home, ongoing liaison between housing authorities and relevant support agencies will be strengthened to ensure more effective planning for future housing need.

STRATEGIC AIM 5

To address the specific housing needs of people with a mental health disability, including through the development of frameworks to facilitate housing in the community, for people with low and medium support needs moving from mental health facilities, in line with good practice

The strategy has a specific focus on meeting the housing needs of people with a mental health disability. This encompasses commitments in relation to moving people with low and medium support needs, from HSE mental health facilities to more appropriate community based housing, in line with the objectives of the Government's mental health policy, A Vision for Change. This transition process will be supported through the establishment of a management framework between Department of Environment, Community & Local Government, Department of Health, local authorities and HSE to oversee the phased movement of people out of HSE mental health facilities. This will be planned and undertaken based on a person centred approach and in line with the availability of suitable housing and the provision of community mental health supports. To support the move to more independent living arrangements, the development of a scheme of tapered housing supports, based on the 'Housing First' principle, will be examined. More broadly, and in recognition of the complex and debilitating nature of a mental health disability, specific guidance will be developed which will assist statutory and voluntary agencies to respond more effectively to meeting housing need. This guidance will be supported by the effective implementation of a protocol to facilitate the exchange of information between the HSE and housing authorities in relation to the assessment of the individual housing needs of people with mental health disabilities.

STRATEGIC AIM 6

To consider good practice in the design, coordination and delivery of housing and related supports

Effectively meeting the housing needs of people with disabilities requires a variety of approaches and responses. Therefore, there must be a strong and improved focus on evidence based policy and practice. In this regard, a pilot programme will be developed to test good practice in sustainable communities for people with disabilities. This pilot programme will focus on a number of key areas, including, design of housing, person

centred responses, information provision and interagency cooperation. Existing pilot programmes will be reviewed and, where appropriate, guidance and standards will be developed to assist housing authorities to implement the provisions of the strategy at local level.

STRATEGIC AIM 7
To facilitate people with a disability to access appropriate advice and information in respect of their housing needs

The provision of information, advice and advocacy are key components to facilitate equality of access to housing and related support services. Housing authorities will ensure that relevant information and literature has a specific focus on the housing options available for people with disabilities, based on the principles of quality service delivery and made available in a variety of accessible formats. Mechanisms to support and improve the provision of housing advice and information will be key elements in future housing strategies. To provide a more integrated approach to information provision, consideration will be given to the development of a pilot housing advice centre, in line with available good practice, and with a strong disability focus. The role of formal and informal advocacy will continue to be supported and strengthened, where possible.

STRATEGIC AIM 8
To improve the collection and use of data/information regarding the nature and extent of the housing needs of people with a disability

Detailed information in relation to the housing and related supports needs of people with disabilities is required to provide an improved basis for policy development and service delivery. The recent implementation of a new assessment of need framework will provide a fuller and more comprehensive assessment of the housing needs of people with disabilities through, inter alia, providing clearer standardised criteria for determining eligibility, reflecting the life cycle approach and providing access to a full range of social housing supports. Local authority staff will be supported in carrying out the assessment process by

the undertaking of disability specific training. To supplement the effective operation of the new assessment framework, more formalised engagement and exchange of information will take place between housing authorities and other relevant agencies and organisations representing people with disabilities. This will be supported by the development of a strategic assessment of need protocol. This protocol, which will act as a tool for the utilisation and sharing of relevant available data sources in respect of the housing and related support needs of people with disabilities, will assist housing authorities and the HSE with longer term strategic planning.

STRATEGIC AIM 9
To provide a framework to support the delivery, monitoring and review of agreed actions

A detailed implementation plan will be developed by a group chaired by the Department of the Environment, Community & Local Government and including senior representation by the Department of Health, DPER and HSE. The group will identify sustainable funding mechanisms to resource the implementation plan. The plan will underpin the implementation of the actions contained in the strategy and set out the responsibilities of the key agencies and stakeholders involved and the targets to be achieved within identified timeframes. In order to ensure the effective implementation of the strategy, an implementation monitoring committee will be established which will meet annually. A progress report on the implementation of the strategy will be produced each year and presented to the Cabinet Committee on Social Policy. Periodic reviews will be undertaken over the course of the lifetime of the strategy.

The full set of actions underpinning each strategic aim is set out below.

Strategic Aim 1

To promote and mainstream equality of access for people with a disability to the full range of housing options available suited to individual and household need
1.1   Promote and support the delivery of accommodation for people with disabilities using all housing supply mechanisms;
1.2   People with disabilities who may require a housing support, including those currently residing in institutions, should be encouraged to apply to housing authorities for an individual assessment of housing need;
1.3   All applicants for social housing support who have disabilities should be interviewed by housing authorities as part of the assessment process and provided with a statement of housing need;
1.4   Specific strategies to be developed, in the context of future Housing Services Plans, to plan for the current and future housing needs of people with disabilities, including children with disabilities;
1.5   Development proposals of approved housing bodies to reflect and be aligned to relevant local authority future housing services plans;
1.6   Effective implementation of new allocations policy to ensure appropriate prioritisation of households with disabilities in need of social housing support;
1.7   Guidance underpinning the new allocations policy to reflect policy developments in respect of the housing needs of people with disabilities;
1.8   Housing authorities to consider, in the context of the overall need for housing in the area, reserving a proportion of units to meet the needs of people with varying disabilities, including households with a child with a disability;
1.9   Ensure that the current and future needs of children with disabilities is central to the process of allocating housing to families;
1.10   Maximise the potential of RAS type and long term leasing arrangements to meet the short and long term needs of people with various disabilities;
1.11   Promote use of RAS type leasing arrangements for people with disabilities who have not been in receipt of rent supplement;
1.12   Examine potential to encourage longer term contracts with landlords under RAS;
1.13   Analyse data from the VFM Review of RAS in order to examine the impact of the scheme on people with disabilities;
1.14   Examine feasibility of providing incentives for landlords who provide accommodation suitable for the needs of people with disabilities, to include the issue of increased tax credits for people with disabilities;
1.15   Raise awareness amongst landlords, letting agents, etc, regarding renting to people with disabilities in the private rental sector.

Strategic Aim 2

To develop national protocols and frameworks for effective interagency cooperation, which will facilitate person-centred delivery of housing and relevant support services
2.1   Develop and implement the strategic assessment of housing need protocol; 2.2   Implement protocol governing the coordination of capital and revenue funding for health service related supports costs, for projects provided by approved housing bodies, for people with a disability; 2.3   Implement protocol governing liaison arrangements between housing authorities and HSE in respect of the individual specific needs of people with a mental health disability; 2.4   Review national protocols within agreed timeframes; 2.5   Develop further arrangements, as appropriate, for cooperation between housing authorities and HSE in relation to the provision of housing services for people with disabilities, suited to individual and household need; 2.6   Ensure that interagency cooperation, in the delivery of housing and related supports, is reflected and supported at senior level within relevant organisations; 2.7   Improve the coordination of funding for housing supports and health service related support costs through formalised engagement to be undertaken as part of the multi-annual estimates process; 2.8   Develop local mechanisms to underpin effective interagency cooperation; 2.9   Develop additional national protocols as appropriate; 2.10 Establish Housing and Disability Steering Groups in each county/city council area to provide a coordinated approach to service delivery; 2.11 Ensure that the remit of Housing and Disability Steering Groups is reflected in the development of future housing services plans.

Strategic Aim 3

To support people with a disability to live independently in their own homes and communities, where appropriate
(note: additional actions to support people to live independently are also outlined under other strategic aims)

3.1 Continue to prioritise funding for the operation of the Housing Adaptation Grant Schemes for People with a Disability and Older People, to facilitate applicants to live in their own homes and communities for as long as possible;

3.2 Provide sufficient resources at local level to ensure the effective enforcement of Part M of the Building Regulations in line with the implementation of new regulations;

3.3 Undertake an examination of lifetime housing policy[2] and universal design in the Irish context;

3.4 Undertake an examination of the housing accessibility needs of wheelchair users, including consideration of the development of design guidance to meet housing need;

3.5 Explore mechanisms to fund adaptation works to RAS and leased units to facilitate the needs of people with physical and sensory disabilities;

3.6 Undertake review of existing local authority pilot schemes for recycling and reusing of mobility aids (e.g. stairlifts) in various tenures;

3.7 Develop housing accessibility guidance for use in the private rental sector;

3.8 Examine the feasibility of the collection of accessibility data in conjunction with the undertaking of inspections of standards in the private rental sector;

3.9 Consider development of a data register of accessible properties across all tenures;

3.10 Identify good practice in implementing assistive technology and ambient assistive living technology to support independent living;

3.11 Consider frameworks to support people with disabilities moving to independent living within the social housing and private rented sectors;

3.12 Examine the potential for the inclusion of a suite of accessibility provisions to make housing visitable for people with disabilities as part of social housing improvement programme;

3.13 Put arrangements in place to ensure that, where appropriate, vacant social housing be used/adapted to meet the needs of disabled households on housing waiting lists;

3.14 Prioritise capital funding for the undertaking of adaptation works for local authority tenants who have a disability.

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[2]   See definitions in chapter 8

Strategic Aim 4

To address the specific housing needs of people with an intellectual and/or physical disability, moving from congregated settings in line with good practice, including through the development of frameworks to facilitate housing in the community

4.1 Establish a framework to manage the transition of people with intellectual and/or physical disabilities from congregated settings to appropriate community based housing;

4.2 The full range of needs of individuals with disabilities should be taken into account when planning the transition from congregated settings to community based housing;

4.3 The full range of housing options should be available for consideration by individuals transitioning from congregated settings to community based housing;

4.4 A range of funding streams should be brought together to support appropriate housing solutions for people with intellectual and/or physical disabilities, transitioning from congregated settings, with support needs capable of being met in community based settings;

4.5 Develop national guidance in relation to managing the assessment and allocation process for people with intellectual disabilities and/or physical disabilities transitioning from congregated settings;

4.6 All people with intellectual and/or physical disabilities transitioning from congregated settings to be provided with individual tenancy arrangements;

4.7 Ensure a multi agency approach to identify and meet the ongoing needs of people: (a) transitioning from congregated settings and (b) with intellectual and/or other disabilities living in the family home, but where a future housing need is likely to arise.

To address the specific housing needs of people with a mental health disability, including through the development of frameworks to facilitate housing in the community, for people with low and medium support needs, moving from mental health facilities, in line with good practice

5.1   Ensure the housing needs of people with low and medium support needs moving from mental health facilities are fully reflected in future housing services plans;

5.2   Establish a management framework to facilitate and manage the transition of people with low and medium support needs from HSE mental health facilities to appropriate community settings;

5.3   Identify a funding stream to support the accommodation needs arising of people with low and medium support needs transitioning from HSE mental health facilities to appropriate community settings;

5.4   Examine the potential for the transfer of low and medium support HSE community residences to the management of local authorities or voluntary housing agencies;

5.5   Ensure commitment from the HSE to the continued provision of mental health supports, through multidisciplinary community mental health teams, to people with low and medium support needs, transitioning from HSE mental health facilities to appropriate community settings;

5.6   Ensure that proposals for the transitioning of people with low and medium support needs from HSE mental health facilities are supported by all relevant agencies involved in the delivery of services to people with disabilities;

5.7   Examine the potential for developing a scheme of tapered supports, based on the 'Housing First' principle, to underpin independent living for people with mental health disabilities moving from HSE mental health facilities;

5.8   Housing authorities to ensure that all applicants are provided with information regarding the disclosure of a mental health disability in relation to assessing housing needs;

5.9   Develop guidance on responding effectively to the housing needs of people with a mental health disability, which will assist and support statutory and voluntary agencies in the provision of housing services;

5.10   Effective implementation, where appropriate, of single integrated national data information system in the use of homeless services under the National Homeless Strategy;

5.11   Implement effective pre-discharge plans for people with mental health disabilities leaving residential or acute care or prisons;

5.12 Engagement by housing authorities with relevant disability organisations in the preparation of anti-social behaviour strategies;

5.13 Engagement by housing authorities and disability organisations with local communities to facilitate the integration of people with mental health disabilities and improve awareness in communities;

5.14 Support for befriending services to facilitate social inclusion for people with mental health disabilities;

5.15 Disability training for housing authority staff to have a particular focus on mental health disabilities;

5.16 Undertake study to examine the living conditions and preferred living arrangements of people with a mental health disability;

5.17 Examine early intervention measures to assist people with mental health disabilities where social housing tenancies are at risk.

Strategic Aim 6

To consider good practice in the design, coordination and delivery of housing and related supports

6.1   Develop a pilot programme to test good practice in sustainable communities for people with disabilities;

6.2   Support the dissemination of good practice models and appropriate guidance to housing authorities to support the implementation of the strategy.

Strategic Aim 7

To facilitate people with a disability to access appropriate advice and information in respect of their housing needs

7.1   Housing authorities to adopt a strong proactive approach to information provision based on principles of quality service delivery;

7.2   Consider development of pilot housing advice centre with a strong disability focus;

7.3   Coordination and provision of housing advice should feature as part of all housing strategies for people with disabilities;

7.4   Housing information and literature should have a specific focus on housing options for people with disabilities and be provided in accessible and varied formats;

7.5   Housing authorities to recognise the role of advocates for people with disabilities, including the role of families of children with disabilities.

Strategic Aim 8

To improve the collection and use of data/information regarding the nature and extent of the housing needs of people with a disability
8.1   Effectively implement the new Assessment of Need process to ensure the collection of comprehensive and accurate data in relation to the housing and related support needs of people with various disabilities; 8.2   Households with a person with a disability to be prioritised for reassessment under new Assessment of Need process; 8.3   All staff involved in the assessment of need process should receive disability specific training to develop an understanding of the range of varying disabilities and implications for housing; 8.4   The Housing Needs Assessment process should be supplemented by formalised engagement between relevant statutory and non-statutory agencies and/or with relevant interagency protocols; 8.5   All organisations involved in the delivery of services to people with disabilities to proactively inform clients in relation to applying for social housing supports.

Strategic Aim 9

Provide a framework to support the delivery, monitoring and review of agreed actions

9.1   Develop strategy implementation plan;
9.2   Establish Implementation Monitoring Committee;
9.3   Produce annual report on strategy implementation;
9.4   Undertake periodic reviews of the strategy.

Chapter 1   Introduction

1.1   The National Housing Strategy for People with a Disability 2011 – 2016 sets out the framework for the delivery of housing for people with a disability through mainstream housing policy. This reflects Government policy that all public services should meet the needs of people with disabilities as an integral part of their function i.e. mainstreaming of services to people with disabilities.

1.2   The commitment to develop the strategy was outlined in the partnership agreement, Towards 2016, and underpinned in the 2007 housing policy statement, Delivering Homes, Sustaining Communities. Towards 2016 recognised that people with a disability often have fewer choices in providing for their housing and accommodation needs and recommended the development of a strategy as a priority action. The Government's new Housing Policy Statement, published in June 2011, supports the Housing Strategy for People with a Disability as part of a framework of initiatives to provide for the housing needs of vulnerable and disadvantaged households. In addition, the Statement recognises the range of initiatives available to address the needs of people with a disability, including through supports available under the Capital Assistance Scheme and the suite of housing adaptation grant schemes, and the need for the delivery of better outcomes for vulnerable, disadvantaged and specific needs households while achieving maximum return for the resources invested.

Development of Strategy

1.3   The strategy was developed under the guidance of a National Advisory Group[3] and chaired by the Department of the Environment, Community & Local Government (DECLG). In addition, 3 pieces of research were commissioned to support the strategy[4] - A Review of Good Practice Models in the Provision of Housing and Related Supports for People with a Disability and a Review of the Housing and Support Options for People with Mental Health Related Housing Needs were undertaken by the Housing and Sustainable Communities Agency (formerly the Centre for Housing Research). TrinityHaus Consultants, Trinity College Dublin, undertook a review of the Potential Role of the Private Rented Sector in the Provision of Accommodation for People with Disabilities on behalf of the Housing and Sustainable Communities Agency. This piece of research was funded by the Private Residential Tenancies Board.

1.4   The strategy has been developed as part of a coherent framework, in conjunction with A Vision for Change, the proposals of the report of the Working Group on Congregated Settings and the ongoing review of disability services, to support people with disabilities in community based living, with maximum independence and choice. This reflects the policy

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[3]   The membership of the National Advisory Group is set out in Appendix 1.
[4]   The research reports are available on the Housing & Sustainable Communities Agency website, www.housing.ie

shift towards the delivery of care and support to people with disabilities in the community and marks a change from the historical practice where HSE funded residential care services, particularly for people with intellectual disabilities, enduring mental health disabilities or complex physical disabilities, included both housing and care support elements. The separation of housing support functions and health care supports[5], can enable people with disabilities to exercise greater choice of care service provider and, therefore, increased independence and control over their own lives.

Implementation

1.5   The strategy sets out broad policy proposals and identifies key actions to effectively meet the housing needs of people with a disability. To further develop these proposals, an implementation plan will be developed by a group chaired by the Department of Environment, Community & Local Government and including senior representation by the Department of Health, Department of Public Expenditure and Reform and the HSE. The group will identify sustainable funding mechanisms to resource the implementation plan. The plan will detail the responsibilities of key agencies in order to achieve progress on the recommendations within specific timeframes. In order to ensure the effective implementation of the strategy, an implementation monitoring committee will be established which will meet annually. A progress report on the implementation of the strategy will be produced each year and presented to the Cabinet Committee on Social Policy. Periodic reviews will be undertaken over the course of the lifetime of the strategy.

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[5]   Health and personal social services provided by the HSE.

Chapter 2 Context and Background

Introduction

2.1 The National Housing Strategy for People with a Disability 2011 – 2016 has been developed in tandem with Government policy and related strategic developments in the areas of housing and disability.

Policy Context

- Towards 2016

2.2 The social partnership agreement, Towards 2016, set out a vision that 'people with disabilities have, to the greatest extent possible, the opportunity to live a full life with their families and as part of their local community'. One of the long-term goals to achieve this vision is that 'every person with a disability would have access to public spaces, buildings, transport, information, advocacy and other public services and appropriate housing'. In this context, the agreement recognised that people with a disability often have fewer choices regarding their housing and accommodation needs and identified the development of a national housing strategy for people with a disability as a priority action. Towards 2016 adopted the lifecycle approach, which places the individual at the centre of policy development and delivery and which facilitates a multi-disciplinary approach to policy making.

- Statement on Housing Policy

2.3 In light of current and emerging conditions in the housing sector, a new Housing Policy Statement was published in June 2011 which sets out the principles to underpin the development of housing policy into the medium term. The Statement's objective is *'to enable all households access good quality housing appropriate to household circumstances and in their particular community of choice'.* In terms of social housing, the focus of the policy statement will be on meeting the most acute needs – the housing support needs of those unable to provide for their accommodation from their own resources. As part of this approach, there will be an ongoing important role for the Social Housing Leasing Initiative and the Rental Accommodation Scheme and a number of proposals designed to increase the supply of permanent new social housing. Among the key reforms will be the phased transfer of responsibility for providing for the housing needs of long term rent supplement recipients to housing authorities. Options for the delivery of permanent social housing will include options to purchase on lease agreements, build to lease and the use of loan finance by approved housing bodies to build or acquire units for use as social housing.

- National Disability Strategy

2.4 The National Disability Strategy was launched in 2004, building on existing policy and legislation including the Employment Equality Act 1998, the Equal Status Act 2000, the

Equality Act 2004 and the Education of Persons with Special Educational Needs Act 2004 and the policy of mainstreaming service provision for people with disabilities within the State agencies that provide the service to citizens generally. It comprised 4 elements:

- The Disability Act, 2005;

- The Citizen's Information Act, 2007[6];

- Sectoral plans – 6 departments, including the DECLG were required to develop sectoral plans under the Disability Act;

- A multi-annual investment programme.

2.5 Under the Disability Act 2005, public bodies must ensure that people with disabilities are included in their mainstream provision of services and provide the support required to facilitate that inclusion.

2.6 Each Sectoral Plan outlines actions to ensure that people with a disability have access to the quality public services that underpin life choices and experiences. The Sectoral Plan of the DECLG, which was developed in consultation with people with disabilities, outlines the steps to be taken to improve provision of services to people with a disability by the DECLG and local authorities and sets out national objectives and guidelines for access to services and built facilities. It also includes measures to be taken in the areas of the building and planning codes, heritage sites and public bodies under the Department's aegis. Key objectives of the plan, which are relevant to this strategy, are:

- To encourage and facilitate access to appropriate housing and accommodation for persons with disabilities;

- To update standards set out in Part M (Access for People with Disabilities) of the national Building Regulations; and provide for more effective enforcement of these standards;

- To ensure access to information on local authority services for persons with disabilities and similar access to information on services provided by the Department and bodies under its aegis;

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[6] Originally the Comhairle (Amendment) Bill 2004. It included provisions for introducing personal advocacy services specifically for people with disabilities but the introduction of this section has been deferred due to the additional resource implications.

- To ensure a high level of awareness among all staff of the requirements of persons with disabilities.

2.7   The DECLG is currently reviewing the sectoral plan. Work is at an advanced stage and the revised plan is due to be published shortly.

2.8   The Programme for Government commits to the publication, following consultation, of a realistic implementation plan for the National Disability Strategy, including sectoral plans with achievable timescales and targets within available resources.

-   Housing (Miscellaneous Provisions) Act 2009

2.9   The Housing (Miscellaneous Provisions) Act 2009 was enacted on 15 July 2009. The purpose of the Act is to improve housing services and their delivery, by amending and extending the Housing Acts 1966 to 2004 to give effect to a range of social housing reform measures. Overall, the Act establishes a framework for a more strategic approach by housing authorities to the delivery and management of housing services. Included in the Act are measures relating to:

- The adoption by housing authorities of housing services plans[7] for the delivery of social housing supports, homelessness action plans and anti-social behaviour strategies;

- New, more objective methods of assessing need and allocating housing; and

- A more effective management and control regime covering tenancies, rents, etc.

2.10   The Act broadens the choices available to those in need of social housing supports by enacting a more developed framework for the provision of rented social housing by means of leasing or contract arrangements with private accommodation providers. It expands opportunities for home ownership by lower-income households through an incremental purchase scheme and a tenant purchase scheme for apartments. An equity-based approach is adopted in the Act to the recovery of discounts granted by housing authorities to affordable housing purchasers. The Act also includes new powers for the Minister to issue policy directions, with which housing authorities must comply, and guidelines, to which housing authorities must have regard, in the performance of their statutory functions.

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[7]   Section 14 of the Act provides for the making of Housing Services Plans which effectively puts housing action plans and other housing strategies on a statutory basis. Section 14 of the Act is expected to be commenced within the coming months.

2.11   Work is underway in the Department to bring the Act's provisions into operation and to prepare the regulations, guidelines, etc., necessary to secure full implementation of the Act.

-   UN Convention on the Rights of Persons with Disabilities

2.12   The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted by the UN General Assembly in December 2006 and signed by the Irish Government in March 2007. The Convention seeks to ensure that people with disabilities have the opportunity to access housing, choose their place of residence and where and with whom they live, on an equal basis with others, and have access to necessary supports to assist living and inclusion in the community.

2.13   Article 19 refers to living independently and being included in the community stating that: "States Parties to this 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, including by ensuring that:

(a)   Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b)   Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c)   Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs".

2.14   It is the Government's intention to ratify the UN Convention on the Rights of Persons with Disabilities as quickly as possible, taking into account the need to ensure that all necessary legislative and policy requirements under the Convention are first being met.

-   A Vision for Change – Report of the Expert Group on Mental Health Policy

2.15   A Vision for Change, which was launched in 2006, provides a framework for action to develop a modern, high quality mental health service over a 7 to 10 year period. The report recommends the closure of old psychiatric hospitals and the reinvestment of the resources released by these closures in mental health services. The HSE has developed a strategy for

the phased closure of admissions to the remaining hospitals and the relocation of patients to community based accommodation in line with the recommendations of A Vision for Change.

2.16   In terms of housing, the report sets out a series of recommendations in order to effectively meet the needs of people with a mental health disability. These include facilitating appropriate access to housing and the provision of suitable and affordable accommodation types and mechanisms to prevent people with a mental health disability from becoming homeless. Further, the report states that access to housing for individuals with mental health disabilities should be on the same basis as any other citizen; envisages that the majority of people with a mental health disability will not require residential care but will be able to live in mainstream housing with varying levels of support; states that the provision of social housing is the responsibility of the local authorities; and recommends development of liaison arrangements between authorities and mental health services in order to ensure appropriate housing is provided to people with a mental health disability. Further detail in relation to the housing needs of people with a mental health disability is set out in Chapter 9.

2.17   The fifth annual report of the Independent Monitoring Group for A Vision for Change (June 2011) is available on the website of the Department of Health[8].

-   Review of Disability Services under the Value for Money and Policy Review Initiative 2009 – 2011

2.18   The Office for Disability & Mental Health has commenced the process of devising a disability policy, which will focus on supporting people with disabilities to participate as fully as possible in the social and economic lives of their communities. This work is being advanced as part of the Value for Money and Policy Review on Disability Services. The review, which has adopted a two pronged approach includes an examination of the efficiency and effectiveness of existing disability services and whether they are meeting the Government's stated objective that people with a disability are enabled, as far as possible, to live full and independent lives. Secondly, a new vision and policy framework for disability services in Ireland is being developed which will include any changes considered necessary to achieve optimal efficiency and effectiveness.

-   Report of the Congregated Settings Working Group

2.19   A working group, chaired by the HSE, and with representation from service providers, self advocates, umbrella organisations for people with disabilities, parent and user

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[8]   www.dohc.ie

representatives, the Department of Health and the National Disability Authority, has prepared a review of the needs of clients currently accommodated in congregated settings. The working group identified the number of congregated settings and identified that over 4,000 people with disabilities currently live in these settings[9]. An in-depth survey gathered information about the people currently living in congregated settings, their service provision and their lives, and the resources currently being invested in the provision of that service. The Congregated Settings Group identified that building capacity in the local community is critical to successful outcomes. This relates to including those involved in access to health and personal social services and access to required community services e.g. transport, education, training, day activity and other individualised supports. The Congregated Settings Report – 'Time to Move on from Congregated Settings' was published on 28 June 2011 by the HSE.

- Long Stay Residential Care for Adults within the Mental Health Services – Value for Money Review

2.20   In December 2009, a value for money and policy review of long stay residential mental health services was published[10]. The review is an evaluation of the efficiency and effectiveness of long-stay residential care for adults within the mental health services in Ireland. The review focused on the current provision of service to long-stay residents within mental health services and explores the way forward for the development of services within a value for money and policy framework. Key recommendations arising from the review in respect of housing are:

• The HSE should withdraw from the provision of low support and medium support accommodation to adults with mental health difficulties. The housing needs of adults with mental health difficulties should be met by local authorities, in line with Government policy as set out in the Housing Acts, the National Disability Strategy and A Vision for Change;

• A substantial proportion of those service users who have been in long-stay residential care for 5 years or less could, and should, be enabled by the mental health services to achieve and maintain their independence, including living independently in the community;

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[9]   The data collected by the working group on congregated settings which is referenced in this strategy was collected and collated in 2008 and reflects the position surveyed at that time.

[10]   The Efficiency and Effectiveness of Long–Stay Residential Care for Adults within the Mental Health Services – Evaluation Report prepared under the Value for Money and Policy Review Initiative.

- Service users who have been inappropriately staying for long periods in acute (short-term) psychiatric units should be prioritised for placement in community based accommodation, with levels of support appropriate to their individual needs;

- Disposal of buildings that are no longer fit for purpose and re-investment of proceeds in the new infrastructure as set out in A Vision for Change;

- Reviewing the existing system of charges to people living in community residences.

2.21   The findings of the Value for Money report are being considered and acted on at a local level as an integral component of implementing A Vision for Change.

- The Way Home: A Strategy to Address Adult Homelessness in Ireland

2.22   The latest Government strategy on homelessness, The Way Home: A Strategy to Address Adult Homelessness 2008 – 2013, was launched in August 2008. It has 6 strategic aims:

- Reduce homelessness through preventative measures;

- Eliminate any need for people to sleep rough;

- Eliminate long term homelessness and reduce the length of time people spend homeless;

- Meet long term housing needs of people progressing out of homelessness;
- Ensure services for homeless people are effective; and

- Improve funding arrangements and re-orientate resources to ensure maximum effectiveness and value for money.

2.23   People with a disability are recognised as a group who may be at increased risk of homelessness, in particular, having a mental health disability, experience of institutional care and poverty[11] are all classified as risk factors. Common characteristics among homeless people include high levels of mental health disability, psychological, behavioural and personality disorders, intellectual and learning difficulties, addiction problems or combinations of these. The acknowledgement of these risk factors and characteristics

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[11]   People with chronic illness or a disability are more than twice as likely to be at risk of poverty, and more than twice as likely to be poor, using official measures of poverty (Nolan & Gannon, 2005, NDA, 2004).

allows for the development of targeted interventions to address homelessness and to prevent it from occurring in the first place. The homeless strategy contains a number of specific actions at both local and national level. Actions relating directly to people with a disability include commitments to:

- Monitor and evaluate the effectiveness of the preventative actions of this strategy, particularly among people leaving institutional care;

- Arrange for the development of national guidance on addiction, mental health and other treatment services for people while homeless;

- Ensure that the National Housing Strategy for People with a Disability and the ongoing work of the Cross Department Team on Sheltered Housing for Older People take into account and make provision for the needs of people who are currently homeless; and

- Consider these strategies in the context of informing future national policy on the housing of people with multiple needs and challenging behaviours.

2.24   The National Homeless Strategy Implementation Plan, drawn up in consultation with relevant parties through the National Homelessness Consultative Committee and adopted by the Cross Department Team on Homelessness, was launched in April 2009 and provides a robust framework to guide the action required at national level to promote and support effective implementation locally. It sets out a sequence of strategic aims, key approaches, priority actions and constituent/supporting measures necessary for implementation of the overall Homeless Strategy, and indicates appropriate lead roles, timelines, key performance indicators and linkages to relevant local actions. Sections 36 – 42 of the Housing (Miscellaneous Provisions) Act 2009 were enacted on 1 February 2010 which placed the local homeless action plans on a statutory basis. Statutory Regional Joint Homelessness Consultative Fora were established and they adopted regional action plans by mid 2010. A review of the Homeless Strategy, as provided for in the Programme for Government, is expected to be completed during Autumn 2011.

Chapter 3   Vision and Strategic Aims

Vision

3.1   The vision underpinning the National Housing Strategy for People with a Disability 2011 – 2016 is:

To facilitate access, for people with disabilities, to the appropriate range of housing and related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living.

3.2   In this strategy, the term "disability" is understood to recognise four categories, i.e. (a) sensory disability (b) mental health disability (c) physical disability and (d) intellectual disability. Disability is defined as per the Disability Act 2005. The Act defines disability as "a substantial restriction in the capacity of a person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment."

3.3   The strategy recognises the specific housing and related support needs of people within each disability sector, including the complexity of need for people with multiple disabilities and within both the mental health and the intellectual disability sector.

Strategic Aims

3.4   The vision involves the following strategic aims and associated principles for the period 2011 – 2016.

SA1   To promote and mainstream equality of access for people with a disability to the full range of housing options[12] available suited to individual and household need.

P1   An adequate supply of appropriate housing options, across a range of tenures, is required to enable people with a disability to live successfully in the community, where appropriate. Housing should be accessible and cater for the diverse needs of people with various disabilities, and allow for access to relevant amenities and services. All people with disabilities, including those residing in institutions, are entitled to undergo an assessment of housing need.

SA2   To develop national protocols and frameworks for effective interagency cooperation, which will facilitate person-centred delivery of housing and relevant support services.

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[12]   Further information on the range of housing options available is contained in Chapter 5.

P2　　An interagency approach is required in order to respond effectively to housing need. The provision of appropriate housing for people with a disability often requires a multi dimensional response and must be underpinned by the provision of any necessary relevant support services.

SA3　To support people with a disability to live independently in their own homes and communities, where appropriate.

P3　　The range of supports necessary to enable people with a disability to live independently in their own homes can be extensive and range from physical adaptations to make homes accessible to the provision of health care related supports. The types of supports required will vary according to the nature of disability and personal preference and should be delivered in an integrated manner. The provision of necessary supports must be assured by the responsible agencies and underpinned by agreed service plans.

SA4　To address the specific housing needs of people with an intellectual and/or physical disability, moving from congregated settings in line with good practice, including through the development of frameworks to facilitate housing in the community.

P4　　Effectively meeting the housing needs of people with an intellectual and/or physical disability will include the development of a prioritised framework to guide the transfer of people from congregated settings, where appropriate. A framework needs to be developed to manage the transfer of this cohort to community based housing options.

SA5　To address the specific housing needs of people with a mental health disability, including through the development of frameworks to facilitate housing in the community, for people with low and medium support needs, moving from mental health facilities, in line with good practice.

P5　　Effectively meeting the housing needs of people with a mental health disability will include the development of a prioritised framework to guide the transfer of people, with low and medium support needs, from mental health facilities, in line with the provisions of A Vision for Change.

SA6　To consider good practice in the design, coordination and delivery of housing and related supports.

P6　　Where possible, good practice in relation to the delivery of housing and relevant supports for people with varying disabilities should be identified, shared and replicated.

SA7   To facilitate people with a disability to access appropriate advice and information in respect of their housing needs.

P7   As with all individuals, the housing needs of people with a disability will change throughout their lifecycle. Formalised mechanisms should be put in place in order to provide comprehensive advice and access to information on the full range of local housing provision available, in conjunction with systems of referral.

SA8   To improve the collection and use of data/information regarding the nature and extent of the housing needs of people with a disability.

P8   Determination of housing need at local level is critical in order to enable housing authorities to plan for current and future need and to facilitate delivery through the various mechanisms available.

SA9   To provide a framework to support the delivery, monitoring and review of agreed actions.

P9   Time bound performance indicators as part of an implementation plan will be used to monitor the progress of the recommendations and actions outlined in this strategy.

Chapter 4   Statistical Overview

Introduction

4.1   This chapter presents an overview of the numbers of people with disabilities in Ireland and their housing circumstances. The housing needs of people with disabilities, as those of the majority of the population, vary throughout the lifecycle and for each individual. However, it may be useful to summarise common scenarios which lead to housing need:

- People who have disabilities from childhood or teenage years, before they have a home of their own, who may not be able to meet their housing need from their own resources and may require housing support through a housing authority;

- People who acquire a disability at an age when they already have a home of their own, and may require adaptations and / or supports to remain in their current home;

- People who have difficulties sustaining their home due to their disability (e.g. loss of income, episodic events of mental health disability). These people may require supports to maintain tenancies or to continue to live independently.

Data Sources

4.2   The data used in this chapter is compiled from the 2006 Census figures and from research commissioned by the Housing and Sustainable Communities Agency and undertaken by TrinityHaus Consultants[13]. The definition of disability differs for the sources used and is summarised in Appendix 4. It should also be noted that in addition to the Census data, a broader National Disability Survey (NDS) was conducted by the CSO, on a sample (16,069 individuals[14]) of the population at a later date in 2006. According to the NDS, 11.5% of those who recorded no disability in the 2006 Census of Population reported a disability in the NDS. Combining the results, it was estimated that 18.5% of the population had a disability. This latter figure, though only indicative, due to the limited sample size, is more in-line with international figures.

Population Profile

4.3   The 2006 Census reported that there are 393,785 people with a disability living in Ireland, which represents 9.3% of the total population. The data indicates that the prevalence of disability amongst the population increases significantly with age. See Chart 4.a.

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[13]   Fennell, A., Owens, H., Owens, T., Rodes, M.L., Dyer, M. (2010) The Potential Role of the Private Rented Sector in the Provision of Accommodation for People with Disabilities (Housing & Sustainable Communities Agency).

[14]   16,069 individuals include a sample of the target population (14,518 individuals) and a sample of the general population (1,551 individuals).

Chart 4.a   Proportion of the Population with a Disability

Proportion of Population with a Disability
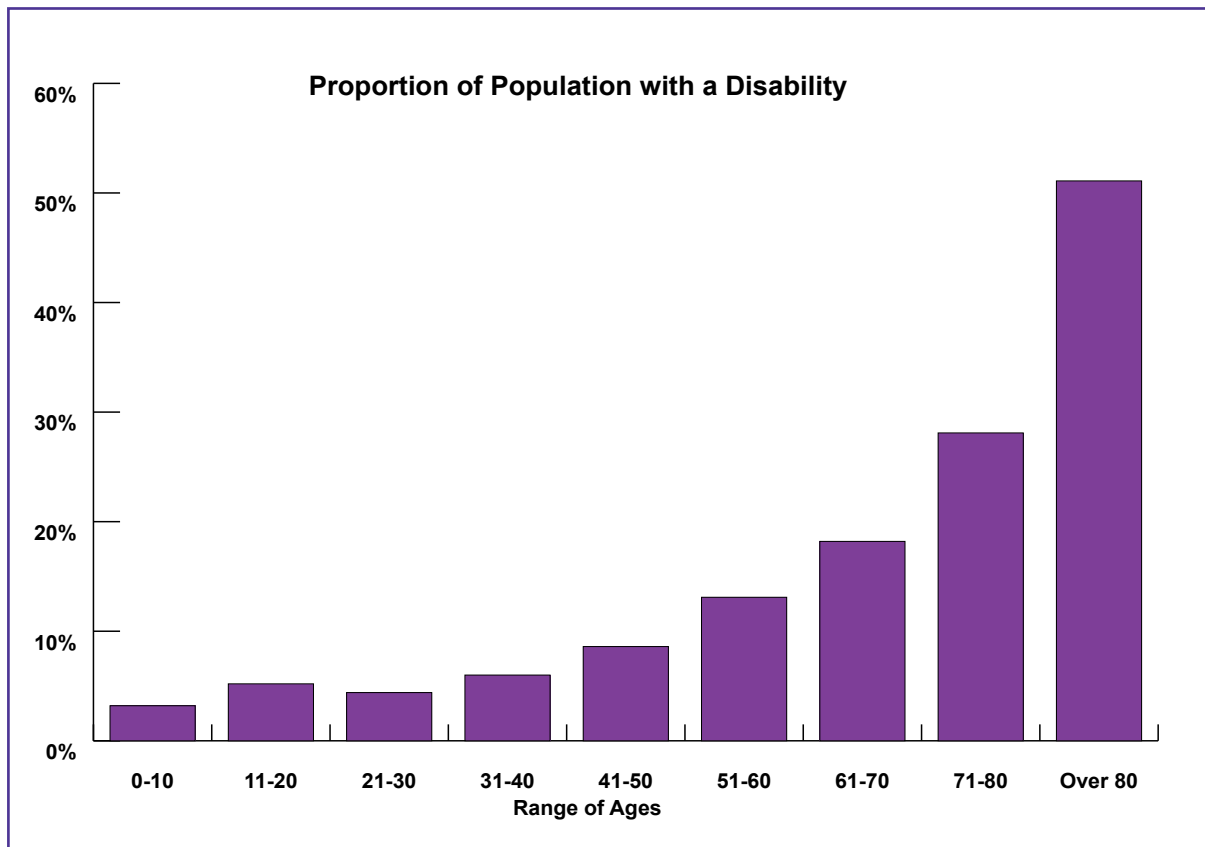
Source: CSO Census 2006

4.4   Table 4.1 below details the numbers of people with disabilities in each local authority area.

Table 4.1: People with a Disability Classified by Local Authority Area

Local Authority Area	Population	Population with a disability	Percentage of population with a disability
Carlow	50,349	4,739	9.4%
Cavan	64,003	5,435	8.5%
Clare	110,950	9,923	8.9%
Cork City	119,418	14,985	12.5%
Cork County	361,877	29,777	8.2%
Donegal	147,264	14,981	10.2%
Dublin City	506,211	56,420	11.1%
Dún Laoghaire/ Rathdown	194,038	18,092	9.3%
Fingal	239,992	17,215	7.2%
Galway City	721,414	6,000	8.3%
Galway County	159,256	13,883	8.7%
Kerry	139,835	13,186	9.4%
Kildare	186,335	14,986	8.0%
Kilkenny	87,558	7,941	9.1%
Laois	67,059	5,872	8.8%
Leitrim	28,950	2,916	10.1%

Source: CSO Census 2006

Local Authority Area	Population	Population with a disability	Percentage of population with a disability
Limerick City	52,539	6,921	13.2%
Limerick County	131,516	11,305	8.6%
Longford	34,391	3,285	9.6%
Louth	111,267	10,414	9.4%
Mayo	123,839	12,114	9.8%
Meath	162,831	12,076	7.4%
Monaghan	55,997	4,921	8.8%
North Tipperary	66,023	6,307	9.6%
Offaly	70,868	6,230	8.8%
Roscommon	58,768	5,746	9.8%%
Sligo	60,894	6,183	10.2%
South Dublin	246,935	21,209	8.6%
South Tipperary	83,221	8,791	10.6%
Waterford City	45,748	4,752	10.4%
Waterford County	62,213	5,472	8.8%
Westmeath	79,346	7,451	9.4%
Wexford	131,749	12,681	9.6%
Wicklow	126,194	11,576	9.2%
State	**4,239,848**	**393,785**	**9.3%**

4.5   Chart 4.b below sets out the various types of disabilities and impairments experienced by people in Ireland as reported in the Census 2006. It should be noted some people may have more than one type of disability. For example the NDS suggests an average of 2.6 disabilities per person with a disability.

Chart 4.b: Type of Disability Experienced by People in Ireland

Types of Disability experienced by people in Ireland

Number of people/ '000

Nature of Disability
Blindness, deafness, or a severe vision or hearing impairment
A condition that substantially limits one or more basic physical activities
Difficulty in learning, remembering or concentrating
Difficulty in dressing, bathing or getting around inside the home
Difficulty in going outside the home alone

Number of people/ '000

Nature of Disability
Difficulty in working at a job or attending school/ college
Learning or intellectual disabillity
Psychological or emotional condition
Difficulty in participating in other activities
Other, including chronic illness

Source: CSO Census 2006

Living arrangements of people with disabilities

4.6   Census data shows that of the total population of people with a disability in Ireland, 345,024 live in permanent accommodation[15], 38,861 live in communal accommodation and 9,900 live in temporary[16] accommodation. The majority of people living in communal accommodation are either living in nursing/children's homes (48%) or in hospitals (33%).

4.7   The Congregated Settings Report, published by the HSE in June 2011 has found that over 4,000 people live in congregated settings[17], i.e. institutional accommodation with more than 10 residents. Of these individuals, 93% have an intellectual disability as their primary disability and 7% have a physical disability.

4.8   The Census provides a profile of the type of housing occupancy of people with disabilities in Ireland. The following charts detail the analysis carried out by TrinityHaus Consultants in relation to the housing occupancy profile of the Irish population and that of people with disabilities.

Chart 4.c: Housing Occupancy Profile of Irish Population and People with Disabilities
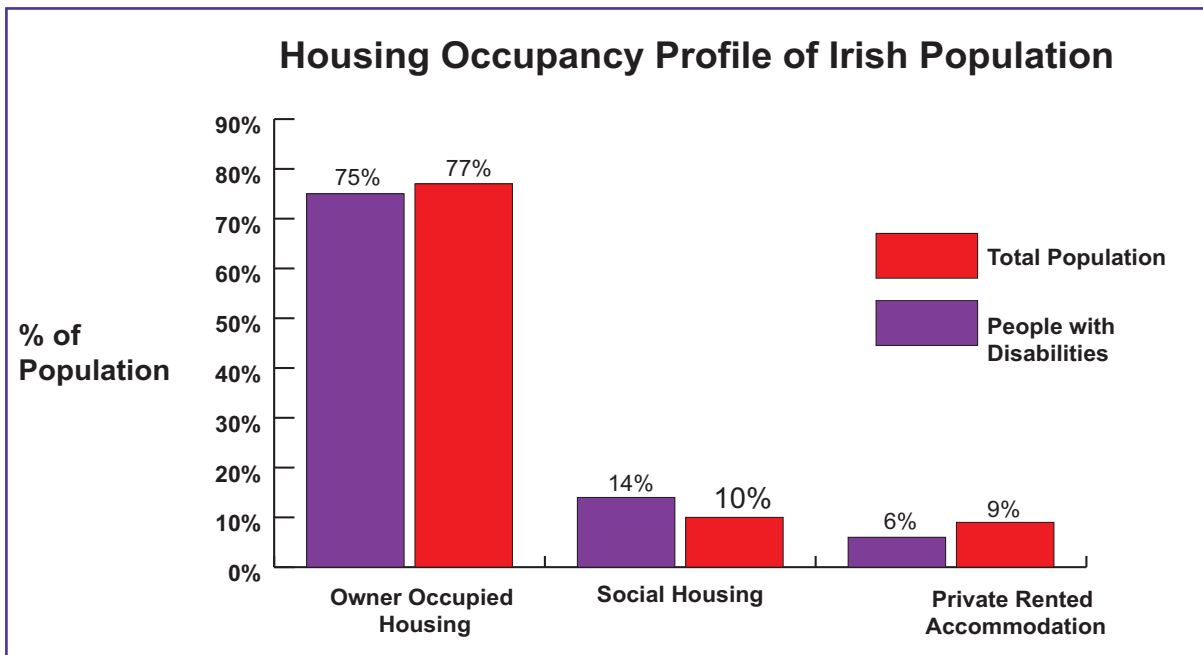
Source: Census 2006

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15   'Permanent accommodation' is a permanent dwelling such as a dwelling house, flat or bedsit.
16   'Temporary accommodation' includes caravan, mobile home or other temporary dwelling and includes Travellers and homeless people living rough on Census night.
17   Figure relates to 2008.

Chart 4.d: Nature of Occupancy for People with Disabilities by Disability Type

Type of Disability

Owner Occupied

Social Housing

Private Rented Accommodation

Number of People
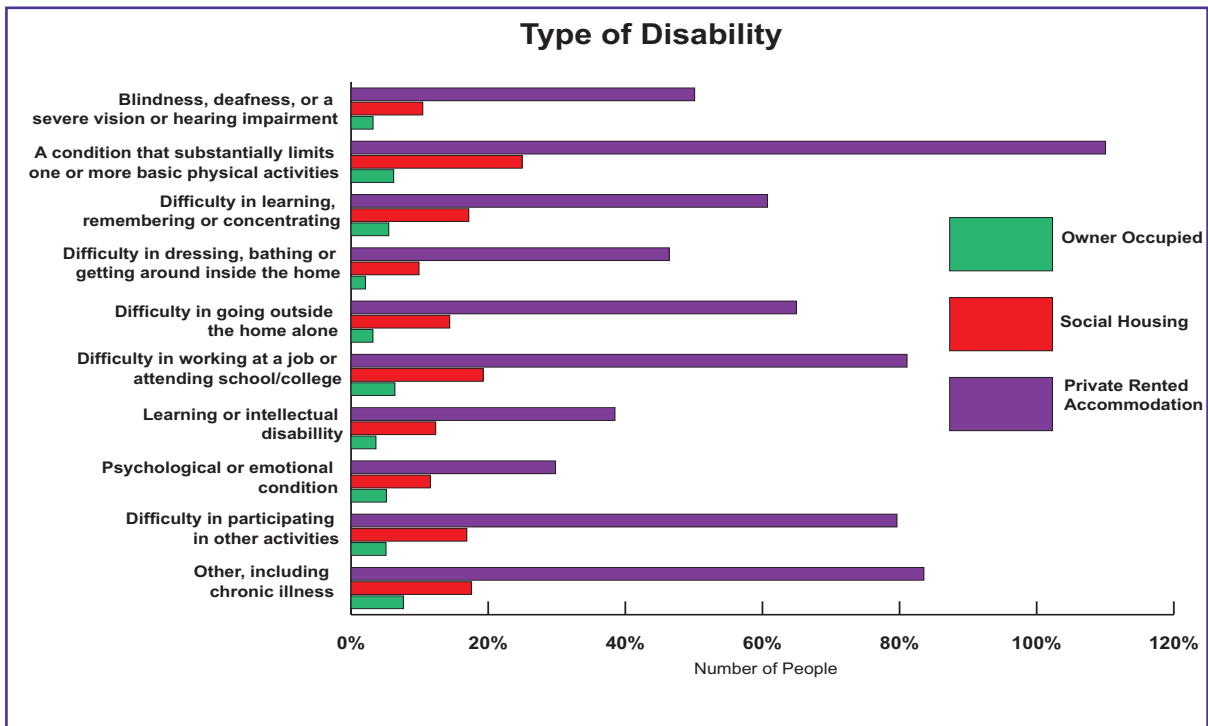
Source: Census 2006

Chart 4.e: Housing Occupancy Profile for Each Type of Disability

Type of Disability

% of people in each housing occupancy
type within each type of disability

Private Rented Accommodation

Social Housing
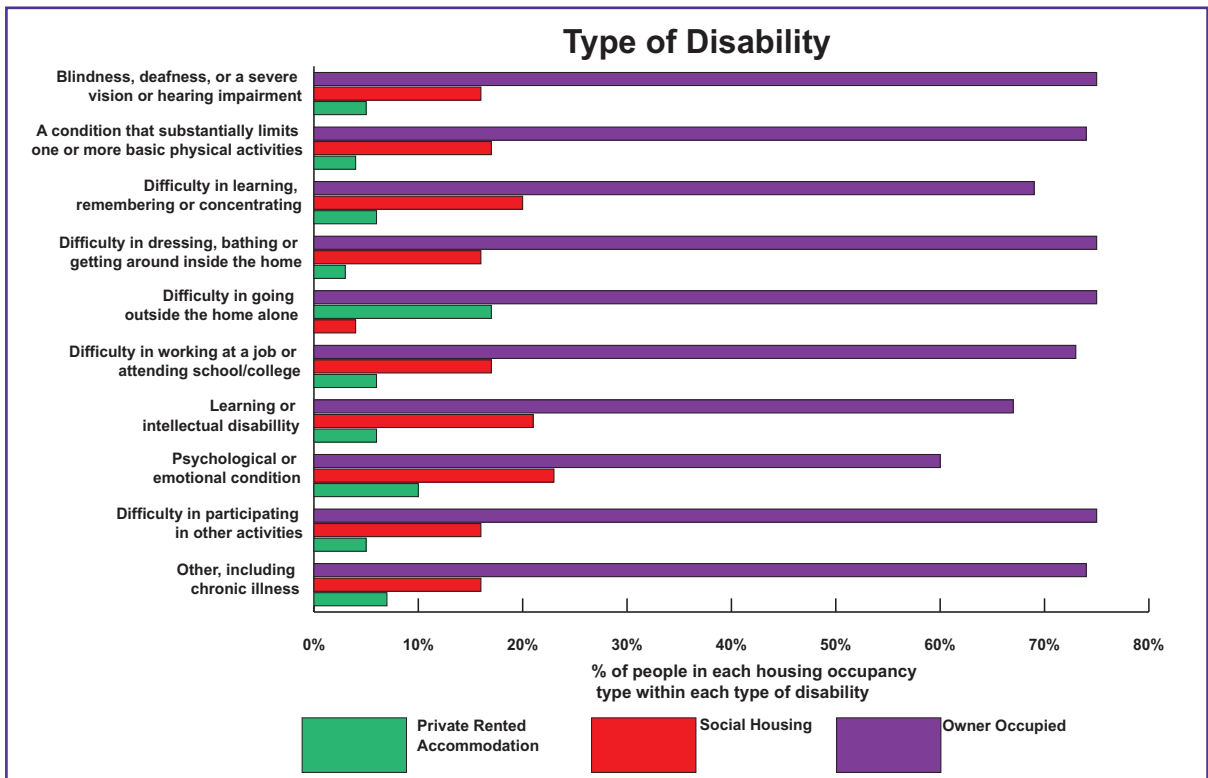
Owner Occupied

Source: Census 2006

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4.9   Based on the analysis above, it may be concluded that:

• A majority of people with disabilities live in owner occupied homes – it can be inferred that approximately half of these are the homeowner or the spouse of a home owner, while some are children living in the parental home[18].

• The ability to achieve home ownership is slightly lower for people with disabilities than for those who do not have a disability. This suggests that people with disabilities who do own their own home may have acquired a disability later in life.

• A smaller proportion of people with a psychological or emotional condition are home owners compared to other categories of disability.

• There are fewer people with disabilities in private rented accommodation when compared with the total Irish population.

• People with disabilities are more likely to rent from local authorities or approved housing bodies than private landlords.

Disability Databases

4.10   Data in relation to, inter alia, the housing status of people with certain disabilities, is collected by the Health Research Board (HRB), in the National Intellectual Disability Database (NIDD) and the National Physical and Sensory Disability Database (NPSDD). The NIDD was established in 1995 and has over 26,000 people registered. The NPSDD was established in 2002 and has circa 29,000 people registered. To be included on the databases a person must require or use a specialist disability service. It should be noted that registration is voluntary and consent is required. As the databases are voluntary, they do not accurately represent the extent of the prevalence of disability[19]. The NPSDD captures data on approximately two thirds of individuals with physical or sensory disabilities aged 65 years and under. Those over 66 years of age are not included on this database.

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[18]   There is no direct data in respect of how many people with disabilities who live in owner occupied houses are, in fact, the homeowner. However, it is reasonable to infer that people with disabilities are pro rata heads of households or children (young or adult) in these homes. On that basis, it would be expected that 38% of people with disabilities are homeowners or the spouse of a homeowner, and 8% are children (young or adult) in an owner occupied parental home, with approximately 22% being other occupants of owner occupied housing, i.e. parent living with adult child, brother/sister/niece/grandchild of the homeowner, etc.

[19]   It is estimated that the NIDD captures details of 90 – 95% of people with intellectual disabilities. People most likely to be under–represented on the database are those with mild intellectual disabilities and very young children.

4.11   Key findings from the NPSDD in 2009 show that:

*   22% of people with physical or sensory disabilities are living in properties which are adapted to suit their needs (table 4.2 below).

*   86% of people registered live with family members while the remainder either live alone, in full time residential services, with non-relatives or with foster families (table 4.3 below).

*   Tables 4.2 and 4.3 illustrate the types of living arrangements recorded by the NPSDD in 2009.

Table 4.2: Type of Living Arrangements by Tenure

Type of Living Arrangements	Total (%)
Private Accommodation	**19,470 (74.4%)**
Private Accommodation: Adapted	4,227 (16.2%)
Private Accommodation: Not Adapted	15,513 (59.3%)
Rented Accommodation	**5,474 (20.9%)**
Adapted	
- County Council	1,248 (4.8%)
- Private	186 (0.7%)
- Housing association	148 (0.6%)
Not Adapted	
- County Council	2,886 (11.0%)
- Private	851 (3.3%)
- Housing association	155 (0.6%)
Full-time residential services	**764 (2.9%)**
Others (including mobile homes/caravans)	**187 (0.7%)**
Total *Four people did not respond to survey	**26,165* (100.0%)**

Table 4.3: Type of Living Arrangements by Family Type

Type of Living Arrangements		
	number	% of 26,165*
Living alone	2,516	9.9
Living with family	22,396	85.6
With husband, wife or partner and no children	2,475	9.5
With husband, wife or partner and children	5,068	19.4
With one parent	1,600	6.1
With both parents	2,939	11.2
With parent(s) and sibling(s)	8,766	33.5
With sibling(s)	436	1.7
With son(s)/daughter(s)	893	3.4
With other family relative(s)	219	0.8
Living with non-family	1,804	4.1
With non-relative(s) (e.g. friends, neighbours)	200	0.8
In full-time residential service	764	2.9
With foster family	120	0.5
Other	178	0.6
Total	**26,165***	**100.0**

*Four people did not provide a response

Annual Report of the NPSDD Committee, 2009

NIDD

4.12   Key findings from the Annual Report of the National Intellectual Disability Database Committee 2009 in relation to housing are listed below. 26,066 people were registered on the database in December 2009, of these 25,556 were in receipt of services.

- 32% of people in receipt of services received full-time residential services;

- The number of people with an intellectual disability accommodated in psychiatric hospitals decreased from 308 in 2008 to 277 in 2009;

- 64% of those registered (16,742) lived at home with parents, siblings, relatives or foster parents. More than one in four people who had a moderate, severe or profound intellectual disability and who were aged 35 years or over in 2009 lived in a home setting.

4.13   The annual report also recognises the significant level of growth in services in the community in the period 1996 to 2009 including:

- an increase of 66% in the number of people with an intellectual disability living full-time in community group homes;

- a 71% reduction of people with an intellectual disability accommodated in psychiatric hospitals;

- continued expansion in the availability of residential support services, which have grown by 437%. These services, which include planned or emergency centre-based respite services, allow people to continue living with families or in the communities.

Housing Needs Assessment

4.14   A detailed analysis of the 2008 Housing Needs Assessment is set out in Appendix 5. In summary, the 2008 Housing Needs Assessment indicated that there were just over 56,000 households in need of social housing support compared with nearly 43,000 in 2005, an increase of over 30%. Specifically in relation to people with a disability, the assessment identified 1,155 households that were categorised under the heading of disability. This compared to 455 households identified as having a disability in the 2005 housing needs assessment. This increase was partly as a result of efforts by DECLG and housing authorities to identify households that may have been underrepresented in previous assessments and increased promotion of the assessment process by disability organisations.

Chapter 5   Housing Services

5.1   The objective of housing policy, as set out in the housing policy statement, published in June 2011, is "to enable all households access good quality housing appropriate to household circumstances and in their particular community of choice". The general principle underpinning housing policy is that those who can afford to provide for their housing needs should do so either through home ownership or private rented accommodation and that targeted supports should be available to others having regard to the nature of their need.

5.2   Housing for people with disabilities can be provided through a wide variety of housing tenures once the relevant supports have been identified and met. Some people with disabilities live independently and provide for their housing needs from their own resources, others live independently in mainstream housing with appropriate supports, the nature of which may vary over time. Others will require more specific community based accommodation and support arrangements, e.g. accommodation provided by approved housing bodies for specific categories of need.

Housing Services

5.3   Local authorities provide a range of housing services to support people in accessing and maintaining appropriate housing. These include (a) housing supports, i.e. the provision of social housing and the funding of adaptation grants; (b) tenancy supports, i.e. to assist tenants to remain in their accommodation; and (c) the management, maintenance and refurbishment of social housing, including the undertaking of remedial works.

Social Housing Support

5.4   Social housing is broadly defined as accommodation provided, or arranged, by housing authorities or approved housing bodies for households who are unable to provide for their accommodation needs from their own resources.

5.5   Substantial additional investment has been made in social housing in recent years. Expenditure on social housing services increased substantially from €366 million in 1994 to €2.16 billion in 2007. More recently, reflecting the general pressure on finances, the social housing capital budget has been reduced by over 66% since 2008, down from €1.535 billion to just over €500 million. The landscape of housing in Ireland has changed drastically. From a period of rapid house price growth and a booming economy, Ireland has experienced a decline from the peak in 2007 to levels of affordability last seen in the early to mid 1990s. Demand for social housing has increased while the availability of resources to meet that need has come under significant pressure.

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5.6   Delivery methods have diversified with the growth in voluntary and cooperative housing; innovative arrangements being applied to regeneration projects to broaden the housing mix; housing being provided through Part V arrangements; use of the private rental sector to meet social housing needs through the Rental Accommodation Scheme (RAS) and the Social Housing Leasing Initiative (SHLI), initially through housing authorities and now also through approved housing bodies.

5.7   The introduction of more flexible housing supports such as RAS and leasing allows social housing provision to move from a reliance on construction/acquisition of units to a more graduated system of supports and more flexible delivery mechanisms. This allows housing authorities to take account of changing household circumstances over time and at various stages of the lifecycle, recognising that the most effective way to meet a housing need that exists at a particular point in time is not necessarily through a once off, or permanent means of support.

5.8   It is expected that RAS and leasing will, over the next number of years, take on a much greater role as providers of mainstream social housing. Therefore, these schemes will be increasingly important as options for people with disabilities. Another significant result of this development for people with a disability is the release of increased capital for meeting specific needs categories, including people with a disability. In this regard, substantial capital resources have been directed towards the most vulnerable and disadvantaged sectors, i.e. funding for specific needs housing provided by approved housing bodies and adaptation grants for people with a disability and older people.

5.9   To take account of evolving housing market conditions as well as the deterioration of the public finances and the impact of this for the Social Housing Investment Programme (SHIP), the transition to a new social housing support system with significantly reduced reliance on traditional forms of provision, is being accelerated.

Social Housing Leasing Initiative (SHLI)

5.10   The SHLI, launched in 2009, represents an expansion of the options available to local authorities for the delivery of social housing. Under the scheme, properties are leased from owners and used to accommodate households on local authority waiting lists. Local authorities enter into lease arrangements with property owners for periods of between 10 – 20 years during which time properties will be tenanted, managed and maintained by local authorities who guarantee and pay the rent for the duration of the lease. This approach allows the housing needs of more households to be met from within available resources, progresses the development of a flexible and graduated system of supports and progresses the achievement of mixed tenure sustainable communities. The initiative has been

extended to include approved housing bodies who can submit proposals to DECLG for consideration.

5.11   In line with the Government's new Housing Policy Statement (June 2011) options to purchase on lease agreements and build to lease will be used as mechanisms to increase the supply of permanent new social housing.

5.12   Table 5.1 below shows social housing output under the leasing initiative up to end May 2011.

Table 5.1:   Social Housing Leasing Initiative units at end May 2011

Type Leasing	Operational	Under Construction	Funding Approved	Provisional Approved	Total Approved
Affordable	1,313	0	767	0	2,080
Standard LA Private Leasing	323	0	136	105	564
Voluntary Private Leasing	99	0	63	426	588
Voluntary AHB Owned	64	0	6	67	157
Total	**1,799**	**20**	**972**	**598**	**3,389**

Leasing – People with Disabilities

5.13   The leasing initiative offers potential to meet the housing needs of persons with disabilities in appropriate circumstances and will serve to extend the level of social housing supply generally. It is noted that the leasing initiative may be particularly suitable for people with a mental health or an intellectual disability who do not require adaptations to facilitate their physical needs. However, its potential to meet the needs of those with certain disabilities is limited. For example, properties requiring significant adaptations to meet the needs of people with physical disabilities or mobility issues are particularly difficult to source through leasing. As leased properties are generally privately owned, there is limited scope

for significant modifications attached to a lease contract as this would hinder supply. In the case of properties which are not adequately accessible for people with certain disabilities, consideration should be given to how adaptation work can be funded and to the possible provision of incentives for landlords to adapt properties. For example, this could include consideration of a reduction in the 'discount' rate[20] where landlords are willing to undertake adaptation work themselves. This would be contingent on the financial viability of such options.

5.14   Subject to the issues referred to above, leasing offers the following potential benefits for people with disabilities.

* Increased availability of one and two bedroom units – this may be particularly suitable for single people with disabilities, who require smaller properties.

* For many people with disabilities, having access to local health and care services, including personal, social and community supports is vital to enable them to live as independently as possible. Accommodation provided by the leasing initiative has the potential to provide greater choice of location, and may facilitate those who wish to live near their families or other community networks.

* Leasing will provide additional units at this time when there has been a reduction in numbers of properties constructed and acquired by housing authorities. This will allow the housing needs of more households to be met, including people with disabilities, than would be the case if provision of social housing depended solely on capital funding. This could especially be the case with 'build to lease' style arrangements whereby a private developer or approved housing body may construct units with the express intention of making them available for inclusion under the leasing initiative.

* Leased units are more likely to be newer, of high quality and comply with Part M of the Building Regulations, thus ensuring visitability for people with disabilities.

* Longer term contracts provided under the leasing scheme, leases of up to 20 years, and guaranteed availability of accommodation for the duration of a contract, will provide greater security of tenure. This is particularly important for people with disabilities where their care and social support services and community networks are established locally.

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[20]   A discount of at least 20% below market is sought when negotiating with a landlord on lease payments. This is based on a discount for voids of 8% and a discount of 12% in respect of the management and maintenance elements.

Rental Accommodation Scheme (RAS)

5.15   RAS caters for the accommodation needs of certain persons who have been in receipt of rent supplement, normally for more than 18 months, and who are assessed as having a long-term housing need. RAS is a collaborative project between the DECLG, local authorities, the Department of Social Protection and the HSE Community Welfare Service[21]. The core objectives of the scheme are to provide good standard accommodation within the private rented sector for recipients of rent supplement under the Supplementary Welfare Scheme who have long-term social housing needs and to attain better value for money for the State in the provision of long term accommodation options[22]. Table 5.2 below shows social housing output under RAS to end April 2011.

Table 5.2: RAS Activity 2005 – April 2011

Date	New Units Acquired	Private Transfers	Unsold Afford.	Voluntary Transfers	Total private, unsold afford. & voluntary transfers	RS to Social Housing	Total transfers to RAS & Social Housing	Cumula-tive Total
End 2005	2	5	0	500	505	101	606	**606**
End 2006	405	828	0	1,505	2,333	2,103	4,436	**5,042**
End 2007	796	2,077	0	841	2,918	3,136	6,054	**11,096**
End 2008	1,600	3,012	0	633	3,645	3,270	6,915	**18,011**
End 2009	1,990	3,328	27	644	3,999	2,803	6,802	**24,813**
End 2010	2,131	3,539	103	616	4,258	2,351	6,609	**31,422**
Q1 of 2011	479	888	19	154	1,061	531	1,592	**33,014**
Apr-2011	151	256	13	86	355	185	540	**33,554**
Total to date	**7,554**	**13,933**	**162**	**4,979**	**19,074**	**14,480**	**33,554**	

[21]   The scheme was established pursuant to a Government decision in July 2004 arising from the work of a Planning Group in relation to more structured use of private rental accommodation to address housing needs of rent supplement recipients and concerns regarding expansion in numbers, costs and duration of dependence on the SWA rent supplement scheme.

[22]   The Government's new Housing Policy Statement, published in June 2011, provides for the transfer of responsibility for providing for the housing needs of long–term rent supplement recipients to housing authorities on a phased basis.

5.16   In common with leasing, RAS may provide the following benefits for people with disabilities:

•   increased social housing options, particularly smaller units;

•   more diversified locations;

•   units are required to meet a higher standard than those provided by the minimum regulatory standards in private rented accommodation.

"RAS Type" Arrangements

5.17   The leasing initiative[23] has been extended to provide RAS type contracts for non-rent supplement households using leasing monies. This will enable housing authorities to provide the benefits of RAS type arrangements to people who do not qualify for the standard RAS scheme e.g. those who have not been in receipt of rent supplement for 18 months. The potential of this arrangement to meet the housing needs of people with disabilities should be optimised by local authorities.

5.18   The DECLG has commenced a value for money and policy review of RAS. The purpose of this review is to carry out a detailed analysis of the entire implementation phase and investigate the scope for improvements in the future operation of the scheme. It is expected that this review will be completed in 2011.

5.19   To ensure that RAS and leasing provide, as far as possible, viable housing options for people with disabilities, procedures should be developed to identify their potential to meet local identified need[24]. This can be facilitated through a framework of effective interagency protocols and managed through local allocations policy. For example, in the case of people with mental health disabilities, it is recognised that there are certain location and design features which are considered important in the management of the disability. Similarly, people with a physical or sensory disability may require adaptation works to facilitate their needs. This framework will also assist local authorities in ensuring that people with disabilities are integrated within sustainable communities.

Voluntary & Cooperative Housing

5.20   Voluntary and cooperative housing is supported by local authorities and the DECLG under the Capital Assistance Scheme (CAS) which provides social rented accommodation.

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[23]   Ref Circular SHIP 2010.07

[24]   The sourcing of suitable units should be linked to meeting the specific categories of need provided for in regulations underpinning the new assessment process.

Under CAS, approved housing bodies provide accommodation to meet certain specific categories of housing need such as those of people with disabilities, older people, homeless people and returning emigrants. Funding of up to 95% or 100% of the approved cost of a project is provided under the scheme by way of a grant from DECLG to the local authority who provide the funding for a project to the relevant voluntary housing body in the form of a 30 year loan. Allocations are made by the voluntary housing body in consultation with the local authority and where 95% funding is being provided, 75% of tenancies are allocated to households on the local authority waiting list, while the approved housing body may nominate up to 25% of the tenancies. However, if 100% funding is provided all tenants must have been assessed as being in need of housing by the local authority.

5.21   The transition from the traditional build/buy approach to a more flexible revenue based system has enabled capital resources to be increasingly refocused towards the provision of housing for people with specific categories of need, including people with a disability. This is likely to be a significant means for meeting the social housing needs of people with disabilities in the future. Despite this general shift in emphasis in social housing investment, very significant capital resources are being provided also, with €113.6 million invested in 2010 under CAS for the provision of housing projects. This funding will provide some 600 units of accommodation for people with specific categories of need, including people with disabilities.

5.22   Expenditure and activity in respect of CAS over the period 2004 – 2010 is set out in table 5.3 below.

Table 5.3:   CAS Expenditure and Completions 2004 – 2010

Year	CAS Expenditure	CAS Completions
2004	€85,554,713	626
2005	€80,661,308	827
2006	€99,361,424	799
2007	€113,765,517	721
2008	€156,290,000	914
2009	€158,512,741	1,076
2010	€113,647,625	392

5.23   Furthermore, a major role is envisaged for the voluntary and cooperative sector in the roll-out of the leasing initiative. A number of proposals have been submitted by approved housing bodies which would see them take on unsold units from developers on a straightforward lease basis or purchase unsold units from developers / financial institutions and then lease these to a local authority for use as social housing.

5.24   The Housing Finance Agency (HFA) has put a mechanism in place allowing approved housing bodies direct access to HFA finance. Approved housing bodies will be able to build or acquire new social housing, using leasing payments from the Department to service their borrowings. At the end of the loan period the approved housing body will own the units which will either continue to be made available for social housing purposes or may be sold to sitting tenants.

5.25   The Government's new Housing Policy Statement (June 2011) recognises a more prominent and active role for the voluntary and cooperative housing sector. The use of loan finance (from both commercial lending institutions and the Housing Finance Agency) has the potential to develop a stronger, more sustainably funded voluntary and co-operative housing sector, playing a much more active role in the supply of social housing without reliance on capital funding from the Exchequer.   It also has the potential to further promote the evolution of mixed tenure communities through the provision of housing for market sale and rent as well as social renting and will offer a new path to ownership via sales to tenants under incremental purchase arrangements.

Voluntary Housing and People with Disabilities

5.26   The voluntary housing sector plays a significant role in the provision of social housing in partnership with local authorities. It is a key provider of social housing to people with disabilities and many housing associations also offer non housing and related services to tenants such as social activities, meals and support staff. In recent years there has been a marked increase in the use of CAS by organisations providing accommodation for people with intellectual and mental health disabilities. In 2010 the Irish Council for Social Housing (ICSH) worked with 83 member organisations providing housing solely to people with disabilities. This group of organisations has a total of 2,334 units. A further 59 ICSH member organisations cater for people with disabilities in conjunction with other categories. While, it can be difficult to distinguish the level of provision for people with various types disabilities for most of these organisations, there are 2 that can be specified:

- St. John of God's Trust – 233 units for people with an intellectual disability; and

- HAIL – 116 special needs units for people with mental health disabilities.

5.27   The total number of units provided for people with disabilities by various organisations, in conjunction with the ICSH, is 2,683. These units are broken down by disability type in Table 5.4 below:

Table 5.4: Number of Units by Disability Type

Type of Disability	No. of Units
Intellectual disability	2,144
Physical disability	242
Sensory disability	11
Mental health disability	201
Autistic Spectrum Disorders	85
Total	**2,683**

5.28   There may be an increased role for approved housing bodies in the context of the objectives set out in A Vision for Change, and the proposed transitioning of people, mainly with intellectual disabilities, from congregated settings. The potential role of housing associations in providing community based alternatives should be addressed within a framework which considers the capital and revenue funding issues as well as the housing and support needs of the prospective tenants within the current social housing waiting lists. The resources and expertise of the approved body must also be considered. In this context, it is vital that the on-going revenue resources for support / care needs of individuals moving from institutions to the community are ring fenced prior to re-housing. The assessment of individual's care needs should be carefully planned and approved housing bodies should be fully involved in nominations in a partnership approach.

5.29   The Irish Council for Social Housing is currently working with its members, the four Dublin local authorities and the Homeless Agency on a protocol governing nominations for homeless households in the Dublin region. The purpose of the protocol is to maximise the number of units for homeless households through a streamlined and efficient nominations process which will minimise administrative costs for both the local authorities and the housing associations and reduce 'voids' and, consequently, lost rent. The protocol will also meet with the conditions of the capital funding schemes and the respective Allocation Schemes and should be in place during summer 2011.

5.30   Housing associations providing care and health related support services for their tenants in different models of housing can apply for funding from the HSE for the health related elements of the service. Section 39 funding under the Health Act 2004 is on the basis of the provision of health and personal care supports which are ancillary to a service the HSE may provide. This funding can provide a variety of services and support to tenants such as meals on wheels and care staff. A need for greater coordination between capital and current funding for CAS projects, where ongoing support costs are required, was identified as a challenge for this sector. In order to address this issue, DECLG, in partnership with the Department of Health, local authorities, HSE and ICSH has developed an interagency protocol to facilitate the better coordination of capital and revenue funding for health service related support costs for such projects. This protocol, which was implemented in March 2011, will assist housing associations by ensuring that there is approval in principle for the appropriate health service related revenue funding from the HSE, as new schemes are dependent on approval for appropriate revenue streams at the outset.

5.31   A strategic review of the capital funding schemes for voluntary and co-operative housing was launched in September 2009. The review endorsed the positive impact of CAS in meeting housing needs for people with specific needs and recommends its retention as an instrument for targeting capital investment towards meeting the housing needs of older people, those with disabilities and formerly homeless people.

5.32   An enhanced programme of housing for homeless people was available in 2010 to procure additional accommodation for homeless households by approved housing bodies, working with the Department and the local authority. A key element of the enhanced financial package was the allocation of €20 million in capital funding. This was available, in conjunction with funding under the social housing leasing initiative, to leverage the procurement of the maximum number of properties either through leasing or purchase using private funding or, borrowing from the Housing Finance Agency. Tenancy support service would be available, as necessary, in accordance with the Slí (Support to Live Independently) initiative. Delivery on the enhanced programme for procuring accommodation was determined primarily by action on the part of housing authorities and approved housing bodies and the response of market interests, including property owners and financial institutions. There was a poor response to the enhanced leasing programme which was, therefore, discontinued.

5.33   Given the key role of the voluntary housing sector in meeting the accommodation needs of people with specific needs, it is recommended that the development proposals of approved housing bodies should reflect and be aligned to relevant future local authority housing services plans, to facilitate better planning.

Private Housing

5.34   While many people with disabilities own their own homes, for others access to home ownership and the private rented market can be curtailed due to income constraints and / or the higher costs of living associated with having a disability. The DECLG, in association with housing authorities, manage a number of schemes to promote home ownership for people with lower incomes. These include tenant purchase schemes, incremental purchase, local authority loans and mortgage allowance schemes. In line with the Government's new Housing Policy Statement (June 2011), existing affordable housing programmes are being stood down to reflect current affordability conditions and will be wound up as part of a review of Part V of the Planning and Development Act 2000.

5.35   The DECLG also provides, through local authorities, funding for adaptation grants for people with disabilities and older people to adapt private homes to suit changing needs. Further information in relation to the suite of adaptation grants available is contained in Chapter 8.

Private Rental Sector

5.36   As part of a range of actions to address housing need and choice, the Government's Housing Policy Statement (2011) recognises that the private rental sector has an important role to play in helping to meet accommodation needs. The statement recognises the steps that have been taken in recent years to improve the sustainability of the private rented sector with the establishment, via the Residential Tenancies Act, of the Private Residential Tenancies Board (PRTB) and the creation of real security of tenure, as well as the introduction and enforcement of higher minimum accommodation standards.[25]   The statement commits to building on this and to making the rented sector a stable and attractive housing option for all. It outlines the changes that will take place in this regard, including bringing certain tenancies in the voluntary and cooperative sectors within the remit of the PRTB, addressing the illegal retention of deposits by landlords and the over holding of property by non-rent paying tenants.

5.37   The role of the private rented sector in meeting the housing needs of people with disabilities was identified as a key area for examination in the development of this strategy. A research project, the Potential Role of the Private Rented Sector in the Provision of Accommodation for People with Disabilities, was undertaken by TrinityHaus Consultants on behalf of the Housing and Sustainable Communities Agency[26].

[25]   The Housing (Standards for Rented Houses) Regulations 2008 specify requirements in relation to a range of matters such as structural repair, absence of damp and rot, sanitary facilities, heating ventilation, natural light and safety of gas and electrical supply. Other measures, such as increased penalties for non–compliance and the introduction of a more robust sanctions regime were provided for in the Housing (Miscellaneous Provisions) Act 2009 and came into effect on 1 December 2009.

[26]   Eight people with disabilities were interviewed during the course of the research project, which was supplemented with interviews with stakeholder organisations representing different disability groups. The findings were further supplemented by national and international research.

5.38   Ireland has one of the highest home ownership rates in the EU[27] with 77% of housing being owner occupied[28]. In terms of the private rented sector, 6% of Irish people with a disability were accommodated in this sector in 2006 with the corresponding figure in general population being 9%[29].

Research Findings

5.39   Findings from the TrinityHaus research indicate that people with disabilities, in common with a substantial proportion of the general population, do not appear to view private rented accommodation as a long term housing solution[30]. Security of tenure is an important issue for people with disabilities who wish to enter the private rental sector. The Residential Tenancies Act 2004 has helped to make the private rented sector a more secure and attractive housing option by providing a modern and comprehensive legislative code. This sets out clearly the respective rights and obligations of landlords and tenants, including significantly improved security of tenure and an appropriate level of regulation, particularly through the role of the PRTB, which is responsible for tenancy registration and the resolution of disputes between landlord and tenant.

5.40   Chart 5.a below shows the housing paths taken by people with disabilities during their lifetime as identified by stakeholders interviewed for the research.

Chart 5.a: Housing Paths of people with disabilities

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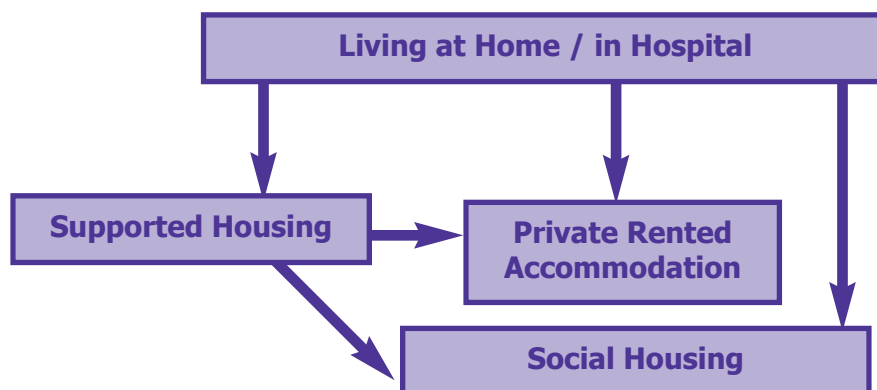
[27]   European Housing Review 2007 (Royal Institute of Chartered Surveyors); Social Housing in Europe, (Whitehead and Scanlon, 2007); – international comparisons are, however, generally subject to an element of caution with regard to possible variations in classification, e.g. in this case, possibly, as regards what accommodation is classified as private rental as distinct from social rental, e.g. 'voluntary sector'])

[28]   Census 2006 (This figure includes those who have purchased from their Local Authority).

[29]   Census 2006 (numbers of people by nature of occupancy).

[30]   It should be noted, however, that this research may not take full account of any shift in tenure preferences arising as a result of the collapse in the housing market, i.e. home ownership may not now be as secure a proposition, thus resulting in changed attitudes to the private rental sector.

5.41   The key issues identified from the research are:

(a)   Improve the accessibility of the housing stock which will lead to an improvement in the supply of suitable accommodation for people with disabilities. The lack of physically accessible accommodation can result in many units in the private rental sector, particularly older units, not being suitable for people with a physical disability, where specific design or accessibility requirements are needed.   Grant aid is available from housing authorities to facilitate people with disabilities who wish to avail of private rented accommodation and who require adaptations to meet their needs[31]. Consideration should be given to how rental accommodation can be adapted in the most effective and efficient manner. For example, recycling of adaptations, such as stairlifts, and matching suitable tenants with accessible housing units, already takes place, on a limited basis, in some local authority areas and has the potential to be rolled out to other areas. In addition, leasing items, such as stairlifts, can prove a cost effective alternative to purchasing. In order to create a fuller picture of the numbers and types of accessible properties in the private rental sector, consideration could be given to the collection of data on accessibility, by local authorities, undertaking inspections of standards in this sector. This could form part of a broader and more coordinated approach to the carrying out of inspections, in line with the commitment in the Programme for Government to introduce a single national building inspectorate service. This approach could be supplemented by encouraging letting agents to compile registers of accessible or adapted properties.

(b)   Improve information available to people with disabilities who are seeking private rented accommodation. Some people with disabilities, particularly those without family or advocacy support, may lack confidence and/or capacity to search for appropriate properties. The internet is an important search tool for people who are seeking private rental accommodation and some letting websites have provided tools to assist people with disabilities in sourcing accommodation, i.e. through the inclusion of search options, such as "Wheelchair Access" and the provision of photographs of the accommodation. The further enhancement of such online searching tools[32] would be useful for landlords in providing a more detailed description of properties and would assist people with disabilities in sourcing the most appropriate accommodation. In addition, property websites should ensure full accessibility for people with sensory disabilities through the utilisation of appropriate features. In order to assist landlords in letting to people with disabilities, guidance should be developed in relation to accessibility features of properties – this should also encompass advice in relation to the use and enhancement of online searching tools. In this regard, the

[31]   The Housing Adaptation Grant for People with a Disability and the Mobility Aids Grant Schemes, which are administered locally by housing authorities.
[32]   For example, the inclusion of a list of accessibility features such as wheelchair accessible bathroom, level access shower, room for a hoist, etc.

NDA has recently developed a housing accessibility checklist to provide landlords and estate agents with a tool which can be used to give a more detailed description of the features of a house or apartment to let and which gives prospective renters with disabilities a good idea of its suitability for their needs.

(c)   Support for landlords. The research indicated that the landlords interviewed had limited experience of accommodating tenants with disabilities and there was a lack of understanding, in particular, of disabilities, other than physical disabilities. Awareness-raising approaches for landlords could help to develop a better understanding of disability and alleviate any concerns which landlords may have regarding letting properties to people with disabilities, e.g. concerns about adapting properties or engaging in a tenancy where major adaptations are required. Existing local authority housing advice services could have a key role to play in providing ongoing support for potential landlords and assist in developing formalised linkages, to ensure the availability of good quality accommodation for people with disabilities.

(d)   Incentives for landlords. Consideration could be given to offering financial incentives to landlords who, for example, agree to undertake and finance adaptations in order to make a property more accessible, thus enabling a tenant with a disability to live independently. As a broader approach, however, an examination of the provision of tax incentives for landlords who provide accommodation suitable for people with a disability could be considered. This approach could also include an examination of the issue of increasing tenants' tax credits for persons with a disability in the private rental sector.

(e)   Rent supplement for people with disabilities. Rent supplement is a short term income support for people living in private rented accommodation, who cannot provide for the cost of accommodation from their own resources and who do not have accommodation available to them from any other source. Rent supplement is an important support for households whose accommodation needs are being met in the private rental sector, for example, pending the provision of a long-term housing solution such as social housing[33]. The amount of rent supplement payable to individuals is calculated by the Community Welfare Officer (CWO), within the maximum rent levels set down for each county, by the Department of Social Protection. People with disabilities often have a higher cost of living as a result of their disability and their required accommodation, therefore, may be more expensive. In certain circumstances, where there are specific housing needs, e.g. where a person with a disability requires specially adapted accommodation or requires additional accommodation to accommodate a carer or a PA, there is discretion to award rent supplement where the rent is above the set limit for the area. In June 2010, the DSP

[33]   At end May 2011 there were approximately 97,400 persons in receipt of rent supplement, of which approximately 48,000 were in receipt of the supplement for 18 months or longer.

reviewed maximum rent limits to reflect reduced rental costs and to achieve maximum value for money for the Exchequer. While many rent limits were reduced in this review, rates for single people living on their own were not reduced in the majority of counties. The rates for Dublin were also, largely, unchanged. CWOs continue to have flexibility to take account of realities in their own local areas.

The Government's new Housing Policy Statement, published in June 2011, provides for the transfer of responsibility for providing for the housing needs of long term rent supplement recipients to housing authorities on a phased basis. This is in recognition of the fact that rent supplement, although intended as only a short term income support, has become a mainstream social housing support. A working group has been established by DECLG, with the Department of Social Protection and local authorities, to develop proposals to give effect to this commitment.

(f)   Supports to people with disabilities – consideration should be given as to how best people with disabilities can be supported, either moving into, or living in the private rented sector, including through assisting to move to appropriate accommodation, adjusting to more independent living, provision of information on housing options, tenancy rights, etc, and coordination of relevant supports. While existing housing advice services may provide assistance in this regard, the Citizens Information Board's (CIB) National Advocacy Service for People with Disabilities, if established, could also play an important role, in addition to ongoing supports provided by voluntary organisations, in supporting people with disabilities in the private rental sector.

An initiative to support homeless people in the private rental sector is being operated between Threshold's Access Housing Unit and Dublin City Council with the aim of progressing the Government's commitment to end long term homelessness. A need and opportunity was identified to utilise the private rented sector as an interim step forward to improve the position of long term homelessness. Under this initiative, Threshold source private rental units in the Dublin area through engagement with landlords and tenants. Where necessary, relevant supports are provided to tenants under the Slí Scheme to assist them progress from homelessness to independent living in mainstream housing.

Conclusions

5.42   Effectively meeting the housing needs of people with disabilities will require a variety of different approaches in order to deliver the appropriate response and requires a strong focus on evidence based policy and practice. It is recommended that a pilot programme be developed to test good practice in sustainable communities for people with disabilities which could focus on, inter alia, housing design and tenure, effective interagency cooperation and person centred responses.

Chapter 6   Assessment and Prioritisation

6.1   A comprehensive and inclusive assessment of need is the gateway for households to the range of social housing supports available from housing authorities and enables authorities to plan strategically for the provision of housing options tailored to meet the needs of those who require housing support in their functional areas. In the case of people with disabilities, the assessment must also assist in identifying the supports necessary to meet housing need and, where possible, individual preferences.

6.2   As part of the social housing reform agenda, it was recognised that a new system of assessment of housing need was required in order to put in place a modern system of housing supports, including through providing an improved basis for policy development and service delivery.

6.3   The legal framework for the new assessment of need process was included in the Housing (Miscellaneous Provisions) Act 2009 and was brought into operation by regulation on 1 April 2011[34]. The new system provides for:

- The introduction of new and clearer criteria for determining eligibility for social housing support. In the case of disability, the extent to which a household's existing accommodation meets the accommodation requirements arising from an enduring physical, sensory, mental health or intellectual disability of a household member is a criterion in determining that household's need for social housing support;

- The development of a new assessment approach to provide access to a range of social housing supports (including permanent and leased local authority housing, housing provided by approved housing bodies, sites for building and Traveller accommodation sites) rather than being seen simply as a means of joining a waiting list for local authority housing;

- A housing needs assessment that will more fully reflect the lifecycle approach to the provision of social services, thereby ensuring that long term dependencies on the welfare state are not inadvertently created;

- The setting of standard parameters for the assessment of need such that an assessment by one housing authority can be used by all authorities; and

- Production of summaries of social housing assessments in order to provide the most up to date and accurate picture of housing need upon which to base strategic and financial decisions.

[34] Social Housing Assessment Regulations 2011 (S.I. 84 of 2011)

6.4   Previously, under Section 9 of the Housing Act, 1988, each housing authority was required to carry out periodic assessments, at least every 3 years, of the need for the provision of housing for households who required it and were unable to provide for it from their own resources. It was generally accepted that this triennial assessment did not provide a fully comprehensive assessment of housing need, and particularly so in respect of people with specific categories of housing needs, including people with disabilities. Furthermore, it is likely that people with disabilities were included under other headings in the assessment of need, such as older people, homeless people and medical or compassionate grounds. This has been addressed by the provision in the new Regulations that for the purposes of determining the form of social housing support to be provided, the classification of the accommodation requirements of qualified households must include a category for households with a member that has an enduring physical, intellectual, sensory or mental health disability. Under the new regime it is recognised that specific information needs to be gathered in order to meet the specific accommodation needs of people with disabilities, as the nature of their housing need may have clear implications for the type of accommodation that is provided.

6.5   Guidance underpinning the new assessment process recommends that housing authorities should request the following information from a suitably qualified person, for example, an occupational therapist or a member of a community mental health or primary care team:

•   A detailed description of the person's disability;

•   The degree of disability;

•   The progressivity of the disability;

•   Whether there are secondary disabilities and, if so, the nature of those disabilities;

•   The level of care or supports required and what supports are currently being provided;

•   Location preferences or concerns, e.g. proximity to medical facilities;

•   The type of accommodation required to address the disability.

6.6   This information will be utilised by housing authorities in determining the type of housing support that is most appropriate for the person with the disability, including through establishing the supports required in maintaining tenancies and providing for individual

household preferences. This should be supported by the interviewing of applicants as part of the assessment process.

6.7   Where housing authorities have determined that a household has a social housing need, authorities will produce assessment reports which identify the type of accommodation and/or the support needs required, including those supports provided by other agencies, and an indication of the type of accommodation that would be most suitable to meet the household's need. These reports will be used by authorities to make supply and allocation decisions. While the assessment report is not notified to the applicant, it is recommended that a mechanism be put in place where applicants, particularly those with disabilities, are provided with a standardised statement of housing need based on the information gathered through the assessment process setting out the type of housing and supports required.

6.8   In order to ensure that applicants are in need of, and eligible for social housing support at the allocation stage, housing authorities will carry out an assessment review as part of the housing needs assessment process. This mechanism is important for people with disabilities who, for example, may have a progressive disability or whose general needs may have changed over time. It is the responsibility of the applicant to ensure that the housing authority is kept reasonably updated regarding any change in circumstances.

6.9   All applications for social housing support received from 1 April 2011 are assessed under the revised criteria. For households who were on local authority housing waiting lists prior to that date, housing authorities may either reassess all households under the new criteria, or undertake a targeted approach which identifies certain groups or sub sections of the housing list, or undertake a review when an allocation of support is being considered. In the case of people with disabilities, this strategy recommends that all households containing a person with either a physical, intellectual, sensory or mental health disability be considered for early reassessment under the new regime.

6.10   Any person aged 18 or over, may apply to a housing authority for social housing support including people with disabilities residing in institutions or as adults in the family home. In determining eligibility for social housing support housing authorities have discretion, on a case by case basis, to allow that a person in currently adequate accommodation could be assessed as having a housing need if there is a high probability that there will be a housing need arising in the future. An example of this would be households which include a member with a disability, who is cared for by ageing parents, and whose housing need may not be acute at the moment but who may require consideration for housing in the event that parents die or are no longer able to provide care. This consideration is essential in order to assist in preventing crisis housing situations arising

and in the context of Government proposals regarding the transition of people with disabilities from institutions to community based living. Effective liaison between housing authorities and the HSE is required in order to effectively determine the most suitable housing support required. Disability specific training for all housing authority staff involved in the general assessment of need process would assist in developing further understanding of the range of disabilities and the various implications for housing need.

2008 Housing Needs Assessment

6.11   The most recent housing needs assessment was carried out in March 2008 and indicated that that there were just over 56,000 households in need of social housing support. This compares with nearly 43,000 in 2005, an increase of over 30%. Specifically in relation to people with a disability, the assessment identified 1,155 households that were categorised under the disability heading. This compares to 455 households identified as having a disability in the 2005 needs assessment. Detailed breakdown of housing need is contained in the tables at Appendix 5.

Interagency Approach

6.12   It was recognised that in order to obtain a fuller and more complete picture of need, the assessment of housing need should be supplemented with effective interagency protocols and more formalised linkages and sharing of information between relevant agencies and bodies.

6.13   The individual assessment of need protocol, which was implemented in July 2007, governs arrangements for an equitable and transparent referral system between the HSE and housing authorities in respect of people with disabilities where a likely housing support has been identified. The protocol relates to individuals who are assessed by the HSE under the provisions of Part 2 of the Disability Act 2005. Part 2 of the Act was commenced on 1 June 2007 for children aged under 5 years. It had been intended that the Disability Act would be commenced on a phased basis for the 5 – 18 year old cohort and then for adults, however, further implementation of the Act has been deferred in the context of the current fiscal environment. This has limited the scope of the protocol and there is currently no statutory framework to extend the individual assessment of need protocol to all age groups, leading to a gap in knowledge regarding the housing needs of people with disabilities aged over 5 years.

6.14   In view of the above, it is important that consideration be given by all stakeholders to agree and introduce appropriate arrangements for cooperation between the HSE and housing authorities. Furthermore, the DECLG and Department of Health are committed to developing an additional protocol which will govern the strategic assessment of the nature

and extent of the local housing needs of people with disabilities. This will improve the capturing of data on overall need, improve liaison between relevant agencies and assist in longer term planning to meet housing need.

6.15   It is critical that voluntary organisations representing people with a disability, approved housing bodies and formal and informal advocates, including the families of children with disabilities, actively participate in the local authority assessment of need process. These organisations and individuals can increase awareness and advocate on behalf of people with a disability, and assist the housing authority in identifying need through the provision of local information. This type of local knowledge is particularly important in accessing and activating people who may not participate in the assessment process due to a lack of knowledge of the process, the nature of their disability or a lack of belief that their particular needs can be met or, indeed, be met within a reasonable timeframe. It is essential that housing authorities have this information in order to inform specific policies and service provision.

6.16   A good example of an initiative in this area is the recent launch of Operation Sign-Up by the Irish Wheelchair Association. This is an initiative which encourages and supports people with disabilities who wish to live in their own homes to apply for an assessment of housing need. The Irish Wheelchair Association's new housing website[35] provides a step-by-step guide to applying for social housing and provides all relevant information and details required during the application process.

Strategic Assessment of Housing Need

6.17   Under the Planning and Development Act 2000, planning authorities have responsibility to ensure that development plans include a housing strategy which provides for the current and future housing needs of the local population, and has regard to the specific requirements of older people and people with a disability. In the preparation of future local authority housing services plans, particular regard must be given to the housing strategies, to ensure that the extent and nature of the needs of people with disabilities are accurately reflected in planning for, and delivering on local need.

6.18   To assist housing authorities in determining the extent of housing need, a number of existing data sources may prove useful. The strategic assessment of housing need protocol, when implemented, will provide a formalised framework to utilise available data regarding people with disabilities. Census data available in respect of disability issues can provide useful information to assist with longer term planning. The National Intellectual Disability

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[35]   www.iwa.ie/house

Database (NIDD) and the National Physical and Sensory Disability Database (NPSDD), which are managed by the Health Research Board (HRB) on behalf of the Department of Health, also provide information on the residential circumstances of people with disabilities at local level. The NIDD, which is a planning tool, contains information on 90% – 95% of people with intellectual disabilities in services, including detailed information on their living arrangements, but it is accepted that there is under-representation of young children and people with mild intellectual disabilities. The NPSDD database captures data in respect of individuals with physical and sensory disabilities who are availing of or require a specialised health social service. It does not provide a definitive number of people with physical and sensory disabilities. Furthermore people aged over 66 years of age are not included in this database. It is also important to note that the databases do not collect information in respect of people with a mental health disability.

6.19   Information from the databases can be sorted by disability, age gender, living circumstances, county of residence, HSE region of residence and Local Health Office area. In addition, the HRB is currently sorting information by electoral district. The utilisation of HRB data will assist in providing a more comprehensive picture of housing need than that which is available at present.

6.20   Housing authorities can request information from the HRB through following the procedures outlined on the HRB website www.hrb.ie. It should be noted that names and addresses of individuals registered on the databases are not held by the HRB. Data will be supplied by the HRB provided that the request complies with the criteria set down by the NIDD and NSPDD Committees and does not conflict with obligations of confidentiality under the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003.

6.21   Effectively determining the housing needs of people with disabilities requires the collaboration and engagement of key stakeholders in a coordinated and integrated manner. While there are many examples of good collaboration and interaction at local level, a real need exists for a more strategic and solution focused approach. On a broader level, the development of policy in relation to the housing of people with a disability, requires housing authorities, and other agencies involved in the provision of care and support, to work together to plan for, deliver and monitor agreed policy objectives. This is essential in the context of proposals in respect of the transitioning of people with mental health and intellectual disabilities to community based living.

6.22   The development of a specific structure, the Housing and Disability Steering Groups[36], to bring together critical stakeholders with a shared focus, would serve as a

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[36]   See Chapter 7

mechanism to deliver a more coordinated approach to service delivery for people with disabilities at local level.

6.23   It is also important that data gathered in respect of local needs assessments should be utilised correctly in order to assist with planning and investment decisions. This is particularly relevant for the planning and delivery of housing for people with specific needs who may require tailored once off housing solutions including children and adults with significant disabilities. Furthermore, it is essential that the HSE, which is responsible for the provision of health related care services, including health and personal social supports, plans effectively to meet future support costs, in order that people with disabilities can be sustained in community based settings. The Department of Health's Value for Money Review of the Disability Sector, which is currently underway, is examining issues relating to the collection of disability data and information needs. There may be scope for sharing information on need which could feed into the framework to be developed between local authorities and the HSE under the Strategic Assessment of Need Protocol.

Allocations Policy

6.24   The Housing (Miscellaneous Provisions) Act 2009 sets out a framework for the reform of allocations policy, which is part of a suite of reforms aimed at improving service and ensuring that social housing is delivered in a way that is fair and efficient. The key components of the new allocations scheme include:

- A standard framework within which housing authorities will make their allocation schemes;

- A standard prioritisation methodology which will be applied by all housing authorities;

- A standard mechanism for housing authorities to deal with refusals of accommodation;

- The power for local authorities to reserve certain proportions of their stock of dwellings to target particular groups in need;

- A mechanism to take account of the location preferences of eligible households; and

- A requirement for all housing authorities to put in place a suitable and transparent transfer policy.

6.25   The Act provides powers for the Minister to make regulations governing the mandatory provisions that a housing authority must include in their allocation scheme, including how dwellings are allocated to households, and the order of priority under which dwellings are allocated to households. Housing authorities will determine their allocation priorities on the basis of the profile of housing need in their areas allowing them, where appropriate, to target housing support to groups with specific housing needs.

6.26   A further important development[37] provides housing authorities with certain flexibility in their allocations scheme to take account, where possible, of the location and preferences of households, and is intended to introduce some element of choice for households into the allocations systems. This is a key issue for people with disabilities who may wish to live near their families and support networks and close to any care services that they may be availing of.

6.27 Section 22 of the Housing (Miscellaneous Provisions) Act 2009, which provides for the allocation of dwellings by a housing authority, was commenced in June 2010, following which authorities had one year to make a new allocation scheme. Therefore, all housing authorities were required to make a new allocation scheme by 13 June 2011. The new scheme, which replaces the old scheme of letting priorities, must be in accordance with the provisions set out in the Act, and with the Regulations which came into force on 1 May 2011,[38] Under the old schemes of letting priorities, authorities had complete discretion as to how households were prioritised within those schemes, which meant that there was no standardised approach as to how dwellings were allocated from authority to authority, including to people with disabilities. Furthermore, a variety of systems were used by authorities in determining allocations, such as points based systems[39], merit based systems[40], time on list plus priority[41], lottery system, choice based, etc.

6.28   Creating a more uniform approach to the content and operation of allocation schemes is something that will be developed further as part of the review of housing policy

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[37]   Section 22(6) of the Housing (Miscellaneous Provisions) Act, 2009 provides that the allocation scheme may include conditions subject to which the preference of a household to reside in a particular area or areas may be taken into account in allocating a dwelling to that household. The conditions include whether there are other family members living in a particular area, whether the household has employment or is attending an education institution in a particular area or if they currently reside in a particular area.

[38]   Social Housing Allocation Regulations 2011 (S.I. No. 198 of 2011)

[39]   Points were assigned in relation to the circumstances of the household (e.g. current accommodation, homelessness, children, disability) in order to rank the relative priority of households for housing support against one another.

[40]   Each application was unique and considered on it own merits. It was a judgement-based system.

[41]   The main principle of this system was first come first served, however, some households were assessed at the time of application as having a certain priority and were placed at the top of the list.

that has been initiated. The Housing and Sustainable Communities Agency has prepared detailed guidance to assist authorities in making these new schemes and is available at www.housing.ie

Conclusions

6.29   The new assessment of need process will provide for a more standardised assessment, to include consideration of the type and location of housing required by applicants and an evaluation of the related supports required by individuals to maintain housing. Linkages with other agencies that provide these personal and social supports are essential in assessing housing need.

6.30   In order to obtain a complete picture of local need, the housing needs assessment process must be underpinned by robust interagency collaboration with both statutory and non statutory agencies involved in the provision of services to people with disabilities – this will be supported through the implementation of protocols and framework to facilitate interagency working.

6.31   To ensure consistency and equity for people with disabilities, the new allocations framework will provide for a more standardised framework within which housing authorities will make their allocation schemes.

Chapter 7   Interagency Cooperation

Introduction

7.1   The importance of effective interagency collaboration has been identified as a key mechanism in meeting the housing needs of people with disabilities, and one which must clearly be prioritised in order to make optimum use of available resources and secure the best possible outcomes. Successful interagency cooperation can reduce gaps in service provision and duplication of responses. It puts the individual at the centre of the process and uses the available resources and skills of all agencies to address the needs of the client in the best manner possible. It improves strategic planning and delivery of key services. Successful interagency cooperation may also lead to savings and, as a mechanism, does not require additional funding resources.

7.2   Research commissioned to inform this strategy[42] recognises that the manner in which services are currently delivered in Ireland, via a combination of agencies, can lead to fragmented service delivery, often resulting in duplication of service provision. Where formal arrangements are not explicitly provided for, successful interagency working can be largely dependent on goodwill, strong leadership and effective working relationships at a local level. In Ireland, the general picture which emerges is that interagency collaboration primarily focuses on networking and information exchange.

Framework of Interagency Cooperation

7.3   In order to be successful, a framework of interagency collaboration must be supported at all levels, i.e. strategically through the development of national policies which identify common goals and establish the frameworks within which services are delivered, and at local or operational level where it should be employed to provide appropriate, flexible and person centred services. This would include the following:

At a strategic level:

•   Development and formal underpinning, at all levels, of a joint working ethos within agencies and organisations delivering services to people with disabilities, through, for example, the implementation of appropriate protocols;

•   Structured agreement on common goals and objectives to meet the needs of people with disabilities, including through strategic planning and clarification and appropriate allocation of responsibilities between relevant agencies, for example, in relation to the provision of housing and relevant supports (including funding by relevant agencies);

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[42]   Review of Good Practice Models in the provision of Housing and Related Supports for People with a Disability, Housing & Sustainable Communities Agency, 2010

- Developing greater clarity and understanding of the roles and priorities of each relevant organisation, including areas of shared responsibility; and recognising that inputs from each sector should be complementary;

- Development of frameworks, including national protocols, to define funding responsibilities and to facilitate exchange of relevant information and advice to enhance service delivery, not only between relevant service providers but also from the person with a disability (and their advocates / referral service, as appropriate) to the service providers; and

- Identifying inclusive measures to overcome difficulties e.g. those created by the unavailability or shortage of resources.

At an individual level:

- Identifying a key contact person in each organisation to facilitate exchange of information and case management – this may be negatively affected by frequent turnover of staff and/or structural/organisational changes. However, each agency must accept responsibility for relevant organisational functions and establish internal frameworks to support the continuity of existing interagency cooperation, including through defining key roles and responsibilities;

- The delivery of timely person centred responses based on individual need;

- Supports to key frontline staff in identifying developing opportunities and delivering solution driven responses.

7.4   Key Areas for Interagency Cooperation in the Delivery of Housing and Relevant Supports

Planning and information: In planning for the provision of housing it is essential that housing authorities have accurate information on the nature of disabilities among people in their area, the numbers of people with each disability and their specific housing needs. The role of voluntary organisations in both assisting housing authorities to identify need and in activating people with disabilities to engage in the housing assessment process is acknowledged. In particular, HSE services must engage with housing authorities to identify and collate data on the housing needs of people with disabilities – this will be facilitated through a framework of national protocols.

Housing Application Process: To assist people with disabilities to apply for social housing supports, housing authorities must work in partnership with people with disabilities, their

advocates (where appropriate) and disability services (statutory and voluntary) and other agencies as required. Housing applications from people with disabilities must be actively managed by authorities and interagency cooperation should continue throughout the application process.

Allocating Accommodation: Local authorities must be cognisant of engaging with other stakeholders when allocating housing to applicants with disabilities, for example, with HSE mental health services for applicants with a mental health disability or liaising with occupational therapy services when allocating housing to a person with a physical or a sensory disability who requires particular adaptations. Local interagency protocols should be developed between relevant stakeholders to facilitate this type of liaison on a formalised basis.

Innovative responses: Housing authorities are not only the providers of traditional social housing options, but also act as catalysts to enable people with disabilities to access a range of appropriate housing solutions. Authorities are responsible for identifying housing need, determining, in conjunction with relevant agencies, the most appropriate individualised solution, and engaging with the relevant service providers in order to successfully meet identified need. Formal interagency cooperation between all relevant stakeholders can assist in identifying innovative and individualised responses, where necessary. The proposed Housing and Disability Steering Groups, as set out below, can act as a catalyst for the development of such responses.

7.5   Many people with disabilities require ongoing supports after they have obtained a dwelling, e.g. personal, health and care services, tenancy supports, or community and social supports. Responsibility for the funding and delivery of these supports lies within the remit of various Departments and agencies and requires a more joined up approach than currently exists. The Support Costs Protocol, implemented in March 2011, sets out a framework for better coordination of capital and revenue funding for health service related support costs for projects provided by approved housing bodies for people with disabilities. More broadly it is recommended that a formalised engagement framework for the funding of housing and related supports is undertaken by relevant Departments as part of the multi-annual estimates process.

Interagency protocols

7.6   The primary statutory agencies involved in the delivery of housing and relevant supports to people with disabilities are the housing authorities and the HSE. Many other agencies also have key roles to play, including approved housing bodies, the Department of Social Protection, landlords and representative organisations of landlords, estate agents,

providers of social services, disability groups, CIB, carers' organisations, HSE funded service providers, etc.

7.7   As outlined in chapter 6, the development of protocols is recognised as an important instrument for ensuring good interagency cooperation, where there is both a care and accommodation aspect to meeting need. In this regard, and in line with commitments under the DECLG's sectoral plan, a suite of protocols have been developed between housing authorities and the HSE in relation to services provided for people with disabilities (copies of the protocols are attached at Appendices 6, 7 and 8. The protocols are:

•   the individual assessment of housing need[43];

•   the governing of revenue funding for health service related support costs for projects provided by approved housing bodies (Support Costs Protocol)[44];

•   the assessment of individual housing needs of people with a mental health disability[45]; and

7.8   A further protocol in relation to the strategic assessment of local housing need is expected to be developed during 2011.

7.9   Interagency protocols will assist agencies to collaborate to ensure the best possible outcomes for people with disabilities. Agencies must take account of data protection legislation in information sharing. The benefits of sharing information should be clearly explained to people, who will often be more open to allowing the sharing of information between agencies once they can see the potential benefits[46].

Housing and Disability Steering Groups

7.10   To support and enhance current local interagency structures and to facilitate better coordination and delivery of housing and related support services to people with disabilities, it is recommended that Housing and Disability Steering Groups be established in each county/city council area. This structure will provide a mechanism for agencies to work together to deliver a more integrated and strategic response to the needs of people with disabilities at local level and assist in addressing duplication of responses and gaps in service provision. It is envisaged that the Housing and Disability Steering Groups will act as an

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[43]   Implemented July 2007 and will be reviewed during 2011.
[44]   Implemented March 2011 and subject to review after 12 months.
[45]   Implemented March 2011.
[46]   Section 12 of the Disability Act, 2005 provides for the sharing of information between relevant agencies in order to assist people with disabilities in applying for services.

integral support to the housing functions of each local authority and the remit of the groups should be reflected within future housing services plans.

Purpose and Role of Housing and Disability Steering Groups

7.11   The role of the Housing and Disability Steering Groups will be to:

- Oversee the implementation of the National Housing Strategy for People with a Disability at local level;

- Monitor and review the operation, at local level, of agreed national interagency housing protocols and develop, as appropriate, protocols or mechanisms for effective cooperation at local level;

- Plan strategically to meet the short, medium and longer term housing and related support needs of people with sensory, mental health, physical and intellectual disabilities, including through:

    - a review of current local provision for each disability sector, including how current mainstream housing solutions are addressing the needs of people with disabilities; and

    - the determination of actions and time bound targets to inform the disability sections of future Housing Services Plans for each authority[47].

- Work collaboratively with other agencies involved in the provision of services for people with disabilities. This should include developing and strengthening linkages with agencies involved in the provision of employment, training and education for people with disabilities;

- Be solution driven and foster innovation and flexibility;

- Act as a forum for exchange of information;

- Report on an annual basis to the Implementation Monitoring Committee and the relevant County/City Development Board.

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[47]   This action should be reflected in guidance developed for local authorities in relation to the preparation of housing services plans.

7.12   The Housing and Disability Steering Groups will operate as subgroups of the Social Inclusion Measures (SIMs) Working Groups. The purpose of the SIMs Groups, which are subgroups of the County/City Development Boards (CDBs), is to contribute to the better co-ordination of social inclusion services/activities at local level. It is also recommended that close links be developed between the Housing and Disability Steering Groups and Housing Strategic Policy Committees, in line with the objectives of the Strategic Policy Committees to assist in the formation, development and review of policy.

Membership

7.13   Each Housing and Disability Steering Group will be chaired by the relevant Director of Housing Services and will include the following membership:

- Integrated Service Area Manager or Local Health Manager;[48]

- A representative of each of the following sectors:

  (a)   sensory disabilities;
  (b)   mental health disabilities;
  (c)   physical disabilities; and
  (d)   intellectual disabilities.

- A representative of a local approved housing body that provides housing for people with disabilities (as appropriate).

7.14   While the frequency of meetings should be determined by individual steering groups in line with local needs and resources it is recommended that, in order to make an effective contribution to the provision of housing and supports for people with a disability, a minimum of 4 meetings per annum would seem necessary. It is proposed that specific projects or actions identified by the steering groups would be undertaken by relevant working groups, who may meet more frequently. Representation on the Housing and Disability Steering Groups should be at a senior level, while representation on any working groups may be taken from a wider pool within relevant organisations. The nominee to represent each disability sector (and the approved housing bodies) should be determined by relevant organisations locally and be fully competent in representing the varying needs of people with disabilities within that sector.

[48]   The HSE is currently undergoing a restructuring process and grade structures are being changed.

Case Management Subgroup

7.15   It is recommended that each Housing and Disability Steering Group establish a Case Management Subgroup to facilitate the active management of individual cases, where there are urgent housing needs arising. Where informal case management is already in place locally, this process should be formalised within the remit of the Housing and Disability Steering Groups. Membership of the Case Management Subgroup should include key workers who have knowledge and resources to react speedily to address individual cases.

7.16   Case study 7.1 below details an example of a case management group which has been working successfully in Dundalk to ensure the best outcomes for clients.

Case Study 7.1 – Dundalk Interagency Group

An interagency case management group was established in Dundalk a number of years ago with the objective of placing people in the best housing situation for each individual and establishing how the needs of each person can be met by all services in a coordinated manner. Members of the group, who meet monthly, consist of representatives of the local authority (homeless officer, director of housing services, housing allocations officer, social worker), the HSE (addiction services, psychiatric services, disability services), probation service, the Gardaí, the Simon Community and Women's Aid. The group discuss the needs of people who are homeless or at threat of homelessness, particularly among people who are due for discharge from institutional care e.g. prison / hospital or any other person identified as being at risk by any of the members of the group, including people with a mental health disability who have a housing need.

A key advantage of this group is that it promotes an understanding of the duties of all members and increases understanding between agencies. It delivers a client centred approach as agencies work together to provide a personalised response to specific need. The work of the group feeds into the local homeless forum.

7.17   The proposed structure of the Housing and Disability Steering Groups within the CDB framework is set out below.

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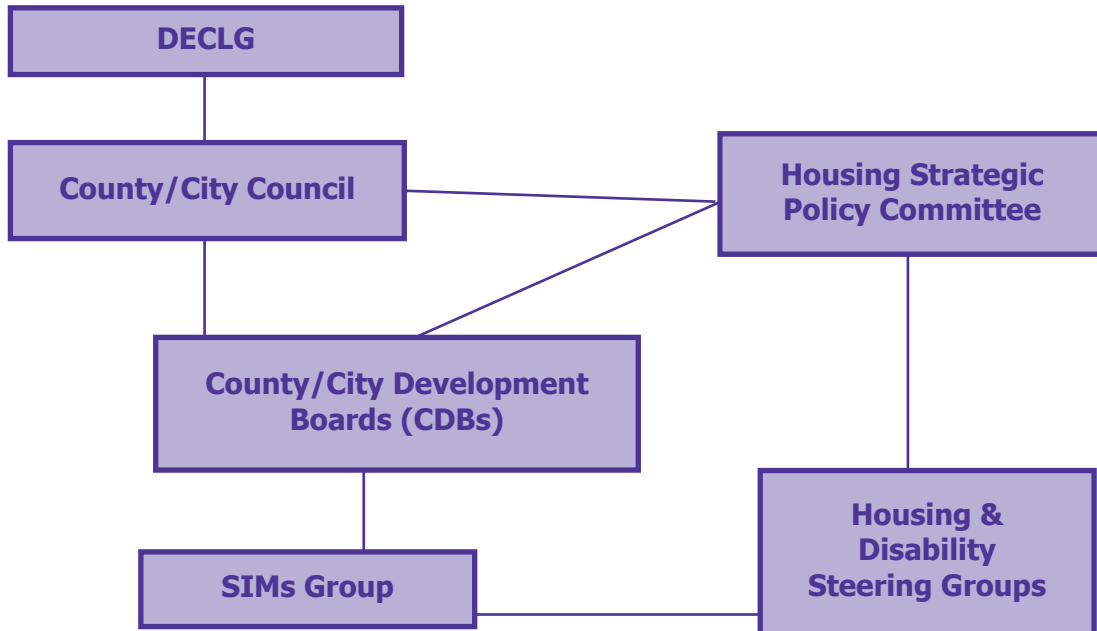
Conclusions

7.18   In order to effectively meet the housing needs of people with disabilities, a more robust interagency framework must be adopted at both national and local level.   Enabling people with disabilities to live as independently as possible in the community requires a multi agency approach between relevant Departments and agencies. A formalised structure of collaboration will enhance, expand and formalise current arrangements which are in operation and working well at local level. This will facilitate the channelling of existing resources to provide for a more strategic approach to meeting need, while ensuring that agreed interagency protocols are implemented effectively and deliver appropriate results. Interagency cooperation is a key cornerstone for good practice in the delivery of housing and other supports to people with disabilities.

Chapter 8   Physical Accessibility of Housing

8.1   Accessible housing is generally understood as dwellings which allow easier access for people with a disability, through specific design features, thus assisting them to live as independently as possible. Accessible houses can either be initially designed or achieved by modifying an existing house to suit the particular requirements of the occupant. An adequate supply of physically accessible housing is a key component to enable people with certain disabilities to live in the community and underpin individual opportunities for independent living.

8.2   On an individual basis the level of accessibility required will vary according to the nature of disability and particular preference. Modifications and adaptations to facilitate the access needs of people with a disability can include the provision of level thresholds, grab rails, ramps, hoists, wet rooms, larger living rooms and larger and additional bedroom(s), widened doorways, accessible bathrooms, reachable light switches, socket outlets and other control boxes, etc. The provision of technology to assist people with visual or hearing impairments, such as adapted door bells and smoke alarms, is a further means of facilitating people with disabilities to live independently.

Terminology

8.3   Different terms are used to describe different levels of accessibility with some terms being used almost interchangeably and describing similar design briefs or similar design features. Table 8.1 below is a description of some of the terms commonly used in this area. In this strategy the general term 'accessible' is understood to refer to housing which is accessible for people with physical and/or sensory disabilities to live in.

Table 8.1: Accessible Housing Terminology

Universal Design[49]	The design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size or disability (Centre for Excellence in Universal Design).
Accessible Housing	Housing which is accessible for people with physical and/or sensory disabilities to live in. This may be a purpose built new dwelling or a dwelling that is modified to suit the needs of the user.
Inclusive Design	The design of mainstream products and / or services that are accessible to, and usable by, as many people as reasonably possible without the need for special adaptation or specialised design (British Standards Institute 2005).
Visitable Housing[50]	Housing in which a person with a physical disability can independently enter the house, go to the main habitable rooms, and use a toilet.
Lifetime Homes[51]	Lifetime Homes Standard seeks to enable 'general needs' housing to provide, either from the outset or through simple and cost effective adaptation, design solutions that meet the existing and changing needs of diverse households.
Wheelchair Accessible Housing	Wheelchair accessible design has additional space in all living areas, generally ground floor, to allow a person who has significant mobility impairment to move around easily and use all living areas of a home. Lifetime homes are not necessarily wheelchair accessible, however, many wheelchair users will find lifetime homes easier to live in or visit. In the UK separate wheelchair-users' housing standards have been developed by the Habinteg Housing Association, through funding from the Joseph Rowntree Association. Design guidance has also been developed in Ireland by the IWA and the AOTI.

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[49]   The Disability Act 2005 defines 'universal design'— (a) means the design and composition of an environment so that it may be accessed, understood and used— (i) to the greatest practicable extent, (ii) in the most independent and natural manner possible, (iii) in the widest possible range of situations, and (iv) without the need for adaptation, modification, assistive devices or specialised solutions, by persons of any age or size or having any particular physical, sensory, mental health or intellectual ability or disability, and (b) means, in relation to electronic systems, any electronics–based process of creating products, services or systems so that they may be used by any person.

[50]   As provided for in Part M of the Building Regulations and associated technical guidance, TGD M.

[51]   www.lifetimehomes.org.uk

8.4   In Ireland, the increasing demand for greater accessibility of housing is being met through the provision of housing adaptation grants and requests for specific design accessible housing. This increased demand can be partly attributed to more people with disabilities wishing to live independently in the community. Furthermore, with the ageing demographic profile, larger numbers of older people are developing age related mobility problems which may require some level of adaptation work to enable them to remain in their homes for longer. The CSO's Population and Labour Force Projections 2011-2041[52] calculates that there will be between 1.3 and 1.4 million older people (i.e. aged 65 years and over) in 2041, compared with 460,000 in 2006. This implies that up to 25% of the population will be aged 65 years and over by 2041 compared with 11% in 2006. The number of 'oldest old' persons, i.e. those aged 80 years and over, is projected to quadruple from a level of 110,000 in 2006 to approximately 440,000 in 2041.

8.5   It can be concluded, therefore, that the demand for greater accessibility of housing is set to continue into the future in line with demographic changes, ageing of the population and the policy move away from institutionalisation and towards community based living[53].

8.6   Table 8.2 shows the numbers of people with mobility and dexterity impairments as identified in the National Disability Survey 2006.

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[52]   Published by the Central Statistics Office (April 2008).
[53]   The Report of the Congregated Settings Working Group has found that over 4,000 people lived in congregated settings in 2008, of which 7% had a physical disability.

Table 8.2: People with Disabilities by Mobility and Dexterity Impairments

	Total	% of Pop	Age 0-17	Age 18-64	Age 65+
Mobility & Dexterity	184,000	4.34	8,100	84,500	91,500
- moderate difficulty	57,000	1.34	3,000	32,100	21,900
- a lot of difficulty	62,200	1.47	2,600	31,300	28,300
- cannot do	64,900	1.53	2,500	21,000	41,400
Moving around home	**101,200**	**2.39**	**2,900**	**42,100**	**56,200**
- moderate difficulty	50,200	1.18	n.a	n.a	n.a
- a lot of difficulty	38,400	0.91	n.a	n.a	n.a
- cannot do	12,700	0.30	n.a	n.a	n.a
Going outside of home	**128,900**	**3.04**	**4,700**	**53,900**	**70,300**
- moderate difficulty	53,700	1.27	n.a	n.a	n.a
- a lot of difficulty	49,900	1.18	n.a	n.a	n.a
- cannot do	25,300	0.60	n.a	n.a	n.a
Walking for about 15 mins	**160,000**	**3.77**	**5,600**	**70,500**	**83,900**
- moderate difficulty	47,200	1.11	n.a	n.a	n.a
- a lot of difficulty	52,900	1.25	n.a	n.a	n.a
- cannot do	60,000	1.42	n.a	n.a	n.a
Using hands & fingers	**79,000**	**1.86**	**4,700**	**34,700**	**39,600**
- moderate difficulty	33,900	0.80	n.a	n.a	n.a
- a lot of difficulty	30,900	0.73	n.a	n.a	n.a
- cannot do	14,300	0.34	n.a	n.a	n.a

Source: Compiled by NDA from NDS 2006 and Census 2006

Current Legislative / Policy Context

8.7   The demand for accessible housing in Ireland is addressed through a variety of mechanisms:

- The operation of housing adaptation grant schemes to retrofit existing private and social dwellings to suit the changing needs of people with disabilities;

- The direct provision of user specific dwellings by social housing providers for which a particular need has been identified, i.e. funding provided by local authorities to approved housing bodies for the development of specific need units through CAS and / or the social housing long term leasing initiative; and

- The local authority housing programme for the provision of dwellings for older people.

8.8   In Ireland, Part M of the Building Regulations provides for access to buildings for people with disabilities. The related Technical Guidance Document, TGD M, contains guidance on how to comply with Part M. Where works are carried out in accordance with this guidance, this will, prima facie, indicate compliance with the Regulations. TGD M sets down the minimum requirements necessary to ensure that dwellings are visitable by people with a disability. This provides that people with a disability can safely and conveniently approach and gain access to a dwelling, have access to the main habitable rooms at entry level and gain access to and use of a toilet at entry level.

8.9   However, it is important to note that these requirements do not deem that a dwelling must be fully wheelchair accessible or habitable or indeed be accessible to people with all types of disabilities, as the Regulations primarily deal with matters in relation to physical disability and mobility issues, rather than the broader range of disability.

8.10   A review of the effectiveness of Part M of the Building Regulations, undertaken in 2005 by the NDA, found, inter alia, that Part M did not adequately address the problems experienced by people with hearing impairments, vision impairments or intellectual disabilities and that people with disabilities continue to experience significant difficulties in accessing and using buildings. It also found that inspection and enforcement of Part M was poor and architects did not routinely self audit buildings against Part M.

8.11   In recognition of the importance of accessibility of the built environment and the impact on the lives of people with disabilities, and in line with a commitment in the DECLG Sectoral Plan, a comprehensive review of Part M was initiated in December 2005. The key

objectives of the review were to ensure that new buildings (other than dwellings) meet adequate levels of accessibility, to secure improvement of existing building stock where a material alteration or change of use takes place, and to support the philosophy of universal access.

8.12   Proposals for updated standards have now been finalised. The Building Regulations (Part M Amendment) Regulations 2010)[54] were published on 5 November 2010. In relation to dwellings, the Regulations will continue to require new dwellings to be visitable by people with disabilities. Some amendments have been made to the Technical Guidance Document in respect to the provision of more guidance on approaches to dwellings and widths of internal doors. In order to ensure the effective enforcement of the new Regulations, sufficient resources must be provided at local level. The Minister for the Environment, Community and Local Government is committed to strengthening the building control system and has asked for proposals to enhance the system to be brought forward at an early date.

Retrofitting

8.13   The promotion of independent living is supported by the availability of State funded adaptation grants to assist people with disabilities and older people to make their homes more accessible. These schemes are an important element in the continuum of care for people with disabilities and this is reflected in the resources committed to the schemes in recent years. Total expenditure has increased from €27.6 million in 2000 with some 3,600 households benefiting, to €98.9 million in 2010 and over 13,800 households benefiting. The capital provision for the operation of the grant schemes in 2011 is €79.5 million[55]. This represents a significant amount of funding at a time when the housing capital provision has declined sharply and is likely to continue to be restricted for the foreseeable future. Table 8.3 details expenditure on the housing adaptation grants from 2000 to 2010.

[54]   S.I. No. 513 of 2010, available on www.environ.ie
[55]   This does not include expenditure by local authorities on improving and extending their own social housing stock.

Table 8.3 Disabled Persons / Essential Repairs / Housing Adaptation Grants 2000 – 2010[56]

Year	No. of Grants	Expenditure €
2000	3,646	27,693,000
2001	4,883	41,736,000
2003	5,932	52,599,000
2003	5,739	50,481,000
2004	5,222	45,814,000
2005	6,130	52,855,000
2006	6,669	57,390,000
2007	7,770	71,258,000
2008	12,094	94,885,091
2009	11,434	79,562,584
2010	13,885	98,920,000

8.14   It should be noted that expenditure on disability specific grants over the period 2002 – 2010 amounted to €452.7 million. This equates to over 50,000 grants paid to assist people with disabilities to adapt their homes to suit their needs.

8.15   A revised suite of adaptation grant schemes was implemented in late 2007 with the key objective of targeting available resources to those in most need. The new schemes provided for increased grant levels and a more streamlined operational approach across local authority areas. While the schemes are very successful in addressing the accessibility issues of many people with disabilities and older people, the level of funding required to meet demand has risen substantially in recent years and it is certain that demand will continue to increase as many older people develop age related mobility problems and increasing numbers of younger people with mobility impairments seek to live independently. This will have implications for future budgetary provision and it is now timely to examine the policy of retrofitting existing dwellings in the longer term and the cost effectiveness of designing in features during construction rather than altering dwellings at a later stage. It is important to note, however, that as the great majority of the housing stock available for the foreseeable future is already built, retrofitting will continue to be an important issue which will require prioritisation of capital funding. An evaluation of the administration and

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[56]   The Housing Adaptation Grant Schemes for Older People and People with a Disability replaced the Disabled Persons & Essential Repairs Grants Schemes on 1 Nov 2007.

effectiveness of the suite of adaptation grant schemes has been undertaken and is currently under consideration by DECLG.

8.16   The case study below outlines a pilot initiative recently undertaken by Wicklow County Council to recycle stairlifts, thus reducing expenditure and meeting need more efficiently.

Case Study 8.1: Wicklow County Council – Pilot Stairlift Recycling Project

Early in 2009, Wicklow County Council initiated a pilot stairlift recycling programme with a view to reducing expenditure on the installation of stairlifts in their housing stock. The Council placed an advertisement in a local paper inviting people to contact them if they had unwanted or discarded stairlifts in their homes which might be suitable for recycling. The Council hoped that a number of these stairlifts would be suitable to meet demand within their own housing stock. A number of people responded to the advertisement and the Council began the process of matching up the unused and unwanted stairlifts with new applications on hands with the Council for the installation of stairlifts. Once a match was identified, the Council arranged for crews to remove the unwanted stairlifts and immediately installed them in their new homes.

Wicklow County Council report very positive outcomes for all concerned from the pilot recycling project. The people who responded to the advertisement were happy to have the unwanted stairlift removed, while the project resulted in reduced waiting times for people requiring the installation of stairlifts. Wicklow County Council is very satisfied with the outcome of the pilot project which has seen 5/6 unused, yet perfectly functioning stairlifts being recycled. The pilot also resulted in savings in expenditure for the Council on new stairlifts. Wicklow County Council hopes to be in a position to continue the scheme in the near future.

Lifetime Housing

8.17   It is the view of many stakeholders involved in the provision of housing, and those representing people with disabilities, that the concept of lifetime housing should be mainstreamed as part of housing policy. In Ireland, there are currently no national standards or agreed criteria in respect of either lifetime housing or wheelchair accessible housing. However, the DECLG guidance document, Quality Housing for Sustainable Communities (2007), outlines that all new housing should be reasonably accessible for older people, the very young and people with disabilities; designers should consider not just the immediate needs of the prospective occupants but also their changing needs over the life of the dwelling; and, in so far as is possible, the design should provide for flexibility in use, accessibility and adaptability with the aim of ensuring that dwellings can meet the changing needs of occupants over their lifetimes. The document also outlines that older people or

persons with moderate disabilities, who wish to remain independent in their own home, should be able to do so without the need for costly and disruptive remodelling of the dwelling. This criterion supports the Government commitment to enable older people to remain in their own homes for as long as possible in line with the 'ageing in place' concept.

8.18   Furthermore, the DECLG publication, Guidelines for Planning Authorities on Sustainable Residential Development in Urban Areas (2009) underpins the principle of universal design in the development of sustainable neighbourhoods. The Programme for Government also contains a commitment to promote and support universal design whereby all environments can be used to the greatest extent possible by all people, regardless of age, ability or disability.

8.19   Currently, a number of local authorities, in their Development Plans and Housing Strategies, cite the concept of lifetime housing as a mechanism to meet the needs of people with disabilities and also outline targeted commitments to develop wheelchair accessible units. In the absence of any national standards, separate uncoordinated moves towards the concept of lifetime housing in different areas has the potential to lead to a haphazard approach, with no guarantee that the dwellings delivered will meet the needs of people throughout their lifecyle, or that they would be cost effective.

UK Situation

8.20   In the early 1990s in the UK, the Joseph Rowntree Foundation developed the concept of lifetime homes. The Lifetime Homes Standard was established in the mid-1990s to incorporate a set of principles that should be implicit in good housing design. Good design, in this context, is considered to be design that maximises utility, independence and quality of life, while not compromising other design issues such as aesthetics or cost effectiveness. The Lifetime Homes Standard seeks to enable 'general needs' housing to provide, either from the outset or through simple and cost effective adaptation, design solutions that meet the existing and changing needs of diverse households. This offers the occupants more choice over where they live and which visitors they can accommodate for any given timescale. It is, therefore, an expression of inclusive design. Currently, the Lifetime Homes Standard is a voluntary standard and is not a statutory requirement.

8.21   In February 2008, the UK Government published their housing policy document: Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society[57]. One of the key features of the strategy was the commitment to build homes that would be adaptable to match changing need throughout the lifecycle, thus providing more inclusive and flexible housing to meet future demand in an ageing society. It established

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[57]   Available at: http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods

the objective of making lifetime homes the norm for all new build housing by 2013 and gave a commitment to ensure that all new publicly funded housing is built to the Lifetime Homes Standard. The lifetime homes criteria were revised in July 2010 and now incorporate much higher levels of accessibility and adaptability.

8.22 The original Lifetime Homes Standard requirements (pre July 2010) were generally higher than that required by Part M of the Building Regulations, although some elements of Part M were equal. The lifetime homes criteria (post July 2010) required for new houses to meet the Lifetime Homes Standard are as listed below in Table 8.4 and incorporate higher levels of accessibility and adaptability than the original version. The focus remains on areas relating to accessibility on the approach to the home, moving into and around the home and adaptability of the home to cater for changed needs arising from a permanent disability.

Table 8.4: Lifetime Homes Standard Design Criteria (5 July 2010 Revised)

	Lifetime Homes Standard Design Criteria from 5 July 2010 (Revised)	
No.	**Criteria**	**Principle**
1.	Parking (width or widening capability)	Provide, or enable by cost effective adaptation, parking that makes getting into and out of the vehicle as convenient as possible for the widest range of people (including those with reduced mobility and/or those with children).
2.	Approach to dwelling from parking (distance, gradients and widths)	Enable convenient movement between the vehicle and dwelling for the widest range of people, including those with reduced mobility and/or those carrying children or shopping.
3.	Approach to all entrances	Enable, as far as practicable, convenient movement along other approach routes to dwellings (in addition to the principal approach from a vehicle required by Criterion 2) for the widest range of people.
4.	Entrances	Enable ease of use of all entrances for the widest range of people.
5.	Communal stairs and lifts	Enable access to dwellings above the entrance level to as many people as possible.
6.	Internal doorways and hallways	Enable convenient movement in hallways and through doorways.
7.	Circulation space	Enable convenient movement in rooms for as many people as possible.
8.	Entrance level living space	Provide accessible socialising space for visitors less able to use stairs.
9.	Potential for entrance level bed-space	Provide space for a member of the household to sleep on the entrance level if they are temporarily unable to use stairs (e.g. after a hip operation).
10.	Entrance-level WC and shower drainage	Provide an accessible WC and potential showering facilities for: (i) any member of the household using the temporary entrance level bed space of Criterion 9, and: (ii) visitors unable to use stairs.

Lifetime Homes Standard Design Criteria from 5 July 2010 (Revised)		
No.	**Criteria**	**Principle**
11.	WC and bathroom walls	Ensure future provision of grab rails is possible, to assist with independent use of WC and bathroom facilities.
12.	Stairs and potential through floor lift in dwelling	Enable access to storeys above the entrance level for the widest range of households.
13.	Potential for fitting of hoist and bedroom/ bathroom	Assist with independent living by enabling convenient movement between bedroom and bathroom facilities for a wide range of people.
14.	Bathrooms	Provide an accessible bathroom that has ease of access to its facilities from the outset and potential for simple adaptation to provide for different needs in the future.
15.	Glazing and window handle heights	Enable people to have a reasonable line of sight from a seated position in the living room and to use at least one window for ventilation in each room.
16.	Location of service controls	Locate regularly used service controls, or those needed in an emergency, so that they are usable by a wide range of household members – including those with restricted movement and limited reach.

8.23   It should also be noted that the statutory requirement for accessibility of buildings in England and Wales is broadly similar to that of Ireland. Part M of the Building Regulations (England and Wales) provides for access to and use of buildings and the related Approved Document M, AD M, contains guidance on how to comply with Part M. In some cases e.g. sanitary facilities in dwellings, Technical Guidance Document M 2000 (Ireland) currently provides greater space provisions for people with disabilities than Approved Document M (England and Wales).

8.24   The UK Strategy committed to ensuring that all new publicly funded housing would be built to the Lifetime Homes Standard by 2011. The adoption of the Lifetime Homes Standard was initially on a voluntary basis and the UK Government committed to

undertaking a review in 2010, to ascertain the progress made in adopting the standard, with a view to introducing regulation to make the standards compulsory if the private sector were not complying voluntarily. However, it is understood that current UK Government policy takes the view that while the building regulations will remain core standards nationally, decisions on provision of specific types of housing or application of additional standards to new housing are best taken at a local level where local variations and needs can be addressed in the most appropriate and proportionate manner. This may include requirements for lifetime homes but, it is understood that it is not currently intended to set these requirements at a national level.

8.25   Understandably, there are many concerns surrounding the economic implications of lifetime housing. The Chartered Institute of Housing in Northern Ireland and the Joseph Rowntree Foundation conducted a comparative study[58] in 2002 into the cost of meeting UK building regulations and lifetime homes standards. It was found that lifetime housing brings about many savings and cost benefits in adaptation and flexibility in use, along with increasing the marketability of the property. However, it is important to have a clear understanding of the differing terminologies used in this context, as differing levels of accessibility will have varying cost implications.

Future Direction

8.26   In order to consider how housing can fully meet the needs of all sectors of the community, priority should be given to undertaking an examination of lifetime housing policy in the Irish context. As a starting point, it is essential to develop:

- An understanding of what lifetime housing should mean in the Irish context. There are many divergent views regarding the scope of current international lifetime homes standards and whether they are sufficiently flexible to meet the changing needs of people at all stages in life;

- An understanding of the initial capital cost of lifetime housing and the impact on the cost of major adaptation works, versus the current cost of such adaptations, within the context of an aging population[59];

- An understanding of the suitability of lifetime housing for all housing, e.g. two-bed terrace units, etc;

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[58]   Lifetime Homes in Northern Ireland, Evolution or Revolution? (Joseph Rowntree Foundation, Chartered Institute of Housing in Northern Ireland) February 2002.
[59]   While lifetime housing will not remove the need for retrofitting, it should significantly reduce the requirement for major structural adaptations.

- An understanding of the remaining requirement / need for wheelchair accessible standards, once off specific needs and accessible housing, including the requirements of children with specific design needs.

8.27   A consideration of the concept of lifetime housing policy should take account of the need to provide housing to meet the existing and changing needs of most households at different stages of life, without imposing undue costs on the general population, particularly in the context of the current economic climate. The most appropriate methods of implementation would also need to be established, be it via incentivisation, funding or regulatory methods. It is recommended that consultation by DECLG on these matters should commence at an early date.

8.28   It is important to acknowledge that the concept of lifetime housing is a long-term strategy for new buildings and, therefore, would need to be complemented with continued supports to facilitate the access needs of people in existing housing.

8.29   The design of wheelchair accessible housing has been influenced by the increased use of powered wheelchairs and other equipment such as hoists within the home and by the recommended design approach of planning, advocated by some stakeholders, for both immediate and future access requirements as people age or as a condition progresses. Many of the wheelchairs used within the home are of significant size and, therefore, require greater space within the home and its environs. Similarly, people who may require the use of a hoist to be lifted will require adequate space for safe operation of the hoist. Storage space is also required for wheelchair users as many will have both motorised and manual operated wheelchairs.

8.30   The NDA has issued guidelines for the built and external environment in a publication entitled Building for Everyone. These guidelines show how to design, make and manage buildings and external environments to support inclusion, access and usability by everybody. The guidance, which was first published in 2002, is currently being updated and is due to be published in 2011.

Provision of Accessible Social Housing

8.31   There are a number of people with disabilities for whom the provisions of lifetime housing would not be sufficient and who will continue to require higher access design standards and, sometimes, specifically designed housing to meet their needs, e.g. those with significant or multiple disabilities who may require the provision of special aids or adaptations, for example, powered wheelchairs. Housing authorities currently develop accommodation to meet these specific needs on a case by case basis for people who qualify for social housing.

8.32   In assessing and planning to meet this need, it is vital that there is close liaison, both within, and between housing authorities and other statutory and voluntary agencies. Where it is identified in the housing assessment process that an applicant has particular needs, the housing authority should establish design requirements to address these needs, and plan for these in the design and construction / adaptation of housing. Any funding implications i.e. identified cost implications or issues which are likely to give rise to increased costs, should be taken into consideration at the planning stage and sufficient resources allocated by housing authorities. The proposed tenant should be involved at the stage of internal design and to ensure that fixtures and fittings are positioned to suit individual need. In the case of children with specific design needs, such consultation should include ongoing communication with the child's parents/family. For children with disabilities, it is important that their current and future needs are central to the process of allocating housing to families. It is recognised that the development of once off housing design can create a time lapse between the identification of the need and the realisation and occupation of the accommodation. To address this, it is essential that longer term planning mechanisms are utilised to identify future need, e.g. the strategic assessment of need protocol, which will aim to identify the current and future extent of local housing need of people with disabilities, will assist in this regard.

8.33   As a mechanism to increase the stock of accessible social housing, consideration should be given to the inclusion of a range of basic accessibility provisions, to make housing visitable, as part of social housing improvement programmes which provide for the retrofitting of insulation and improvements in energy efficiency of vacant properties. Furthermore, where vacant social housing has been identified for improvements under the retrofitting programme, consideration could be given to the undertaking of a more extensive suite of accessibility works, where it has been identified that the house, once improved, would be suitable to meet the needs of a disabled household on the local authority housing waiting list. This should be managed through the allocations process. Furthermore, it is important that capital funding be prioritised for the undertaking of adaptation works for local authority tenants who have disabilities.

8.34   Work has been ongoing in the area of specific needs design, e.g. Dublin City Council has developed a generic wheelchair accessible unit design template giving a unit footprint size while allowing for personal preference in the interior design and placement of fixtures and fittings which could be used as a template to facilitate the creation of a supply of wheelchair accessible housing which can alleviate the time lapse. Furthermore, the IWA, in its good practice guidelines, Designing Accessible Environments, sets out their guidelines for lifetime adaptable housing design.   These guidelines have extended the Joseph Rowntree standards, particularly regarding bathroom provision.

Technology

8.35   Technology has a potentially increasing role to play in enabling independent living for people with disabilities and can be used in all forms of housing tenure. Assistive technology can be used in conjunction with physical adaptations to adapt dwellings to suit changing needs. Such technology includes environmental controls such as intercom systems, electronic control of doors, televisions, curtains, lights, entertainment systems, telephone and communication systems, electric appliances, etc[60]. For example, it is estimated[61] that there are up to 40,000 people in the country who have a significant hearing loss, many of whom do not have an adequate fire safety device in their home.   Most of these people use hearing aids during the day. However, at night, when they remove their hearing aids to sleep, they are unlikely to be woken by a conventional smoke alarm. Adapted smoke alarms with a vibrating pad are available for people with sensory disabilities.

8.36   While assistive technologies can enable a high degree of independence, systems such as telecare[62] can further support independent living by providing remote (passive monitoring) and more active care where a person communicates directly with a health care provider using real time telecommunication interactions. In addition, technology can assist people with dementia, in association with safe and well designed living spaces, to live as independently as possible.

Nestling Project

8.37   The Nestling Project is a collaborative initiative between the Louth local authorities, Dundalk Town Council, HSE (North East Area), and Dundalk Institute of Technology. The sponsors are joined in the initiative by the University of Ulster and the National Centre for Sensor Research at Dublin City University. Significant funding has been also been provided by Atlantic Philanthropies. The project's goal is the development of a centre of excellence for the promotion of community-oriented models for independent living and 'ageing in place'. It aims to provide environments that promote and sustain independence and well-being for older people through the fusion of innovative spatial, technology and integrated community care-based approaches. This will be achieved through the following objectives:

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[60]   Assist Ireland, www.assistireland.ie, is a website which is provided by the Citizens Information Board and provides information on assistive technology and a directory of products available from Irish suppliers to meet the needs of people with disabilities and older people. The database also provides information on how assistive technology can be used in daily living situations.

[61]   Estimated by DeafHear (formerly the National Association for Deaf People).

[62]   Telecare is a term given to offering remote care of older and vulnerable people, providing the care and reassurance needed to allow them to remain living in their own homes.

- Development of an integrated care demonstration model in Dundalk, primarily a 16 unit pilot 'aware' homes project called Great Northern Haven;

- To build capability through evidence development, innovation, awareness and continuous process improvement;

- To grow the project's reach and impact through geographic expansion, service intensification, advocacy and public policy development;

- To develop a sustainable business model for continued growth.

8.38   It is hoped that the outputs will help influence the quality of new housing provision, the adaptation of existing homes for ageing-in-place and the more effective, joined-up, organisation and delivery of services to older people in their homes. The models should also be expandable to other target groups such as those with physical or intellectual disabilities.

8.39   People with disabilities can apply for grant aid under the Housing Adaptation Grant Schemes to fund the installation of assistive technology to help them live independently. The increasing promotion of the use of technology in this regard should be considered in future policy development.

8.40   The case study below is an example of an application of assistive technology from Newgrove Housing Association, which is a member of the ICSH, providing housing and supports for people with disabilities to live independently in the community.

Case Study 8.2: Newgrove Housing Association

In a number of locations where Newgrove Housing Association has provided supported accommodation services through the community housing model, semi independent apartments have been designed and constructed adjacent to the property. The apartments are designed with a link door between the main house however the apartment also has its own front door. The link door with the main house can only be opened should the tenant have a crisis or in the event of an emergency whereby support staff need to gain access to the apartment. Each apartment is fitted with a nurse call system that has a point in each bedroom which is linked back to the main house. In addition, intruder and fire alarm systems include external monitoring should the need arise.

These apartments are designed to lifetime adaptable homes standards in that they are sustainable for peoples' changing needs. The design of the apartments is key in that they

are fully wheelchair accessible, however they are also designed to meet the needs of people who may have reduced mobility. In general the apartments give people the opportunity to live either independently or semi independently. This affords the tenant additional security and peace of mind as, if they are in difficulty, they can alert support staff next door through the Nursecall system. Due to the success of this model it has been replicated nationally.

In one of Newgrove Housing Association's independent apartments a tenant with a hearing impairment has been given the opportunity to live independently through the use of technology. In this case, an individual with a hearing impairment uses DeafHear technology to undertake simple activities such as answering the door, using an alarm clock, watching television or making a phone call, which requires quite complex adaptive technology - the lack of which can leave people isolated and erode independence. Without adapted smoke alarms and other such alerting devices such as the handheld device programmed to the fire alarm system in the apartment, safety may be compromised.

This technology, along with the additional safety features such as strobe lights that are connected to the fire alarm system, help prevent risk. In this case, technology has allowed an individual to live independently for the first time in his life.

Home Solutions Study

8.41   The Home Solutions Research Study, which was funded by the DECLG and undertaken by the HSE in conjunction with the Department of Health, the Department of Social Protection and local authorities, was launched on 25 March, 2011. The aim of the project was to investigate the benefits of telecare for older people choosing to remain at home. One of the main conclusions of the study was that *"Telecare systems are effective in supporting older people with significant needs to remain at home, even when otherwise assessed as being in need of residential or similar forms of care".*

8.42   The main recommendations of the study include, inter alia:

•   Telecare should be regarded as a substantive ingredient of home care services especially for people with high levels of need and those who are assessed as likely to need residential or similar forms of care;

•   The HSE and DECLG should further develop assessment arrangements and facilities to support the deployment of telecare care services that will support dependent persons;

- Further to consideration by the relevant authorities and bodies, planning and building standards should include provision for the future installation of telecare services in domestic homes, e.g. the provision of a double electric power socket adjacent to telephone sockets;

- The HSE, with the DECLG should assess the added benefit of telehealth[63] and telemedicine[64] services for people with more marked health related needs.

8.43   The recommendations of the study will be examined further in the context of proposals to enable people with disabilities to live more independently in the community.

Conclusions

8.44   The physical accessibility of housing to meet the needs of people with disabilities are currently met, to varying degrees, through the delivery of specific design units, provision of funding for adaptation works and through the effective enforcement of Part M of the Building Regulations. As the population ages there will be an increased demand to make housing more accessible to enable people to remain in their homes for as long as possible. The policy of retrofitting existing dwellings has provided very good outcomes for the people involved, but can be an expensive solution[65].

8.45   Lifetime housing policy is being increasingly utilised to facilitate the needs of an ageing population. There have been some moves in Ireland by housing authorities to design-in lifetime home features in their dwellings in order to meet the needs of people with disabilities at local level. However, there are no Irish standards or guidance in this regard. The concept of lifetime housing policy, and how it applies to the Irish situation, requires consideration. This consideration should also be cognisant of the role of the revised Part M of the Building Regulations in successfully providing for the visitability of all new housing since 2000, by people with disabilities.

8.46   Furthermore, the increasing role of technology in enabling people with disabilities to live more independently in the community has been recognised and should be considered in future policy development.

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[63]   Telehealth comes under the umbrella of telecare within the study.
[64]   Telemedicine is defined in the study as 'the practice of medical care using interactive audio visual and data communications'.
[65]   Funding of some €673 million has been provided over the period 2000 – 2010.

Chapter 9   Mental Health Disability

9.1   The provision of good quality, secure and appropriate housing is recognised as a key factor, in conjunction with education and employment/occupation, in facilitating recovery from, or managing, a mental health disability. The Australian Human Rights and Equal Opportunities Commission found that: *"One of the biggest obstacles in the lives of people with mental illness is the absence of adequate affordable and secure accommodation. Living with a mental illness, or recovering from it, is difficult even in the best circumstances. Without a decent place to live it is virtually impossible"*[66].

9.2   It is essential, therefore, that in developing a national housing strategy for people with disabilities, the specific and complex housing needs of people with a mental health disability be identified and addressed effectively in order to assist in the promotion and sustainment of recovery. A mental health disability is often an unseen disability with the result that it may not be acknowledged how seriously disabling it can be, which can lead to a lack of recognition and understanding by society.

9.3   For the purposes of this strategy, it is recognised that specific housing needs may arise as a result of a mental health disability, for which intervention and treatment may be ongoing, but they may also arise from a single or isolated episodic event, which, although not requiring constant intervention, has a severe impact on a person's ability to access and maintain housing that is appropriate and conducive to recovery.

9.4   A Mental Health Subgroup[67] was established to examine the specific housing issues arising as a result of a mental health disability[68]. To inform the work of the subgroup, research was undertaken by the Housing and Sustainable Communities Agency in relation to the housing and support needs of people with a mental health disability in Ireland.

Data

9.5   It is recognised that there are limitations in existing data in relation to the living arrangements of people with a mental health disability. Census figures from 2006 indicate that 16% of those who reported a disability reported a "psychological or emotional condition"[69] – that is approximately 65,000 people.

9.6   Chart 9.a below illustrates the illnesses causing emotional, psychological & mental health disability reported by respondents to the National Disability Survey (NDS) (the

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[66]   Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of people with Mental Illness. Human rights and Equal Opportunity Commission, Australian Government Publishing Service Canberra 1993.

[67]   The membership of the Mental Health Subgroup is set out at Appendix 2.

[68]   The aims and objectives of the mental Health Subgroup are set out at Appendix 3.

[69]   For the purpose of this strategy, it is understood that the "psychological or emotional condition" category, as recorded in Census 2006, includes people with a mental health disability. All census figures are self reported.

Census did not provide details of causes of emotional / psychological disability). The NDS reported 110,600 people with an emotional, psychological & mental health disability, of these 68,100 recorded an illness as causing their disability. Chart 9.a is a breakdown of that 68,100.

Chart 9.a   Persons with an Emotional, Psychological and Mental Health Disability Reporting an Illness
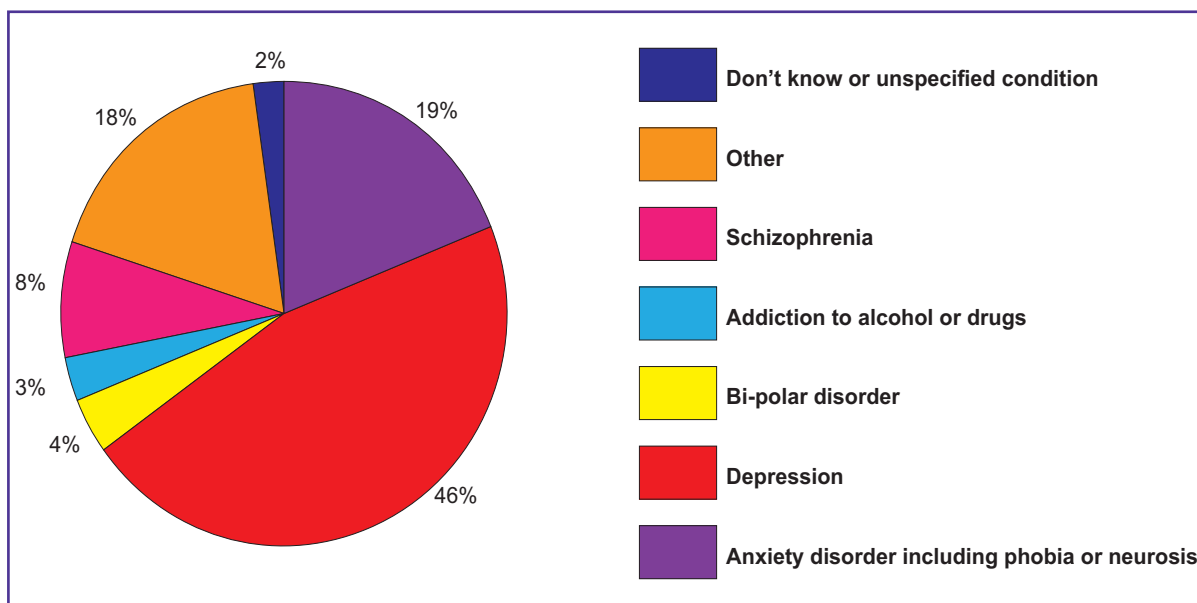
9.7   There is also an important gender dimension to the experience of a mental health disability. According to the World Health Organisation while gender differences in rates of overall mental health problems are negligible, there are high significant gender differences for depression and anxiety[70]. In the NDS, 53% of those with a mental health disability were female compared to 47% male.

Living Arrangements Data

9.8   Most people with a mental health disability live independently in the community or in mainstream housing. From Census 2006 we know that most of those reporting *"psychological or emotional conditions"* are living in owner-occupied accommodation[71] - in some cases the person may own their own home, in others, they may be living with the person who owns the home, e.g. with parents or other family members.

9.9   Approved housing bodies also provide supported accommodation for people with a mental health disability. In addition, people with mental health disabilities reside in

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[70]   Gender disparities in mental health (WHO 2001), www.who.int/mental_health/media/en/242.pdf

hospitals, HSE community based residences and homeless accommodation. The Department of Health has estimated that there are 2,812 in-patients in psychiatric hospitals and units. Table 9.1 below shows a breakdown of this number by length of stay and age. In addition there are some 2,800 people in community-based mental health residences.

Table 9.1:   Age Profile & Length of Stay for In-patients in Psychiatric Hospitals & Units

	Under 18	18-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	N/A	Total
Under 1 week	3	13	24	69	48	55	42	31	13	1	**299**
1-2 weeks	2	4	10	50	38	39	32	19	17	0	**211**
2-4 weeks	2	6	16	47	64	76	42	35	23	0	**311**
1-3 mths	1	5	39	69	80	86	86	58	43	0	**467**
3 mths - 1 year	0	3	13	40	47	63	52	64	56	0	**338**
1-5 years	0	0	12	45	53	67	82	111	124	0	**494**
5-10 years	0	0	1	13	20	39	48	64	75	0	**260**
10-25 years	0	0	0	2	26	47	65	42	55	1	**238**
25 yrs & over	0	0	0	0	4	33	55	48	54	0	**194**
Total	**8**	**31**	**115**	**335**	**380**	**505**	**504**	**472**	**460**	**2**	**2,812**

Source: Irish Psychiatric Units and Hospitals Census 2010

Mental Health Policy

9.10   The Report of the Expert Group on Mental Health Policy, A Vision for Change[72] published in 2006, provides a framework for action to develop a modern high quality mental health service over a 7 to 10 year period. The report recommends the closure of old psychiatric hospitals and the reinvestment of the resources released by these closures in mental health services. Each hospital has a closure plan which will address how services will be provided in the new mental health infrastructure in the community. Closing psychiatric hospitals and substituting institutional care with care in the community has been part of Government policy in Ireland since the 1980s.

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[72]   A Vision for Change, Report of the Expert Group on Mental Health Policy, Government of Ireland (2006)

9.11   A Vision for Change contains the following recommendations regarding housing for people with a mental health disability:

> **Recommendation 4.1:** All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.

> **Recommendation 4.7:** The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with local authorities to ensure housing is provided for people with mental health problems who require it.

> **Recommendation 4.9:** Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.

> **Recommendation 15.2.1:** A database should be established to refine the dimension and characteristics of homelessness and analyse how services are currently dealing with it.

> **Recommendation 15.2.2:** In the light of this information, scientifically acquired and analysed, make recommendations as to requirements and implement them.

> **Recommendation 15.2.3:** The *Action Plan on Homelessness*[73] should be fully implemented and the statutory responsibility of housing authorities in this area should be reinforced.

> **Recommendation 15.2.4:** A range of suitable, affordable housing options should be available to prevent the mentally ill becoming homeless.

> **Recommendation 15.2.7:** Integration and coordination between statutory and voluntary housing bodies and mental health services at catchment area level should be encouraged.

Transition from institutions to community based living

9.12   The transitioning of people with mental health disabilities to community based living has advanced significantly in recent decades. An infrastructure of community residences to provide more appropriate accommodation was developed in line with the mental health policy, Planning for the Future (1984). In the past decade, in response to the age profile of the long-stay population, a programme transferring older residents to more appropriate facilities with mental health support was developed and implemented. The HRB notes that

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[73]   This recommendation from A Vision for Change referred to A Key to the Door, the Homeless Agency Partnership action plan on homelessness in Dublin 2007 – 2010.

"*There has been a considerable decline in the number of patients resident in Irish psychiatric units and hospitals over the last 40 years, with numbers falling from 19,801 in 1963 to 2,812 in 2010*". Table 9.2 below shows the decline in numbers over the period 1990 to 2010. This represents a reduction of 86% in in-patient numbers since 1963 and a reduction of 17% since 2006."[74]   The final closure of these institutions is a key priority in A Vision for Change.

Table 9.2:   Irish psychiatric in-patient numbers 1990 − 2010

Year	Number
1990	7,334
1991	8,207
1992	6,130
1993	5,806
1994	5,581
1995	5,327
1996	5,212
1997	4,817
1998	4,820
1999	4,469
2000	4,230
2001	4,321
2002	3,891
2003	3,658
2004	3,556
2005	3,475
2006	3,389
2007	3,314
2008	* [75]
2009	*
2010	2,812

9.13   Excluding the independent sector there are approximately 1,200 acute mental health beds, and a similar number of continuing care beds catering for a variety of needs on mental health campuses. In addition there are 2,790 places in 363 community residences. A breakdown of these community residences by bed numbers and units are set out in Tables

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[74]   Irish Psychiatric Units and Hospitals Census 2010. Preliminary Bulletin December 2010. Health Research Board.
[75]   There were no census figures available for 2008 or 2009.

9.3 and 9.4[76]. A Vision for Change estimates that mental health services should provide in the order of 2,800 beds/places in total between acute and continuing care beds and high support community residential places.

Table 9.3:   Community Residences – Number of Beds

	High Support	Medium Support	Low Support	Total
HSE Dublin North East	343	96	93	532
HSE Dublin Mid Leinster	257	116	201	574
HSE South	394	60	118	572
HSE West	619	275	218	1,112
National Total	**1,613**	**547**	**630**	**2,790**

Table 9.4:   Community Residences – Number of Units

	High Support	Medium Support	Low Support	Total
HSE Dublin North East	24	15	19	58
HSE Dublin Mid Leinster	19	13	46	78
HSE South	30	8	33	71
HSE West	53	46	57	156
National Total	**126**	**82**	**155**	**363**

9.14   Current Government policy outlined in A Vision for Change details a comprehensive model of mental health service provision. It describes a framework for building and

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[76]   A more detailed breakdown of these figures is contained in Appendix 9.

fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental health disabilities. The policy envisions an active, flexible service where the need for hospital admission will be greatly reduced. Underpinning A Vision for Change is the principle of recovery. This, in effect, means that it is possible for most service users to achieve greater control over their lives and, with the help of appropriate recovery oriented programmes, many could achieve a level of functioning to enable them to live a more independent life in the community.

9.15   A Vision for Change also recommends that "*other agencies must take up their responsibilities in full so mental health services can use their funding for mental health responsibilities. Mental health should not provide the broad range of services which are more appropriately provided elsewhere*". In this context, the policy considers that housing is a matter for local authorities with mental health services providing acute and continuing care beds and high support community residences.

9.16   Broadly speaking, those requiring accommodation supports can be considered to belong to one of the following groups:

•   Service users who are long-term residents of institutional or high support community residences, who may, even with supports, be unable to make the transition to independent living. This group will continue to be the responsibility of mental health services; however, the option to live independently should continue to be offered;

•   Many service users who have spent a long period or several lengthy periods in inpatient or long-stay accommodation may have the potential to either increase their level of independence by transferring to group or individual settings with supports or live independently; however, because of the pattern of their illness they may require periods of respite or indeed acute inpatient care. Key to the successful transition of this group to sustained independent living will be the quality and adequacy of the supports provided to them;

•   The majority of the current and upcoming generation of long-term service users who have little experience of inpatient care and who have not developed a dependency on institutionalised care could, with appropriate peer advocacy support structures, live independently. These service users should be able to successfully access housing and maintain tenancies with the support of the range of services provided by the community mental health teams, the standard tenancy support services provided through the local authority and other community and social supports that may be required from time to time for successful independent living;

- Most service users currently residing in low and medium support HSE accommodation would be capable of making the transition to independent living with the support of the community mental health teams and other community and social supports that may be required from time to time.

9.17   The transition to the new configuration will be implemented on a phased basis and will be subject to a number of variable factors such as ongoing clinical assessment and review of individual service users; discussion with service users, their advocates, where appropriate and their families on their preferred choice of accommodation, the availability of appropriate housing, living environment and tenancy arrangements; the availability of appropriate community mental health services; and the adequacy of other community and social supports required to facilitate independent living. It is envisaged that the new configuration will be implemented during the lifetime of this strategy.

9.18   The HSE report, The Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services[77], reviewed 4,709 long stay beds in the adult mental health services[78]. Table 9.5 below shows a detailed breakdown of these beds.

Table 9.5:   Long Stay Beds in the Adult Mental Health Services

Total community beds	2,790	Total hospital beds	1,919
High support (24/7 care)	1,613	Hospital long stay	1,439
Medium support	547	High dependency/secure	181
Low support	630	Rehabilitation	299

In relation to accommodation, key findings from the review were:

- HSE should withdraw from the management of low and medium supported accommodation;

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[77]   Prepared under the Value for Money and Policy Review Initiative and published in 2009. The census on which figures are based was conducted on 10 October 2007.

[78]   It encompassed all residential accommodation where individuals had been accommodated for more than a year – this included community residences, hospital in–patient units, high dependency/secure units and rehabilitation units, but did not include patients who were receiving acute (short–term) psychiatric hospital care.

- About one quarter of clients in long stay residential mental health services were inappropriately placed and could have their needs met in lower support accommodation;

- Almost two-thirds of people inappropriately placed in long-stay hospital units (approximately 390, including 47 in acute psychiatric units) would be more appropriately placed in community residences;

- A third of those inappropriately placed in community residences (590) required a lower level of support than they were currently receiving or were suitable for independent accommodation.

The first steps in the transition plan should include:

(i)   The transfer of current HSE medium and low support accommodation to local authority management (approximately 1,180 residential places);

(ii)   Local authority sourced accommodation considered for those with low and medium support needs living in high support residences, who are assessed to be suitable to live in such accommodation (The Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services suggests approximately 25% which would equate to 400); and

(iii)   Local authority sourced accommodation considered for the new long-stay population in psychiatric hospitals or acute units, who have low and medium support needs and are assessed to be suitable to live in such accommodation (there are currently 429 people who are more than one year but less than 5 years resident in mental health acute and continuing care facilities).

9.19   An appropriate management framework will be developed immediately between DECLG, Department of Health, housing authorities and HSE in order to facilitate the process. As a starting point, the HSE will make available to local authorities information relating to potential applicants for housing and its own plans for addressing the issue with service users. This identified housing need will be reflected in future housing services plans. This process should be managed in line with the provisions of the new interagency protocol governing the individual assessment of needs of people with mental health disabilities. The establishment of local Housing and Disability Steering Groups will also assist in the facilitation of this engagement.

9.20	The phased timescales for transition will need to be cognisant of the availability of suitable housing options and, in this regard, the full range of housing options[79] available should be considered in order to meet the arising accommodation need. However, it is recognised that certain tenures may prove more suitable for people with mental health disabilities. As a supply mechanism, the transfer of existing low and medium support HSE community residences to the management of local authorities or voluntary housing agencies will be examined. In this context, however, the community residences must be made fit for purpose, including through meeting accessibility needs.

9.21	In order to support the accommodation needs of people in transition from HSE mental health facilities, a funding stream must be identified. Account will also need to be taken of existing demands on local authority social housing waiting lists and the level of funding which will be available to support the social housing investment programme over the period of transitions.

9.22	Furthermore, it is critical that the provision of appropriate housing options be supported by the provision of tenancy supports, as appropriate, and the provision by the HSE or HSE funded service providers, of health and personal social services in line with individual care plans, within the community based setting. The HSE are committed to delivering mental health supports through the multidisciplinary community mental health teams comprising input from psychiatry, nursing, social work, clinical psychology, occupational therapy and clinicians with specific expertise, with agreed flexible protocols for clinical and operational practice adapted to meet service users' needs. Currently, there are 122 community mental health teams across the country. As wards and hospitals close sequentially, the resources will be reconfigured and further teams will be established. It is important to note that, while patients may be discharged from HSE mental health facilities, they will remain as service users and will have access to the full range of mental health supports, including home based treatment, day hospital, outpatient facilities and in-patient units.

9.23	Table 9.6 details the geographical spread of people who could potentially require local authority sourced accommodation.

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[79]	Accommodation options:
- Lease / build / purchase by local authorities and approved housing bodies;
- Rental Accommodation Scheme (RAS), including RAS type contracts for non–rent supplement households;
- Private rental sector (including short term income support – rent supplement);
- Adaptation grants in respect of private and social dwellings.

Table 9.6: **Geographical spread of people potentially requiring local authority sourced accommodation**[80]

Area	(1) New Long-Stay Patients	(2) Medium Support Community Residences Bed Numbers	(3) Low Support Community Residences Bed Numbers	(4) Total
Louth Meath	9	6	10	25
Area 6 (Dublin North West)	30	37	7	74
Cavan Monaghan	8	0	40	48
Area 7 (Dublin North)	70	12	28	110
Area 8 (North County Dublin)	30	41	8	79
Area 3 (Dublin South)	10	10	20	40
Area 2 (Dublin South East)	14	12	0	26
Area 4 – 5 (Dublin South and South West)	9	43	21	73
Area 1 (South County Dublin)	2	15	15	32
Area 9 Kildare	2	5	16	23
Area 10 (East Wicklow)	11	0	44	55
Laois Offaly	15	15	53	83
Longford Westmeath	12	16	32	60
Carlow Kilkenny	22	8	19	49
Kerry	10	0	0	10
North Cork	17	0	0	17
South Lee	13	0	0	13
North Lee	2	0	0	2
South Tipperary	12	10	37	59
North Tipperary**				
Waterford	18	10	45	73
Wexford	13	20	17	50
West Cork	0	12	0	12
Limerick	22	35	20	77
Roscommon	0	22	0	22
Galway East	7	58	79	144
Galway West	7	32	23	62
Sligo Leitrim	10	10	34	54
Donegal	12	36	29	77
Clare	9	33	18	60
Mayo	21	49	15	85
Carraig Mor, Cork	12	0	0	12
Total	**429**	**547**	**630**	**1,606**

** North Tipperary is located in HSE West but access long stay services in South Tipperary i.e. HSE South.

(1) HRB Census, 2010 – New Long-Stay Patients (1 < 5 years) (excludes CMH and St Ita's ID Service but includes new long-stay in Victorian & older psychiatric institutions – see Table 2)

(2) Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services Report (October 2007).

(3) Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services Report (October 2007).

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[80] In addition to the 1,606 individuals identified in Table 9.6, there are approximately a further 400 people with low and medium support needs, currently living in high support residences, who may be suitable for more independent living (The Efficiency and Effectiveness of Long–Stay Residential Care for Adults within the Mental Health Services)

9.24   The transition of people with mental health disabilities from mental health facilities to more appropriate community settings should reflect existing good practice and must be supported by all agencies involved in the delivery of services to people with disabilities.

9.25   The following case studies are examples of how agencies are working to address the housing needs of people with mental health disabilities, including those leaving mental health facilities as provided for under A Vision for Change.

Case Study 9.1: HSE South[81]

In 2007 the HSE South drew up a 5 year plan for the development of mental health services in County Wexford. The plan had 2 main elements, the development of community mental health services and the closure of St Senan's Hospital.

During the period 2007 – 2010, service provision at St Senan's Hospital was reduced through the relocation of residents to more appropriate accommodation in the community and the reduction of the number of hospital beds from 171 to 85. Simultaneously, community mental health services were developed and include, inter alia:

•   New Community Mental Health Centres opened in New Ross and Gorey;
•   Relocation of 22 elderly long stay residents to nursing home care with relevant supports and the redeployment of staff to community mental health services development;
•   Extension of day care services in Wexford town and Enniscorthy;
•   Closure of one intellectual disability unit in St Senan's Hospital and the residents relocated to a purpose built unit at Oylegate, with the assistance of Wexford Mental Health Association.

The most recent report from the Inspector of Mental Health Services in 2010 recognised that considerable work has been completed to close wards in St Senan's Hospital and provide appropriate alternative accommodation in the community to develop community based services.

During 2011/2012, HSE South will complete the process for the total closure of long stay accommodation at St Senan's Hospital with the implementation of a significant capital investment programme and community based services development, including the opening of a purpose built 12 bed high support/rehab hostel in Enniscorthy, which is expected to be available for occupation by end 2011. Funding has been secured for the development of a further 3 high support residences in Enniscorthy. A Community Nursing Unit is being

[81]   Source: HSE

developed in the grounds of Wexford General Hospital and is expected to be available for occupation in late 2012. Admissions to St. Senan's Hospital ceased on 28 February as required by the Mental Health Commission.

The HSE South's plan has ensured that reorganisation of acute services will enable service users to be treated closer to their homes whilst maintaining clients' links to their families and communities minimising the impact on their daily lives whilst reducing the number of acute beds by up to 30%.

Case Study 9.2: Monaghan County Council and St. Davnet's Hospital[82]

St Davnet's Hospital is a mental health services hospital in Monaghan with two long-stay wards, one admission unit and home-base treatment, rehabilitation and psychiatry of later life teams. When an individual is due to be given a discharge date from St Davnet's and a housing need is identified, Monaghan County Council is notified and the local authority social worker will visit the individual to discuss his/her needs. The hospital draws up a care plan, with the patient present, in agreement with other service providers (e.g. local authority, community-based support providers). A holistic approach is taken where the individual's proximity to family members, the local town, education and work are considered.

From the local authority perspective, the intent is to ensure that a successful tenancy ensues, and therefore the individual's housing need is considered in the context of supports being available (this would include, for example, providing a second bedroom for a carer) and placement where a person would not experience harassment by other tenants. More often other tenants can be very helpful, acting to identify problems with a person who has experienced mental illness and communicating this through community groups and residents' associations – this was considered invaluable by the local authority and the mental health team as it was felt that early identification could prevent major problems for the individual at a later date.

Not everyone on the housing list with mental health disabilities will be accessing housing from the hospital. The local authority also identifies people on the housing waiting list with

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[82] Review of the Housing and Support Options for People with Mental Health Related Housing Needs (Housing & Sustainable Communities Agency, 2010)

medical certificates. Their application form includes consent for the local authority to contact medical services. The following three questions govern these enquiries:

What services are working with the person?
Is the person capable of independent living?
Where is the most suitable place to house this person?

Particular care is taken when a person is moving into the private rented sector with rent supplement, to ensure that the accommodation is suitable and of a reasonable standard. This is considered important from a sustainability point of view. Regular contact with tenants provides an early warning system if problems should arise that might require the intervention of the local mental health team. In this way, problems are identified at an early stage and can be tackled before becoming more entrenched. Early identification of rent arrears was also considered important in preventing the situation.

Monaghan County Council and St Davnet's have established good communication links and both service providers seek to be consumer-orientated, with the intent of providing long-term solutions that are best served through cooperation at the early stages of planning. These relationships are well-established, and are maintained even when staff move on.

Specific Housing Needs of People with a Mental Health Disability

9.26   It is recognised that effectively meeting the housing needs of people with a mental health disability requires an integrated, flexible and responsive approach and should be addressed as part of mainstream housing policy. Furthermore, it is recognised that people with a mental health disability can be at greater risk of homelessness. The key issues outlined below have been recognised as areas which must be addressed in order to achieve sustainable housing for people with a mental health disability. More broadly, it is recommended that, in order to support housing authorities and voluntary agencies in the provision of housing services, specific guidance on responding effectively to the housing needs of people with mental health disabilities should be developed. It should be noted that the National Office for Mental Health at the HSE has established a social housing advisory group to develop guidance for HSE mental health services on the engagement of mental health services in issues relating to the housing needs of service users in the context of the implementation of both A Vision for Change and the new Housing Strategy for People with a Disability. The group includes representation and expertise from mental health services, local authority housing services, mental health service users, carer and advocacy groups and the social housing sector.

(a)   Assessment of Individual Housing Need

9.27   A mental health disability is, in many respects, an unseen disability, insofar as the disability cannot usually be visually recognised. People with mental health disabilities may also be less likely to disclose their disability due to concerns over confidentiality, stigma and lack of information regarding the reasons for, and benefits of, disclosing medical history. It can also be extremely difficult to classify the nature and severity of a mental health disability and the consequent requirement for additional supports that such classification might indicate.

9.28   Applicants and their advocates, where appropriate, should be informed that disability, including a mental health disability, is one of the grounds under which housing needs can be considered. Making the housing authority aware of a disability will mean that the authority can plan to meet the specific needs arising and to consider individual needs and additional supports required from other agencies in the allocation process. Disclosure of a disability, supported by medical evidence will allow an applicant to be considered for appropriate prioritisation[83]. As outlined in chapter 6, the new assessment of housing need process provides a mechanism to determine the specific housing needs that may arise from the type or nature of a person's disability.

9.29   There may be a perception that, as housing authorities have traditionally provided mainly family accommodation, they may be unable to meet the housing needs of people with a mental health disability, particularly single person households. In this context, the availability of housing options such as long term leasing and RAS will assist in the provision of a more diverse housing stock and in the achievement of mixed tenure sustainable communities, by providing accommodation outside of traditional local authority estates. This provides an increase in housing options suitable for people with a mental health disability. The role of disability and other voluntary organisations in promoting awareness of the assessment of need process is recognised. These organisations also have a role to play in increasing awareness of the availability of housing options for people with a mental health disability outside of traditional social housing.

9.30   There has been some concern that some housing authorities might not always consider people with a mental health disability currently residing in HSE community residences, family homes or hospitals as a priority for housing as they might be perceived as

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[83]   Applicants should also be made aware that prioritisation in this context does not necessarily mean that suitable housing will be available immediately.

being appropriately housed[84]. This strategy supports the policy of community based living and access to mainstream housing provision, where appropriate, for people with mental health disabilities, who have low or medium support needs. Mental health services have a key role to play in assisting and facilitating referral and access to housing.

(b)   Management of Housing Process for People with a Mental Health Disability

9.31   Applications for housing services by people with a mental health disability need to be carefully managed by local authorities. Engaging with authorities in respect of housing applications can prove extremely challenging for many people with a mental health disability, particularly if they do not have family or advocacy support. Difficulties can arise in respect of applicants who frequently change address, are admitted to hospital for treatment or are unable to engage effectively with the housing authority by virtue of their disability. Where necessary, a housing authority should make appropriate arrangements to assist a person with a mental health disability through the housing application process. For example, where applicants fail to reply to letters from an authority, it is considered good practice to implement measures, at the discretion of the authority, to check as far as possible, if applicants are no longer in need of housing or have left the area. This approach can be supported with ongoing liaison with the HSE.

(c)   Security of Tenure

9.32   Security of tenure is a critical issue for people with mental health disabilities. A stable home is vital in promoting recovery and insecurity or uncertainty regarding accommodation can exacerbate a mental health disability. People may be at risk of relapse where tenure is lost or in doubt. Issues may also arise regarding the sustainment of tenancies where people may have to enter hospital for treatment for long periods. However, this does not imply that certain tenures cannot be considered for people with mental health disabilities. People with a mental health disability, in common with others, have changing needs throughout their lifecycle – in this context, a variety of tenures may provide appropriate solutions. As previously outlined, housing schemes such as RAS and long term leasing, given the length of contract involved and the diversity of locations, may be particularly suitable for people with mental health disabilities. In the case of private rented accommodation, the Residential Tenancies Act, 2004 has significantly improved the security of tenure of tenants in rented properties. Tenancy sustainment services and early intervention mechanisms are crucial in assisting people with mental health disabilities to manage and resolve tenancy difficulties. Furthermore, supportive work undertaken by the

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[84]   The VFM report on the Efficiency and Effectiveness of Long Stay Residential Care for Adults within the Mental Health Services noted that people in residential mental health services have a reduced chance of being housed by their local authority, as these people are not seen as a priority by local housing authorities because they are being accommodated by the HSE. The report also noted the existence of mental health ghettos, quoting an example where more than 50% of community residences in one area are located on one street.

HSE and disability organisations with the families and carers of people with mental health disabilities is essential in order to assist in strengthening, and thereby preventing, the breakdown of support mechanisms.

9.33   All relevant agencies need to be cognisant that people may develop a mental health disability when they are already in appropriate long-term housing. In such cases, where the acquired disability may affect the person's ability to maintain their housing, community mental health teams and housing authorities, and other relevant providers must engage with a view to providing appropriate support. Provision of support to carers and families is also necessary. Research[85] has shown that the preferred accommodation of a significant number of people with mental health disabilities is their family home. Therefore, priority should be given as far as possible to support the family unit and prevent breakdown.

(d)   Design and Location Considerations

9.34   To be conducive to recovery, housing for people with a mental health disability should be secure, amenable, reflect customer choice, in so far as is possible,[86] integrated into local communities and incorporate flexible, individualised and accessible supports. Choice, location and design of dwellings are of paramount importance in assisting in the management of a mental health disability.

9.35   People with a mental health disability can be particularly vulnerable to anti-social behaviour and this should be taken into account when allocating housing. Anti-social behaviour can have a profoundly negative impact on individuals who are prone to delusional behaviour or spells of acute paranoia or anxiety. Under the Housing (Miscellaneous Provisions) Act 2009[87], each housing authority is required to adopt an anti-social behaviour strategy for the prevention of anti-social behaviour in its housing stock. These strategies address local authority housing, long term leasing, RAS accommodation, tenant purchase properties and halting sites. The strategies include complaints procedures, prevention and reduction plans and the education of tenants. They are formed in consultation with Joint Policing Committees, An Garda Síochána, HSE, local drugs task forces, estate management committees, etc. and adopted by local authority members. It is recommended that relevant disability organisations are also consulted in the preparation of anti-social behaviour strategies.

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[85]   A study of homeless mental health service users in Dublin found that 59% stated that they would prefer to live with others and that the first preference (42%) is to live with their families.   Cowman J. (2008) Descriptions of housing and support preferences of homeless mental health service users in Dublin (unpublished thesis)

[86]   Increased choice and control on the part of persons with a disability leads to increased perceptions of quality of life and community adjustment – (Nelson et al 2006)

[87]   Section 35 of the 2009 Act was brought into operation on 1 December 2009 by S.I. 449 of 2009. Local authorities were required within one year of the coming into operation of this section, to draw up and adopt an anti–social behaviour strategy.

9.36　The following factors are recognised as contributing to an ideal residence in the community, conducive to recovery:

•　　　Property should be bright and of a high decorative and functional standard;

•　　　Located in a settled / mature community;

•　　　Provide a quiet and restful environment;

•　　　Provide space and privacy to the tenant;

•　　　Be close to public transport services;

•　　　Be convenient to shopping, church and other community services including education, training and community day services, amenities and recreation facilities;

•　　　Provide easy access to health services; and

•　　　Provide access to fresh air and greenery.

9.37　In general, single unit residences in an area with good access to services and public transport are factors that should be considered in the allocation of housing for most single people with a mental health disability. It is recognised and accepted that it may not be possible to provide all these; however, consultation with the applicant and their advocate, where appropriate, may assist the housing authority in establishing the most crucial factors. Certain features, which are frequently detrimental to the health, safety and welfare of tenants with a mental health disability, should be avoided, e.g:

•　　　Estates with significant anti-social behaviour;

•　　　Estates with a large young population;

•　　　Corner sites;

•　　　Sites deep in an estate, necessitating passage through it;

•　　　Locations isolated from the community; and

•　　　Locations too close to sport / recreation areas or those close to main roads with heavy traffic (these may have an increased level of noise irritation).

(e)   Raising Awareness of Mental Health Disabilities

9.38   It is accepted that some statutory and voluntary agency personnel, and indeed the wider community, can lack an adequate understanding and awareness of the specific nature of the housing needs of people with a mental health disability. Local authority personnel do not, in general, systematically receive formal training on the specifics and complexity of mental health related housing needs. Such training would assist housing authority personnel in understanding and dealing more effectively with vulnerable people. This would also assist in promoting better understanding and appreciation of the important role that housing plays in the recovery process. HSE mental health staff and service user representatives of non-statutory mental health organisations could be considered as providers of this training.

9.39   It may be necessary to recognise and endeavour to address fears, perceptions and prejudices which can exist in communities in relation to people with a mental health disability and the effect such attitudes may have as regards provision of housing. This could be assisted by including staff in housing authorities and approved housing bodies who deal with estate management / tenant liaison issues in the training referred to above. Guidelines issued by the Centre for Housing Research (now part of the Housing and Sustainable Communities Agency) in 2006 recognise "t*he importance of social and community structures ranging from families to residents' associations to community organisation in generating and maintaining the social and economic infrastructure of an estate.*"[88]

9.40   The National Economic & Social Forum Report on Mental Health and Social Inclusion (2007) recognised that community activities can enhance positive mental health and mental health recovery. The report recommended, inter alia, that community support services such as volunteering, befriending and mentoring programmes should be supported in local communities, in tandem with the community and voluntary sector and official bodies.

9.41   General awareness raising campaigns, such as that carried out by the HSE and the National Disability Authority in 2009 to raise awareness of mental health disabilities may help to reduce concerns and prejudices amongst the general population. A national stigma reduction campaign, See Change[89] was launched by the Minister for Disability and Mental Health in 2010. The aim of the campaign is to positively change social attitudes and behaviour, to inspire people to challenge their beliefs about mental health disabilities, to be more open in their attitudes and behaviour and to encourage people in distress to seek help. A network of national and local organisations across the country are carrying the anti-stigma

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[88]   Good Practice in Housing Management: Guidelines for local authorities, Regenerating Estates, Rebuilding Vibrant Communities, 2006, (Centre for Housing Research).

[89]   See website www.seechange.ie for more information on the campaign.

message through a series of community fora meetings, local broadcasts, local print media and a range of other activities.

9.42   A Sustainable Communities Fund was established by DECLG in 2007 to provide funding to local authorities on a project-by-project basis for initiatives that provide for housing renewal and improvement of the housing stock and living environments. To date, payments of almost €6.5 million have been made from the Fund, with payments of €1.285 million made in 2010. The funding provides for projects in areas such as equality, diversity and special need initiatives as well as initiatives in the areas of supported housing, tenancy sustainment and case management for people who face multiple challenges. The fund continues in 2011, approximately 40 individual project applications are currently under consideration for inclusion in the programme.

9.43   The following case study is an example of a befriending service to support people with mental health disabilities within the community.

Case Study 9.3: North Dublin Befriending Service[90]

The North Dublin Befriending Service is a voluntary one to one support service, funded by the HSE, for people who are living in the community and experiencing a mental health disability. Befriending is a relationship between a volunteer befriender and a befriendee which operates within a structural framework. This is usually a time limited relationship which enables a person to widen their own social network, increase independence and make informed choices, so enabling them to live life to the full. Befriending involves matching a person who has a mental health disability (befriendee) with a trained volunteer (befriender). The service is led by co-ordinators who provide the training, support, supervision and on going training. Volunteer befriending can play a valuable part in helping someone who has experienced mental health difficulties alleviate the problem of social isolation.

Isolation is a common problem for people suffering from a mental health disability and research has shown that support and social interaction is vital to assist in recovery. The North Dublin Befriending Service hopes to bring people together for positive, supportive relationships that will reduce the isolation often felt by those with a mental health disability. The stigma around mental health disabilities can often mean that individuals struggle to reach out to people around them. This can create a vicious cycle - where people with mental health problems are isolated within the community even though they need support and friendship to help them get well.

[90]   It should be noted that the North Dublin Befriending Service is an initiative which was initially funded by a Dormant Accounts grant. At the end of the funding period the HSE took up the commitment to maintain the support to the North Dublin Befriending Service.

The North Dublin Befriending Service has gained endorsements from Mental Health Europe as a model for best practice for social inclusion and also received a HSE Achievement Award in Adopting and Adapting Good Practice.

(f)   Housing and Supports

9.44   Some people with mental health disabilities cannot currently or may never be able to live a fully independent life. In such cases, accommodation with on-site supports may be necessary for those who are unable to live independently in mainstream housing. The case study below is an example of a voluntary organisation providing accommodation for people with mental health disabilities who require additional supports.

Case Study 9.4: HAIL Housing[91]

The Housing Association for Integrated Living (HAIL) is an example of a voluntary organisation that provides accommodation for people with mental health disabilities who require additional support to live independently in the community.

HAIL properties are purchased through the Capital Funding Scheme provided by DECLG. All of the properties have own door access and are dispersed throughout larger housing developments. HAIL takes referrals from psychiatric services, local Community Mental Health Teams and from homeless and transitional services. A permanent tenancy is a core component of the HAIL policy. Successful applicants are given a pre-tenancy preparation which varies in accordance with their position on the lifecycle. In the case of younger applicants, who have had little experience of living alone, this can include independent living skills such as cooking and cleaning. The settling period usually takes between 6 – 18 months.

HAIL employs a number of settlement/support workers who are not medically trained and this service does not seek to replace mainstream clinical services but to maintain a strong line of communication with duty community psychiatric nurses. This is vital in cases where symptoms of deterioration are noticeable and service users may be relapsing. Tenants are introduced to their new communities and the key services they will need to maintain their tenancies, e.g. banks, post offices, shops, etc. Tenants are also encouraged to link into appropriate community education, therapeutic and employment opportunities.

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[91]   Review of the Housing and Support Options for People with Mental Health Related Housing Needs (Housing & Sustainable Communities Agency, 2010)

During regular visits support staff carry out reviews with tenants to establish their current needs, prioritise them and develop action plans with the tenant to address them.

An important aspect of this model is the maintenance of strong linkages with housing authority staff, homeless services and local community mental health services. This enables tenants to link in with services as required to ensure their continuum of recovery and, in some cases, facilitate the transition to more independent living. Links to community education and employment initiatives are particularly important in this area. HAIL housing is located in the community, with general needs and privately owned housing, thereby avoiding ghettoisation and reducing the stigma associated with mental health disabilities.

Housing First Model

9.45   A traditional model of housing for people progressing from intensive support arrangements (such as hospitals) to independent living has been that they live for a time in "transitional" or "step-down" housing (supported housing but with less support than the intensive support of hospitals / in patient units). This model has been particularly used for formerly homeless people. However, recent research[92] indicates that a "housing first" approach achieves better outcomes for people. Under this model a person is assigned long-term accommodation and support is provided in this accommodation, with the support typically tapering out as the person becomes more accustomed to independent living. Its success is based on the fact that the person is supported to live in the community which will be their long term home, unlike transitional housing where a person learns to live semi-independently in one location and is then uprooted to live in a different location, dealing with the associated stress of moving and settling in again.

(g)   Homelessness and Mental Health Disabilities

9.46   The current Government strategy on homelessness, The Way Home: A Strategy to Address Adult Homelessness 2008 – 2013, recognises that a mental health disability is a risk factor in becoming homeless and refers to the fact that mental health disabilities, and also addiction problems, have a higher prevalence in the homeless population than in the general population. The Dublin Joint Homeless Forum, formally the Homeless Agency, reports that a minimum of 24% of adults who are accessing homeless services have disclosed a diagnosed

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[92]   For example, Edgar and Geertsema (2008) highlight the 'rather positive results of the "Housing First" approach gaining much influence in the United States'; and refer also to 'a tendency across Europe to move from place centred approaches to person centred provision, i.e. from supported housing to support in housing.' The Homeless Agency evaluation of services 2008 also states "There is a growing literature, mainly from the USA, which asserts that the housing first approach leads to better outcomes than the traditional route."

mental health disability[93]. This figure only includes people who have a formal diagnosis. Further, Lawless and Corr (2005)[94] investigated psychiatric health in a sample of the homeless population. Almost half the respondents (48%) reported having concerns about their psychiatric health. Of the sample, 42% had had a psychiatric assessment, 30% had been admitted to a psychiatric hospital, and 30% had been diagnosed with a psychiatric illness. Other studies in Ireland estimate that 37%–50% of the homeless population has mental health problems (Holohan, 1997; Smith et al. 2001), and for Northern Ireland, estimates stand at around 37% (McGilloway and Donnelly, 1996).

9.47   Discharge from mental health facilities is recognised as one of the triggers that can lead to homelessness. The HSE Code of Practice for Integrated Discharge Planning is the HSE policy for all admissions and discharges since November 2008.   It reflects a model specifically developed around acute hospital discharges. However, its discharge planning, while not specific to people who are homeless or people with a psychiatric illness, is a template to be implemented within all HSE services including mental health. This HSE document has been sent to all managers with responsibility for mental health services.

9.48   Since January 2010, a guidance document from the Mental Health Commission, Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre, has been in place. This makes specific reference to the discharge of those who are homeless from the psychiatric services.

9.49   Both of the above documents now offer both a policy statement and a guidance statement on the discharge of people from the psychiatric services.

9.50   The Dublin Joint Homeless Forum has developed a data system which will streamline data in relation to homeless people. This will include information on the mental health status of homeless people, allowing services to better respond to their mental health needs. The development of this new client based data system (PASS) was completed towards the end of 2010 and training of the system was rolled out to statutory and voluntary homeless services. In January 2011 the system went live and it is currently being rolled out to all statutory funded homeless services in Dublin.

Slí Scheme – Support to Live Independently

9.51   The Slí Scheme was launched in June 2009 and assists people progress from homelessness to independent living in mainstream housing and forms an important element in ending long term homelessness, by coordinating appropriate tenancy and other supports to meet individual need within local community settings. In addition to providing

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[93]   Source: Holistic Needs Assessment.

[94]   Lawless M and Corr C (2005) – Drug use among the homeless population in Ireland.

mainstream housing, the scheme provides housing support, on a reducing basis, to homeless people who have potential to progress to independent living following a period of support. The HSE retains responsibility for care / medical related supports, where necessary. This scheme includes in its target group, formerly homeless people with a mental health disability, who meet the criteria of the scheme. The SLí Scheme, which commenced operation in Dublin in the last quarter of 2010, is an example of the use of the "housing first" model through the provision of mainstream housing and housing supports. Accommodation is sourced through the local authority leasing scheme or unsold affordable units. The provider of supports was determined by a tendering process and supports are funded by savings on current funding for homeless services (under Section 10 of the Housing Act 1988). The potential for developing a scheme of tapered supports to underpin independent living for people with mental health disabilities moving from institutional settings, similar to the Slí scheme, should be considered.

Conclusions

9.52 Appropriate and secure housing is a key element in the continuum of care for people with a mental health disability, including by assisting in the management of the disability and providing a pathway to recovery. Many people with disabilities may have their housing needs met through the various mainstream supply mechanisms available, provided that essential community based supports are in place.

9.53 A Vision for Change supports the transition of people with low and medium support needs from HSE mental health facilities to more appropriate community based arrangements. The effective implementation of this process will necessitate the development of a management framework between relevant agencies and will be managed in line with the availability of suitable housing options and the provision of community based supports underpinning individual need.

Chapter 10 Intellectual Disability

Definition

10.1   An intellectual disability is recognised as involving a greater than average difficulty in learning[95]. A person is considered to have an intellectual disability when the following factors are present: general intellectual functioning is significantly below average; significant deficits exist in adaptive[96] skills and the condition is present from childhood.

Introduction

10.2   To enable people with disabilities to live full and participative lives, including having control over how and where they live, it will be necessary, in many cases, to radically change the way in which accommodation is provided to people with intellectual disabilities. Traditionally, the housing needs of people with intellectual disabilities have been met by the health services or by family members, with people generally residing in a family home or in residential settings. This, in turn, has meant that many individuals are unaware of how to access mainstream housing in order to live more independently in the community. These issues are of particular relevance in the context of developing new directions in policy to facilitate the transition of approximately 4,000 people currently living in congregated settings to more appropriate community based arrangements[97].

Current Accommodation Status

10.3   Table 10.1 below shows the main residential circumstances of people with intellectual disabilities as reported by the National Intellectual Disability Database (NIDD)[98]. The NIDD[99] provides detailed information on the residential circumstances of people with intellectual disabilities at local level, including the numbers of people who require a full time residential service (who currently are not in receipt of any residential service) and can be used as a tool to facilitate strategic planning for those people who may have a housing need in the future.

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[95]   Inclusion Ireland definition.

[96]   Adaptive skills are those everyday life skills needed to live, work and play in the community. They include communication, self–care, home living, social skills, health and safety, basic reading and writing, mathematical skills.

[97]   Report of the Working Group on Congregated Settings, published by HSE on 28 June 2011.

[98]   The NIDD is in the process of disaggregating information by electoral district which will enable easier cross referencing by local authority area. It is expected that this work will be completed in 2011.

[99]   It should be noted that the NIDD captures details of 90 – 95% of people with intellectual disabilities – it is understood that those with mild intellectual disabilities and very young children are likely to be under–represented on the database.

Table 10.1: Main Residential Circumstance of People with Intellectual Disabilities, 2009[100]

	Under 18	18 and over	All ages
Home setting	**7,849**	**8,893**	**16,742**
At home with both parents	6,059	5,277	11,336
At home with one parent	1,544	2,429	3,973
At home with sibling	7	883	890
At home with other relative	53	146	199
Lives with non-relative	2	28	30
Adoption	11	15	26
Foster care and boarding out arrangements	173	115	288
Independent setting	**0**	**992**	**992**
Lives independently	0	654	654
Lives semi-independently	0	338	338
Community group homes	**86**	**3,885**	**3,971**
5-day community group home	35	404	439
7-day (48 week) community group home	12	566	578
7-day (52 week) residential centre	39	2,915	2,954
Residential setting	**39**	**2,885**	**2,924**
5-day residential centre	6	63	69
7-day (48 week) residential centre	15	352	367
7-day (52 week) residential centre	18	2,470	2,488
Other full time residential services	**51**	**1,305**	**1,356**
Nursing home	0	156	156
Mental health community residence	0	53	53
Psychiatric hospital	0	277	277
Intensive placement (challenging behaviour)	13	462	475
Intensive placement (profound or multiple handicap)	20	249	269
Occupying a full time support place	7	49	56
Other full time residential service	11	59	70
No fixed abode	**0**	**17**	**17**
Insufficient information	**3**	**61**	**64**
	8,028	**18,038**	**26,066**

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[100]   Annual Report of the National Intellectual Disability Database Committee – Kelly et al, 2009, HRB Statistics Series 8, 2010

10.4   The data shows that the majority of adults with intellectual disabilities live in home settings (49%), with significant numbers also living in community group homes (21%) and residential settings (23%). In 2009, 330 people with an intellectual disability resided full time in mental health service facilities, either in psychiatric hospitals (277 individuals) or in mental health community residences (53 individuals).

Transition from Institutional to Community Based Living

10.5   Deinstitutionalisation refers to the move away from housing people with disabilities in residential institutions, where all services were generally provided on site, to community-based settings. Large residential institutions, while maximising the pooling of support services, segregate residents from the community and from normal social life. Research has demonstrated that such institutions are not able to deliver the same quality of life for their residents as community based alternatives[101]. Additional information in relation to residential services for people with disabilities is contained in Appendix 10.

10.6   Extensive international research, spanning over thirty years, consistently points predominantly towards a better quality of life for people with disabilities in community settings compared to living in institutional care. In 2009, the NDA published a review of existing research comparing dispersed and clustered community housing for disabled adults which found that "*dispersed housing appears to be superior to clustered housing on the majority of quality indicators studied*"[102]. It should be noted that the review also differentiates between village communities[103] and other types of clustered settings and highlights that the village communities model has some benefits for people with less severe disabilities[104]. The review concludes that although this model is an important part of service provision, it is not one which can be feasibly provided for everyone.

HSE Working Group on Congregated Settings

10.7   A high level national steering group was established by the HSE in 2007 to develop proposals to deliver community based, person-centred responses for people living in congregated settings. Membership of this group included the Department of Health, Inclusion Ireland, representatives of service providers, Disability Federation of Ireland and the National Disability Authority.

[101]   Included in Society – Results and Recommendations of the European Research Initiative on Community–Based Residential Alternatives for Disabled People, European Commission, 2003.

[102]   Mansell, J and Beadle–Brown, J, 2009, Dispersed or Clustered Housing for Disabled Adults: a systematic review.

[103]   This model involves carers/volunteers living and working along with residents with a disability.

[104]   In the physical well–being domain, clustered settings have been found to be superior in hours of recreational activity, contact with dentists, psychiatrists and psychologists, some health screening, some aspects of safety, contact with family and friends, visitors to the home and satisfaction with relationships. However, in many of these cases the better results refer only to village communities and not to campus housing or clustered housing. (Mansell, J and Beadle–Brown, J, 2009, Dispersed or Clustered Housing for Disabled Adults: a systematic review)

10.8   The guiding principle of the working group is that 'each client is a citizen of the State. No service provider, third party or the HSE own a client and can solely determine or control the services and supports to be provided to that individual.'

10.9   The key objectives of the working group were:

• To identify the number of congregated settings and the numbers of people currently living in these settings (defined as 10 or more persons); to develop a profile of the client group in each setting in terms of numbers, age, nature of disability and support needs; and the costing of their current service;

• To specify a framework to guide the transfer of identified individuals from congregated settings to the community, based on best practice and up to date research;

• To indicate the likely capital and revenue cost requirements of implementing this framework;

• To outline an overview of the current situation so that priorities, if necessary, can be decided; and

• To present the information gathered in this process to aid in the future direction of future policy development in terms of the living arrangements for people with disabilities.

10.10   This group defined congregated settings as living arrangements (whose primary purpose is the provision of services to people with intellectual, physical or sensory disabilities) where ten or more people share a single living unit or where the living arrangements are campus-based. Settings de-designated[105] under health legislation were included under the terms of reference for congregated settings. People living in mental health settings that are not de-designated were not included in the terms of reference of the working group as the needs of this cohort are due to be addressed through the implementation of the national policy on mental health services set out in A Vision for Change. People with disabilities living in nursing homes, in residential services for people

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[105]   People living in units de–designated under either the Mental Treatment Act, 1945 or the Mental Health Act, 2001 were included in the scope of the project. The term 'de–designated unit' usually refers to accommodation on the grounds of psychiatric hospitals. The de–designated units are dedicated intellectual disability services with a separate management structure to the psychiatric structure on the same campus.

with autism and in 'intentional communities[106]' were not included in the scope of the terms of reference of the working group. A number of those who will require housing have multiple disabilities and it will be important that the full range of their needs is assessed and met. The working group found that over 4,000 people lived in congregated settings in 2008 of which 93% had an intellectual disability as their primary disability and 7% had a physical disability. A breakdown of these congregated settings by location and number of residents is set out in Table 10.2[107].

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[106] An intentional community is a planned residential community designed to promote a much higher degree of social interaction than other communities. The members of an intentional community typically hold a common social, cultural, political or spiritual vision. They also share responsibility and resources. In the Irish context, intentional communities include Camphill Community and L'Arche Community.

[107] The number of residents and location is based on a survey carried out in 2008 as part of the HSE Review of Congregated Settings. Since 2008 the numbers residing in such settings have been reduced to approximately 3,600 and the HSE has plans in place to move a further 50 people to community based settings in 2011.

Table 10.2:   Congregated Settings – No. of Residents & Location, 2008

Name of Centre	No. of long-term residents 2008	County
St Dympna's Carlow	8	Carlow
St Dympna's Hospital 2	15	Carlow
Cheshire Tullow	21	Carlow
Gurranabraher	30	Cork
Cheshire Glanmire	30	Cork
St Raphaels Youghal	160	Cork
Upton	44	Cork
Lota	58	Cork
COPE	340	Cork
Bundoran	14	Donegal
Carndonagh	23	Donegal
Stranorlar	29	Donegal
Cheshire Letterkenny	10	Donegal
Navan Road	101	Dublin
Glenmaroon	39	Dublin
St Rosalie's Portmarnock	19	Dublin
Temple Hill	30	Dublin
Clonsilla	145	Dublin
Stewarts	214	Dublin
Cheeverstown House	88	Dublin
Peamount	135	Dublin
The Children's Sunshine Home	26	Dublin
St Ita's Hospital	164	Dublin
Cheshire Herbert St	14	Dublin
Cheshire Monkstown	24	Dublin
Cheshire Phoenix Park	22	Dublin
St Michaels House Ballymun	44	Dublin
St Michaels House Baldoyle	37	Dublin
St John of Gods Islandbridge	20	Dublin

Name of Centre	No. of long-term residents 2008	County
St Paul's Beaumont	11	Dublin
Hawthorns Stillorgan	28	Dublin
Brookvale Rd Donnybrook	52	Dublin
Ballyboden G Counsel	43	Dublin
Renmore	10	Galway
Ballybane	36	Galway
Clarenbridge	61	Galway
Ballinasloe St Brigid's	65	Galway
Cheshire Galway	10	Galway
Oak Grove Ballinasloe	11	Galway
Glebe Castleisland	11	Kerry
Cheshire Killarney	10	Kerry
Beaufort Killarney	87	Kerry
St. Raphael's Celbridge	153	Kildare
Moore Abbey	78	Kildare
Aisling House Maynooth	21	Kildare
St Patk's Kells Rd Kilkenny	99	Kilkenny
Kilreene Kilkenny	20	Kilkenny
Alvernia House	32	Laois
Lisnagry	147	Limerick
Bawnmore	124	Limerick
Cheshire Newcastle W	28	Limerick
Drumcar	227	Louth
Swinford	122	Mayo
Cheshire Swinford	19	Mayo
Clogher House Rooskey	23	Monaghan
Cloonamahon Centre	67	Sligo
Cheshire Sligo	9	Sligo
Cregg House	143	Sligo

Name of Centre	No. of long-term residents 2008	County
Damien House Clonmel	11	Tipperary
Carriglea Dungarvan	63	Waterford
Ferrybank	27	Waterford
Cheshire Waterford	8	Waterford
Lough Sheever Centre	28	Westmeath
Castlepollard	71	Westmeath
Delvin	47	Westmeath
St Senan's Enniscorthy	21	Wexford
St John of Gods Enniscorthy	8	Wexford
Carmona Bray	38	Wicklow
Sunbeam Valleyview Rathdrum	15	Wicklow
Sunbeam Dunavon Rathdrum	11	Wicklow
Sunbeam Arklow	12	Wicklow
Cheshire Shillelagh	26	Wicklow

10.11 The Congregated Settings Report was published on 28 June 2011 by the HSE. The change programme will be supported through the findings of the Department of Health led Value for Money and Policy Review and will be informed by the Congregated Settings Report.

Historical Perspective

10.12 Historically, in Ireland, most people with intellectual disabilities have had all their services provided by one organisation. This would include accommodation needs and medical and social services or, where they live in a private home, day services and medical and social services. Service providers receive funding from the HSE to provide all a person's various needs and the individual had very little, if any, influence on how this allocation was spent. This has had the effect of tying the person to a particular service provider, often from early childhood, leaving the person with few options for changing aspects of their care. The National Disability Strategy (2004) gives effect to the Government's mainstreaming policy, which includes the mainstreaming of housing provision for people with disabilities. Moreover, Article 19 of the UN Convention on the Rights of Persons with Disabilities, which Ireland has signed, states that people with disabilities should be supported to live in the

community rather than in institutional settings or segregated from mainstream community. The trust of the Congregated Settings Report is for a 7 year phased closure of congregated settings with individuals actively supported to live full, inclusive lives at the heart of the family, community and society. This entails access to mainstream facilities such as housing, social, education and work with specialist support as required.

Assessment and Planning Issues

10.13 Housing authorities do not generally have information on the number of people with an intellectual disability with a housing need. Traditionally, as people with intellectual disabilities have lived primarily in family settings or in residential accommodation, they would not, in general, have applied for housing services. As outlined in Chapter 6, where a person with an intellectual disability expresses a wish to live either independently, or with appropriate supports, in the community, they are entitled to undergo an assessment of housing need to determine what housing services may be required. It is a matter for the relevant local authority, in line with the legislative framework and guidance provided by DECLG, to determine if the person is qualified for such support and the most appropriate form of any such support.

10.14 In the context of proposals being developed by the HSE in relation to the transition of people with intellectual and/or physical disabilities from congregated settings to community living, it is essential that the HSE work with housing authorities to develop a framework to provide guidance on the assessment of housing needs and the allocation process for that cohort whose support needs are capable of being met in community based settings. There should be a multi agency approach to identify and meet the ongoing needs for people moving from congregated settings with the HSE identified as the agency required for care and supports and the guidance being developed needs to reflect this. It is also important that the range of needs of individuals with disabilities are taken into account when planning the transition process from congregated settings and the assessment and allocation process should also take account of the necessary HSE care and supports required by individuals. In this context, it is recommended that national guidance be developed in relation to managing the assessment and allocation process for people transitioning from congregated settings on a regional or national basis.

10.15 All appropriate housing options should be considered in order to meet the arising accommodation need. This will require the bringing together of a range of funding streams in order to support appropriate housing solutions for those people whose support needs can be met in community based settings.

10.16 The NIDD noted that of the people registered on this database, "*more than 1 in 4 people who had a moderate, severe or profound intellectual disability and who were aged 35 years and over in 2009 lived in a home setting. … Because people with an intellectual disability are living longer, the likelihood of their outliving their caregivers has increased substantially in recent years. These data highlight the importance of planning for both the cohort on the NIDD who are ageing and for their carers.*"[108]

10.17 For many adults, both with disabilities and without, living as an adult in a family home is often suitable to their needs and the preferred choice of both the person and their family. As illustrated in Table 10.1[109] above, 64% (16,742) of those registered on the NIDD live at home with parents, siblings, relatives or foster parents. 49% (8,893) of people aged 18 and over live in a home setting.

10.18 It is vital that all relevant agencies work collaboratively to ensure that housing authorities are aware of any person with an intellectual disability who is unlikely to continue living in their existing accommodation, thus giving rise to a future housing need. This will be facilitated through the development of good liaison arrangements between housing authorities and relevant agencies, including service providers, through the establishment of the Housing and Disability Steering Groups. Furthermore, the strategic assessment of housing need protocol, which will provide for the sharing of information between relevant agencies in relation to the nature and extent of need at local level, will facilitate better and more strategic planning to address future housing need. This will assist housing authorities in invoking longer term housing strategies for people with any type of disability, thus assisting in the prevention of crisis housing situations. HSE statutory and non-statutory service provider consultative fora[110] at local, regional and national level will underpin this multi agency approach.

Advocates

10.19 The important role of an advocate in provision of housing for people with disabilities has been recognised. In many instances, an advocate may be required to liaise with agencies on behalf of people with an intellectual disability due to the person's lack of

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[108] Annual Report of the National Intellectual Disability Database Committee, 2009.

[109] People represented in this table may not have a choice in all cases in choosing their main residential circumstances.

[110] The core purpose of the HSE Disability Consultative Fora is to ensure that the needs of people with disabilities are identified, prioritised and addressed, within available resources, in a systematic and equitable manner across all the HSE areas.

experience in dealing with housing authorities and lack of awareness of housing options available[111].

Tenant Rights

10.20   This strategy recognises the importance of secure tenure and the rights of tenants in their accommodation, irrespective of the housing provider. The Government is committed to the continued development of the voluntary & co-operative housing sector including expanding their role in social housing delivery, improving governance and achieving more formal accountability generally in relation to the activities of the sector. The relationship between tenants and housing bodies currently operates on the basis of lease agreements and/or various Landlord and Tenants Acts. In view of the ongoing evolution of the sector and its greater role in social housing provision, it is proposed to extend the remit of the Residential Tenancies Act 2004 to the voluntary and cooperative sector. However, segments of the voluntary sector, such as sheltered housing, may not be suitable for regulation under this Act. The inclusion of the voluntary and cooperative sector under the Residential Tenancies Act will enhance and improve their tenants' rights and remove the current barrier which prevents both tenants and service providers accessing the services of the Private Residential Tenancies Board.

10.21 The ICSH provides its members with a sample standard tenancy agreement and gives guidance on its application.   It also recommends that members adopt a tenancy handbook explaining the rights and responsibilities of tenants and the housing association in easy to understand formats such as through the use of symbols or easy read design. A good example is the tenancy handbook produced by St. Michael's House Housing Association for people with intellectual disabilities.

Intellectual Disability and Dementia

10.22 A further issue to be considered is the increased incidence of dementia amongst some adults with intellectual disabilities. A recent review of literature[112] in this area established that signs and behaviours associated with Alzheimer's type dementia, amongst others, emerge in adults with Down Syndrome at an earlier age than in the general population, in approximately one in three adults. In such cases, housing needs may change following the onset of dementia and housing authorities and service providers must be cognisant of the possibility of the need for increased care and provision of alternative forms of housing.

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[111]   For these purposes an advocate may be a spouse, parent or relative; a guardian or a person acting as loco parentis; a legal representative or a personal advocate assigned by a Citizens Information Board to represent the person.

[112]   Dementia in older adults with intellectual disabilities, IASSID, Special Interest Research Group on Ageing and Intellectual Disabilities (March 2009)

Case Study – Jimmy's Story

10.23 The movement of people with intellectual disabilities from institutions to community based living could involve a range of possibilities such as shared accommodation, adult fostering, private rented accommodation, supported living, etc. The following case study tells Jimmy's story and his experiences of more independent living in the community[113].

Case Study 11.1: Jimmy's Story

Jimmy is a 31-year old man who has Down Syndrome. He has a hearing difficulty and epilepsy. He lived for 16 years in a congregated setting catering for 28 men and women. He moved to a group home in 2000 to live with 4 other young men of similar ability and support needs. One staff member was required at all times to support the 5 men, with a 'sleep over' in place at night.

Once Jimmy settled into his new home, he learned to travel independently to work and to use all community facilities and services. He enjoyed his freedom and independence and indicated in 2007 that he didn't want to live in a staffed home any longer. He chose to move with another young man to a tenancy arrangement in a house in the locality. Soon his other two friends decided to join him. All four get the individual support they need in their new arrangement. This move brought challenges for Jimmy and for his family. His family adjusted slowly to the fact that they no longer controlled Jimmy's money, that he operated a post office account independently, and that he made decisions around budgeting. They worry about his vulnerability with his money. Jimmy is learning the importance of making the right decisions about money – to plan, not to borrow, and to pay for all his needs.

Jimmy is adjusting to living as an equal member of a small group of people sharing a tenancy. He is learning the importance of respecting other people's space, others' property. He continues to adjust to his role and responsibilities in the community and is learning to manage the consequences of his occasional untoward behaviour. His newfound skills have helped him to get work opportunities. Jimmy has learned to manage his health and his medication, and responds positively to technologies in his home to help manage his epilepsy. His relationship with his family, from their point of view, has changed dramatically. He is no longer dependent on them, he prefers to spend his weekends with his friends and participating in local activities, his visits home are shorter and he prefers to act independently of family. Jimmy's family found it hard to adjust to his newfound independence and his need to be his own person. Staff met opposition to new ideas and new ways of supporting Jimmy to meet his goals and outcomes. A lot of time was spent

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[113]   Report of the Working Group on Congregated Settings, HSE (June 2011)

supporting and reassuring them, through regular meetings, and constantly showing them the benefits to Jimmy of living in the community, learning new skills, meeting new people and getting involved in the locality he lives in. Jimmy is living a fulfilled life and is constantly building his independence. He enjoys living with others, and at this time has no ambition to live alone; however he is quite independent of the group when he wishes to be. His support needs are intense when he meets a new challenge, but on the whole he is very capable of going about his daily life with little support.

Conclusions

10.24 The HSE Congregated Settings Report proposes a phased transfer of people with intellectual and/or physical disabilities from institutional care to more appropriate community based settings. This will pose a significant challenge for the stakeholders involved in the delivery of services and must be managed within a multi agency framework to ensure that the needs of people transitioning from congregated settings are fully reflected in the planning process.

10.25 Many adults with intellectual disabilities live in a home setting. Longer term strategies are required to ensure that the future housing needs of these people are fully addressed and will require strengthened and more effective liaison between relevant support agencies.

Chapter 11   Information, Advice and Advocacy

Introduction

11.1   Information, advice and advocacy services are identified as crucial in meeting the housing needs of people with disabilities[114]. Having access to comprehensive and accurate information enables people to make fully informed decisions regarding their housing options. This enables people to plan for their future need and changing circumstances, thereby, helping to avoid crisis decision making. Without access to appropriate information, people may feel that they do not have any control over their housing choices and may not feel fully involved in the decision making process.

11.2   Many people with disabilities report difficulties in accessing information and advice in terms of housing and are often unaware of the supports available to them. As some people with disabilities require specific and tailored supports to enable them to access and sustain housing, information may need to be sought from a wide variety of agencies and sources. Gathering this level of information can be a time consuming and challenging job, which can be further exacerbated by an individual's particular disability. People faced with the onset of a disability may not be in a position to manage the information gathering process and may require assistance in this regard. Furthermore, people with, for example, sensory disabilities, may also face additional challenges in accessing information and advice in appropriate and accessible formats.

Housing Advice

11.3   People with disabilities require housing advice and information under the following broad headings:

• Accessing suitable housing when leaving the family home or residential care;

• Adapting existing housing to suit individual need;

• Moving to more suitable accommodation to suit changing circumstances;

• Homelessness or risk of homelessness; and

• The range of supports required to maintain appropriate housing.

11.4   More specifically, this will include information and advice in respect of:

• Needs assessment criteria;

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[114]   The Right Living Space – Housing and Accommodation Needs of People with Disabilities (Social Policy Series, 2007) (Citizens Information Board and Disability Federation of Ireland).

- Applying for social housing (housing lists);

- Allocations policies;

- Options and choices regarding tenure;

- Buying a home;

- Grants and loans;

- Emergency accommodation;

- Financial supports;

- Housing supports;

- Supports for independent living;

- Support to access private rented accommodation;

- Referral procedures.

Main providers of information and advice

11.5   Currently, a wide range of agencies, at both national and local level, provide housing advice services for people with disabilities:

- Statutory agencies, (housing authorities, Government Departments, HSE);

- Voluntary and disability organisations (e.g. Threshold, Focus Ireland, DFI, Inclusion Ireland, Mental Health Ireland, National Federation of Voluntary Bodies);

- Voluntary housing sector (e.g. Irish Council for Social Housing, Respond);

- The Citizens Information Board (CIB) is the national support agency responsible for supporting the provision of information, advice and advocacy on social services[115];

- Private bodies (e.g. estate agents).

[115]   In 2010, 666,837 callers contacted Citizens Information Centres at over 257 locations nationwide with 990,626 queries, a 2% increase over 2009. These concerns were dealt with by 107 information officers, 190 scheme participants and 1,175 volunteers.   The most frequent category of query relates to social welfare which covers 47% of all queries handled in 2010. Housing queries represent 5% of total queries or more than 52,000 queries nationally.

11.6   While it is clear that there are many sectors providing housing advice and information to people with disabilities, it is not possible to measure the consistency and quality of advice given by the different bodies or whether the information meets the needs of the service users. Furthermore, the lack of integration within and between services, both statutory and independent, can be a source of confusion to people trying to access services. In this context, good communication between staff in relevant agencies is essential – this requires collaboration in order to highlight and address gaps and identify methods of improving coordination and referral systems.

11.7   The housing information needs of people with disabilities should be addressed within the overall context of general principles of information provision[116]:

•   Information provision for people with disabilities should be based on principles of quality service delivery[117];

•   The diversity of the population of people with disabilities needs to be fully recognised;

•   Information provision should reflect and promote a mainstreaming philosophy, avoid negative assumptions and help to empower people who want to expand rather than limit their options;

•   Information providers should take note of Access to Information for All: Guidelines on Removing Barriers and Improving Access to Information for Everyone (Comhairle 2005)[118];

•   Information on which services are actually available to individuals at local level would be particularly useful; and

•   People with disabilities should be consulted on an ongoing basis.

11.8   Effective information provision will have the following key components:

•   Awareness – making sure that those who may need services are aware of the range of services available;

•   Access – information needs to be user-friendly and person-centred; and

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[116]   (Review of Good Practice Models in the Provision of Housing & Related Supports for People with a Disability (Housing & Sustainable Communities Agency, 2010).

[117]   See Principles of Quality Customer Service for Customers and Clients of the Public Service.

[118]   This provides a checklist on how to make information accessible.

- Exploiting information – attention needs to be given to the conversion and use of information in different settings; local networks are fundamental to promoting awareness, access and the exploitation within communities.

Department of the Environment, Community & Local Government Sectoral Plan

11.9   A key objective of the DECLG Sectoral Plan is to ensure full access to information on local authority services for persons with disabilities and on services provided by the Department and bodies under its aegis. The Department, bodies under its aegis and local authorities will ensure that, as far as possible, access to information provided by them, or on their behalf, will be available to persons with disabilities in an accessible format as provided in Section 28 of the Disability Act 2005 and the Code of Practice on Accessibility of Public Services and information provided by public bodies prepared and published by the NDA under Section 30 of the 2005 Act[119]. This includes information requested by:

- A person with a visual impairment, e.g. information in an electronic format using adaptive technology; and
- A person with a hearing impairment or learning disability.

11.10 Current funding of over €21.7 million was provided by DECLG over the period 2005 – 2010 to assist local authorities in delivering high standards of access to people with disabilities, including, inter alia, adapting information systems and the provision of equipment to improve accessibility of public services. The Local Government Management Authority hosts an intranet facility on their website[120] for local authority Access Officers[121] which showcases good practice, provides practical answers to common queries, hosts a discussion forum and provides links to relevant publications, including guidance and legislation.

11.11 In addition, the DECLG is committed, where practicable and where funding allows, to:

- Ensuring that all forms and information leaflets are made available in an accessible format where requested;

- Considering the needs of customers in designing forms, leaflets and publications;

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[119] Approved by the Minister for Justice, Equality and Law Reform in S.I. 163 of 2006 – Disability Act 2005 (Code of Practice) (Declaration) Order 2006.

[120] www.la–accessibility.ie

[121] Local Authority Access Officers are responsible for providing or arranging for, and co–ordinating assistance and guidance to persons with disabilities accessing services and generally to act as a point of contact for people with disabilities wishing to access such services.

- Providing information in an accessible manner when speaking to a person with a hearing impairment;

- Providing disability awareness training to front line staff;

- Providing appropriate assistance to people with disabilities to access information on the range of services provided by the Department.

E-Government

11.12 E-Government is the term used to refer to the use of information and communication technology to provide government services to citizens, businesses and other sectors of government. E-Government helps to make information easily available to service users and is convenient and cost effective. The Government of Ireland website, www.gov.ie provides comprehensive information on the Irish State and the range of services provided by the Government. In addition, all local authorities provide information regarding services on their individual websites and are committed to making the information available accessible to all, regardless of ability. Key features include the provision of larger text fonts and contrasts, optimal printing facilities and facilities such as Browsealoud, which reads web pages aloud for people who have difficulty reading online. Local authorities monitor and continue to improve the accessibility of their sites in line with good practice. Web accessibility is vital for people with disabilities as the internet has become a key resource for news and information and has displaced some of the more traditional sources of information and interaction. It is recognised that information technology has the potential to play an increasingly important role in terms of providing access to information and services for people with disabilities.

Housing Advice Centres

11.13 The 2007 housing policy statement contained a commitment to develop local authority led housing advice centres to provide information on the range of supports and options available. These proposed centres would have a key role to play in providing people with disabilities with relevant information and assisting them in identifying options and progressing housing applications. Furthermore, to ensure a fully client-centred approach, these centres could develop referral protocols to enable people with disabilities to access related support services. However, given the depletion of financial and local authority resources, this option is not being actively pursued at present. The Department is continuing to explore the scope for the provision of such centres, where appropriate, in the context of the transformation programme and the broader objective of providing integrated services at local level.

11.14 A number of local authorities have developed and opened in-house advice centres, although it appears that the disability focus of the centres varies considerably. It would be

important, therefore, to identify models of good practice and develop guidance accordingly. Given the existing resource constraints, consideration could be given to the development of a small pilot project which could form the basis for a more integrated approach to information sharing.

11.15   Where local authorities are currently developing these structures, they should be developed in a manner which complements and works in collaboration with existing information and advice services and in line with good practice in information provision – which requires that all statutory agencies involved in the provision of housing and related supports to people with disabilities should adopt a stronger proactive approach to information provision based on the principles of quality service delivery.[122]   Further, the coordination and provision of housing advice should be reflected within all housing strategies developed for people with disabilities.

Advocacy

11.16   Advocacy can be defined as '*a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary representing them and negotiating on their behalf'.*[123]

11.17   Many people may require advocacy services at some stage during their lifecycle to assist with changing circumstances and life events, particularly those who do not have good personal or social resources. However, most advocacy services in Ireland developed as services for people with specific needs, and in particular, people with disabilities. In terms of housing, advocacy services provide a mechanism to assist people with disabilities, to access comprehensive and accurate information on the options available to them, and empower them to make decisions, apply for entitlements and be involved in policy making.

11.18   Advocacy can be undertaken by individuals themselves (self-advocacy), by their friends and relatives (group/family advocacy), by a legal representative, by persons who have had similar experiences (peer advocacy) or by people and organisations with experience and/or qualifications in these matters.

Citizens Information Board

11.19   The Citizens Information Board (CIB) is the national agency responsible for supporting the provision of information, advice and advocacy on social services and for the provision of the Money Advice and Budgeting Service (MABS). The CIB has a general

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[122]   Under the SMI Principles for Service Delivery, Government agencies are required to take a pro–active approach in providing information that is clear, timely and accurate, is available at all points of contact and meets the requirements of people with specific needs and continue to drive for simplification of rules, regulations, forms, information leaflets and procedures.

[123]   Advocacy Guidelines (Citizens Information Board 2007).

advocacy role for all citizens over a range of civil and social services, including housing. The CIB fulfils this through their citizen's information website, www.citizensinformation.ie and through their network of Citizen Information Centres and the Citizens Information Phone Service.   Citizens Information Services provide free, impartial and confidential information advice and advocacy. Each Service covers a geographical area, either county-wide or part of an urban area, and delivers its services through a network of Citizens Information Centres. There are 42 Citizens Information Services providing a service at 268 locations - these consist of 106 Citizens Information Centres (54 full-time and 52 part-time) and 162 outreach services. The centres are staffed by both trained personnel and volunteers.

11.20   The CIB has published advocacy guidelines which help to inform and guide the delivery of advocacy services funded by the CIB.

11.21   Furthermore, in partnership with the Institute of Technology Sligo, and the Equality Authority, the CIB has developed and supports an accredited advocacy training course – the Higher Certificate in Arts in Advocacy Studies is accredited at certificate level and is delivered through distance learning. The CIB also provides its own accredited training in advocacy through the Information Providers Programme and the Advocacy Practice Programme.

11.22   The Citizens Information Act 2007 gave the CIB a remit to provide a Personal Advocacy Service for people with disabilities, but the establishment of this statutory service was deferred in 2008 due to resource constraints. However, in 2010 following an evaluation of a 5 year pilot Advocacy Programme, the Department of Social Protection sanctioned a new National Advocacy Service for People with Disabilities, to be set up by the CIB and based in 5 Citizens Information Services. Five Regional Advocacy Managers employed by these CISs now manage this service with 35 advocates located around the country. The National Advocacy Service provides independent, representative advocacy services for people with disabilities. It seeks out those more vulnerable people with disabilities who cannot self-refer, who are isolated in the community or living in residential institutions and offers an independent advocacy service which will protect their rights, help them gain their entitlements, obtain a fair hearing and make positive changes in their quality of life. The National Advocacy Service will be reviewed after 18 months to determine whether the statutory powers planned for the Personal Advocacy Service are needed.

11.23 In parallel, the advocacy service provided through the Citizens Information Services will be enhanced through the recruitment of 5 advocacy support workers so that more people with disabilities can use this service on the same basis as everyone else for social welfare, local authority and employment issues; while people with disabilities with more

complex issues and who are particularly vulnerable, are supported by the National Advocacy Service.

11.24 There are number of other advocacy programmes in operation, including:

- **National Advocacy Programme:** which was established in 2008 by the HSE to provide an independent volunteer advocacy service for older people in residential care in order to help them to effectively express their wishes, access their entitlements and assert their rights. The volunteer advocates provide one-to-one advocacy support to people who benefit from a longer term relationship with an advocate. The service is aimed at anyone living in a nursing home or community unit; and

- **Irish Advocacy Network:** which provides a peer advocacy service to people with mental health disabilities. The advocates, who have personal experience of a mental health disability, undertake an accredited training course in peer advocacy and work to provide support and information to people both in the community and in residential care settings.

Conclusions

11.25 Housing information and advice should be consistent, accurate, comprehensive and impartial with a view to maximising individual choice and, thereby, meeting the needs of people with all types of disabilities. In the context of disability, it is important that the provision of information and advice also provides a framework for referrals and protocols in relation to other services which a person may need – this is critical in the context of the provision of personal and social supports which are often required to access and maintain housing. Furthermore, linkages are required with training and employment opportunities, which, in particular, have been identified as critical elements in assisting those managing or recovering from a mental health disability.

11.26 The adequate provision of advocacy services is a vital element which should be available to all people with disabilities to enable them to access and manage the housing process. Housing authority personnel should continue to support the role of advocates.

Appendix 1 Membership of National Advisory Group

Organisation	Name	Successor	Alternate
Department of the Environment, Community & Local Government (Chair)	Mr John Laffan	Mr Philip Nugent Mr Denis Conlan Ms Mary Tully	Ms Theresa Donohue
Department of the Environment, Community & Local Government	Mr Jim Ganley Mr Aidan O'Connor Ms Sarah Neary Mr John Wickham Mr Frank Donohoe Mr Rob Walsh Ms Aoife Joyce Ms Eugenie Carter Mr Colin Hehir Mr John Goldrick		
Department of Health	Mr Brian Dowling		Ms Ann Field
Wicklow County Council, CCMA	Mr Michael Nicholson		
Clare County Council, CCMA	Mr Tom Coughlan	Ms Mary Mallon, Dun Laoghaire Rathdown County Council	
Dublin City Council	Mr Ciaran Dunne		
Health Service Executive	Mr James O'Grady	Ms Patricia McLarty	
National Disability Authority	Ms Rosarie McCarthy		Ms Eithne Fitzgerald
Not for Profit Business Association	Ms Dolores Murphy		
Disability Federation of Ireland	Ms Lillian Buchanan		Mr Martin Naughton
Mental Health Commission	Ms Rhona Jennings		
Mental Health Ireland	Mr John Whelan		

Organisation	Name	Successor	Alternate
Irish Council for Social Housing	Ms Caren Gallagher	Ms Karen Murphy	
Inclusion Ireland	Ms Finula Garrahy	Ms Siobhan Kane	
People with Disabilities Ireland	Mr Tom Power		Mr Donie O'Leary
National Federation of Voluntary Bodies	Mr Paul Ledwidge		
St. Michael's House	Mr Paul Kenny		
Association of Occupational Therapists Ireland	Ms Rosemary Lennon		
A/County Manager (Retired)	Mr John Deasy		
Macroom Town Council	Cllr Pat O'Connell		
Community & Voluntary Pillar	Mr Frank Goodwin		

Appendix 2   Membership of Mental Health Subgroup

Organisation	Name	Successor
Department of Environment, Community & Local Government	Ms Theresa Donohue (Chair) Ms Aoife Joyce Mr Rob Walsh	
Department of Health	Ms Pamela Carter	Ms Sandra Walsh
Health Service Executive	Mr Martin Rogan Mr. John Cowman	
Wicklow County Council, CCMA	Mr Michael Nicholson	
National Disability Authority	Ms Rosarie McCarthy	
Dublin City Council	Ms Patricia Cussen Ms Eithne O'Donnell	
National Service Users Executive	Mr John Redican	
Mental Health Ireland	Mr John Whelan	
Amnesty International	Ms Shari McDaid	
Mental Health Reform	Ms Caroline McGrath	

Appendix 3   Aims and Objectives of Mental Health Subgroup

The aims and objectives of the Mental Health Subgroup were to make proposals in relation to the following:

1.   To improve the lives of people with a mental health disability and support recovery through the provision of appropriate housing and supports;

2.   To ensure that the specific housing needs of people with a mental health disability are fully recognised, understood and addressed, including access to and maintenance of appropriate housing;

3.   To ensure that there is a full understanding by both recipients and providers of services of the role and responsibilities of all agencies involved in the provision of housing and care for people with a mental health disability;

4.   To formalise and/or make recommendations in respect of joint working between relevant agencies to ensure the most effective use of housing and support resources, including community, social and health care supports; and

5.   To provide for better information sharing and communication between relevant agencies.

The following principles were agreed by the subgroup:

(a)   The housing needs of people with a mental health disability should be addressed in an integrated, flexible, and responsive manner, which reflect the need for different types of housing and other supports at various stages of the lifecycle and, where possible, takes the person's individual needs and preferences into consideration. This principle also recognises that, in the case of a mental health disability, urgent responses in respect of both housing and other supports will often be required to meet arising needs. The strategy recognises that actions can be taken to address these needs if all parties concerned are flexible, understanding and innovative.

(b)   Appropriate housing is a critical element of a continuum of care to assist in the management of a mental health disability, including contributing to the prevention of relapses, facilitating pathways to recovery and providing a place to live in dignity.

(c)   People with a mental health disability should enjoy equal access to appropriate housing. Discrimination on the grounds of disability, including a mental health disability, in the provision of goods and services including accommodation, is prohibited by the Equal Status Acts 2000 to 2004.

(d)   The housing needs of people with a mental health disability should be met through the provision of housing that is conducive to recovery, i.e. secure, amenable, responsive to customer choice, integrated into local communities and incorporating flexible, individualised and accessible supports.

(e)   It is essential that a client centred approach be adopted so that the applicant's needs are central to all housing decisions made. All decisions should involve full consultation with the applicant and his/her advocate/s, if applicable. It is also recognised that people with a mental health disability have the same tenancy rights and responsibilities as all other people.

(f)   Finally, it is recognised that many people with a mental health disability will be in a position to provide for their housing needs through their own resources. Many can have their housing needs met through the range of mainstream housing options available, including private rented accommodation, social housing (including housing provided by approved housing bodies), long term leasing, RAS, etc, provided that all relevant supports are in place, as necessary. Others will continue to require high levels of support / long-term residential care. Applicants and their advocates must fully engage with service providers and all parties must be open to consideration of all forms of suitable tenure.

Appendix 4   Definition of 'Disability'

A single definition of disability is difficult to compile due to its broad nature. The Disability Act 2005 defines a disability as, in relation to a person, means a substantial restriction *in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.* The TrinityHaus research report uses this as its disability definition.

In the 2006 CSO Census, data on disability was derived from answers to questions 15 and 16 of the census questionnaire. Question 15 was a five-part question that asked about the existence of the following long lasting conditions: (a) blindness, deafness or a severe vision or hearing impairment (sensory disability), (b) a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying (physical disability), (c) a learning or intellectual disability, (d) a psychological or emotional condition and (e) other, including any chronic illness.

If a person answered YES to any of the parts of Q15, they were then asked to answer Question 16. This question was also a five-part question that asked whether an individual had a difficulty doing any of the following activities: (a) learning, remembering or concentrating (mental disability); (b) dressing, bathing or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's surgery (going outside the home disability); (d) working at a job or business or attending school or college (employment disability) and (e) participating in other activities, such as leisure or using transport.

Individuals were classified as having a disability if they answered YES to any part of the above two questions, including in particular if they ticked YES to any of the parts of Q16 even though they may not have ticked YES to any of the parts of Q15.

The National Disability Survey questionnaires covered a broader range of difficulties than had been possible to include in the Census. The NDS included nine different disabilities including speech, pain and breathing, which were not specifically mentioned in the Census. Each section began with at least one filter question to determine the level of disability (if any) experienced by the respondent for each disability type. In most cases, a person was classified as having a disability if they indicated that they had a moderate or more severe level of difficulty. For 2 categories (intellectual and learning difficulties and emotional, psychological and mental health difficulties), persons responding with "Just a little difficulty" were also classified as having a disability.

Appendix 5   Results of 2008 Assessment of Housing Need

Net Housing Need Difference 2005-2008

Categories of Need	2005	2008	Change	%
Homeless people	1,987	1,394	-593	-29.9
Traveller	1,004	1,317	313	31.2
Existing accommodation unfit	1,719	1,757	38	2.2
Existing accommodation overcrowded	4,073	4,805	732	18
Involuntary sharing	3,371	4,965	1,594	47.3
Leaving institutional care	256	715	459	179.3
Medical or compassionate reasons	3,504	8,059	4,555	130
Older people	1,658	2,499	841	50.7
People with disabilities	455	1,155	700	153.9
Not able to meet the cost of accommodation	24,919	29,583	4,664	18.7
Total	**42,946**	**56,249**	**13,303**	**31**

Housing Need Assessments, DECLG

The table below gives a further breakdown of the Housing Needs Assessment results for people with disabilities and includes other categories where people with disabilities may have been included due to differing interpretations by authorities of the need categories and individual household circumstances.

Categories of Need as a Percentage of Net Need 2005-2008

Categories of Need	2005	%	2008	%
Homeless people	1,987	4.5	1,394	3
Medical or compassionate reasons	3,504	8	8,059	14
Older people	1,658	4	2,499	4
People with disabilities	455	1	1,155	2

Housing Need Assessments, DECLG

The table below outlines the length of time households in the four identified categories spent on housing waiting lists in comparison to other households on the housing list. The table shows that applicants with a disability tend to be on the housing waiting list for less time generally than other households (e.g. those in unfit or overcrowded circumstances, Traveller households, those in institutions or involuntarily sharing and those unable to afford accommodation from their own resources) while those with medical/compassionate reasons[124] tended to be on the waiting list for the same amount of time as these other categories of household. Older people tended to be on the waiting list longer than these other categories of household.

Time on Waiting List – Compared with General Housing Need

	People with Disabilities	Older People	Medical/ Compassionate	Homeless People	Total of all Categories
up to 3 months	172 (14.9%)	220 (8.8%)	887 (14.9%)	160 (11.5%)	6,723 (12%)
3-6 months	56 (4.8%)	140 (5.6%)	528 (6.6%)	75 (5.4%)	3,900 (6.9%)
6-12 months	215 (18.6%)	283 (11.3%)	977 (12.1%)	143 (10.3%)	7,063 (12.6%)
1-2 years	165 (14.3%)	436 (17.4%)	1,532 (19%)	217 (15.6%)	11,187 (19.9%)
2-3 years	279 (24.2%)	450 (18%)	1,549 (19.2%)	453 (32.5%)	11,017 (19.6%)
3-4 years	111 (9.6%)	306 (12.2%)	873 (10.8%)	121 (8.7%)	6,052 (10.8%)
4-5 years	57 (4.9%)	166 (6.7%)	594 (7.4%)	76 (5.5%)	3,777 (6.7%)
5-7 years	55 (4.8%)	234 (9.4%)	669 (8.3%)	95 (6.8%)	3,994 (7.1%)
more than 7 years	45 (3.9%)	264 (10.6%)	450 (5.6%)	54 (3.9%)	2,536 (4.5%)
Total	**1,155 (100%)**	**2,499 (100%)**	**8,059 (100%)**	**1,394 (3.9%)**	**56,249 (100%)**

Housing Need Assessments, DECLG

[124] For example, persons who may have medical issues that are not classified as disabilities.

The table below shows levels of income for the 4 selected categories of need and compares it to all those assessed to be in housing need. The vast majority of people (73%) in need of housing have an income of under €15,000. In the case of people with disabilities, 93% of those assessed have incomes of under €15,000.

Income Band by Category of Housing Need

	up to €10,000	€10,001 - €15,000	€15,001 - €20,000	€20,001 - €25,000	€25,001 - €30,000	more than €30,000	Total
People with disabilities	348 (30%)	722 (63%)	45 (4%)	28 (2%)	10 (1%)	2 (-%)	1,155 (100%)
Older People	864 (37%)	1,238 (50%)	194 (8%)	108 (4%)	52 (2%)	40 (2%)	2,496 (100%)
Medical/ Compassionate	2,591 (32%)	3,774 (47%)	888 (11%)	510 (6%)	183 (2%)	113 (1%)	8,059 (100%)
Homeless	672 (48%)	647 (46%)	41 (3%)	25 (2%)	4 (-%)	5 (-%)	1,394 (100%)
All categories of housing need	**15,841 (28%)**	**25,579 (45%)**	**7,194 (13%)**	**4,918 (9%)**	**1,698 (3%)**	**1,019 (2%)**	**56,249 (100%)**

Housing Need Assessments, DECLG

Appendix 6   Individual Assessment of Need Protocol

Protocol to govern arrangements for cooperation by the Health Service Executive with housing authorities in relation to the development and coordination of the services provided by housing authorities for persons with disabilities, aged under 5 years, who have been identified by the Health Service Executive under the Assessment of Need process consistent with Section 8 of the Disability Act 2005, and made known to the housing authorities under the provisions of Section 12 of the Disability Act, 2005

- Where a person (aged under 5 years of age) has been assessed under Section 8 of the Disability Act 2005, which commenced on 1 June 2007, and has been identified as likely to require housing support, a Liaison Officer[125], established under Section 11 of the Disability Act 2005, shall refer the person to the Director of Services of the Housing Section of the relevant Housing Authority, for the purpose of facilitating the determination of any housing service that the Housing Authority considers the person to be entitled to.

- An Assessment Officer, established under Section 8 of the Disability Act 2005, may refer a person with a disability to the Director of Services of the Housing Section of the relevant Housing Authority, if she or he deems it appropriate that the person, who has been identified as likely to require housing support, is made known to the housing authority as early as possible following the completion of the assessment under Section 8 of the Disability Act 2005. In such instances, the Assessment Officer shall notify the appropriate Liaison Officer that a referral to the Housing Authority has taken place.

- The Director of Services of the Housing Section may designate an appropriate official for the purpose of engaging / liaising with an Assessment Officer or a Liaison Officer.

- Under Section 12 of the Disability Act 2005, the Health Service Executive shall, with the consent of the individual or, if appropriate, a specified person[126], provide all relevant information in relation to the housing element of the assessment report, produced under Section 9 of the Disability Act 2005, to the relevant Housing Authority for the purpose of assisting the person with a disability in accessing the appropriate housing services provided by the Housing Authority.

[125]   Liaison officers are known as case managers in the HSE
[126]   A specified person means
- A spouse, parent or relative of the person with a disability;
- A guardian or a person acting in loco parentis to the person with a disability;
- A legal representative of the person with a disability; or
- A personal advocate assigned by the Citizens Information Board [formerly Comhairle] to represent the person with the disability.

- The Director of Services of the Housing Section, or an official designated by the Director for such purpose, shall engage with the person with a disability who has been identified as likely to require housing support under Part 2 of the Disability Act 2005, or, if appropriate, with the Liaison Officer responsible for the arrangement of the service provision, or with a specified person, for the purpose of facilitating or coordinating the provision of any services that the Housing Authority considers the individual to be entitled to.

- The relevant Housing Authority shall provide all appropriate information regarding the full range of housing support options[127] available to the person with the disability who has been assessed under Part 2 of the Disability Act 2005, or if appropriate, to a specified person, or to the Liaison Officer responsible for the arrangement of the service provision.

- Where a person with a disability (under 5 years of age), as defined under Section 2 of the Disability Act 2005, presents to a Housing Authority for an assessment of housing need and that person has not been assessed for a health or educational need under Part 2 of the Disability Act 2005, the Housing Authority will advise the person, or if appropriate, a specified person, that they may have a right to assessment in accordance with the provisions of the Act, and will, where requested, refer the person to the appropriate Assessment Officer in the Health Service Executive.

- This protocol shall be subject to periodic review in tandem with the extension of the statutory requirements of Part 2 of the Disability Act, 2005 to all age groups.

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[127] The broad categories of housing support are:
- Emergency Support
- Social Housing Accommodation Options
- Purchase Options
- Modification Options
- Advice only [including advice on income support options available from Community Welfare Service (CWS) and/or Department of Social and Family Affairs (DSFA)].

Appendix 7   Support Costs Protocol

Protocol Governing Revenue Funding for Health Service Related Support Costs for projects provided by Approved Housing Bodies for People with a Disability

1. This Protocol sets outs arrangements for coordination, between the housing authorities and the Health Service Executive (HSE), in relation to the provision of ongoing revenue funding for health service related support costs[128], by the HSE, where necessary, for social housing projects provided by approved housing bodies[129] for people with a disability. The Department of the Environment, Heritage & Local Government provides funding for the development of these projects through the capital funding schemes[130] or through revenue based funding for the provision of accommodation, e.g. involving leasing type arrangements. The provision of revenue funding for ongoing health service related support costs is a matter for the HSE.

2. An approved housing body proposing to provide accommodation for people with a disability to be funded under the Department of the Environment, Heritage and Local Government capital funding schemes shall consult with the relevant housing authority, who will undertake a preliminary appraisal to ensure that the proposed project meets identified local need and is cost effective and fit-for-purpose. Where an approved housing body wishes to provide a social housing project through a leasing type arrangement, it must initially submit a proposal to the Department of the Environment, Heritage & Local Government who will carry out an initial assessment and will then forward the proposal to the relevant housing authority[131].

3. The approved housing body must also, as part of the pre-planning stage of the project, consult with the HSE. Following agreement between the HSE and the approved housing body in the context of need, and where ongoing revenue funding for health service related support costs has been identified, the approved housing body must obtain written approval in principle from the HSE for ongoing revenue funding for the provision of such health service related support costs. The Department of the Environment, Heritage and Local Government funding for the provision of accommodation will not be considered unless written confirmation of HSE support for the application and confirmation that the project is approved in principle, by the HSE, for ongoing revenue funding for health service related support costs is provided.

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[128]   This refers to relevant health and personal social support services provided by the HSE.

[129]   A Housing Association who has received approved status from the Minister for the Environment, Heritage & Local Government under section 6 (6) of the Housing (Miscellaneous Provisions) Act, 1992.

[130]   Capital Assistance Scheme and Communal Facilities Grant Scheme.

[131]   D/EHLG Circular SHIP 2009/05 refers.

4. Confirmation of the approval in principle for ongoing revenue funding for health service related support costs by the HSE shall be authorised by the relevant Integrated Service Area Manager or Local Health Manager[132], in consultation with the Assistant National Director where the HSE consider that the proposed project is aligned with area priorities, as outlined in the National Disability Strategy and the National and Local Service/Business Plans[133].

5. The HSE shall endeavour to authorise approval in principle within 3 months following receipt of all relevant information pertaining to the project as outlined in Appendix 1. Written approval should be forwarded to the approved housing body, by the HSE, as soon as is practicable thereafter.

6. The period of consideration by the HSE shall not commence until all relevant information, as outlined in Appendix 1, is received by the HSE.

7. The Director of Services of the housing section may designate an appropriate official[134] for the purpose of liaising with the HSE in relation to the ongoing revenue funding for health service related support costs element of the proposed project.

8. Where applications for funding for the provision of accommodation for projects where ongoing revenue funding for health service related supports costs has been identified, are received by housing authorities from approved housing bodies, and do not include written confirmation of approval in principle for ongoing revenue funding for health service related support costs from the HSE, the housing authority will notify:

    (a) the HSE Integrated Service Area Manager or Local Health Manager that an application for funding under the capital funding schemes or through revenue based funding for the provision of accommodation, e.g. involving leasing type arrangements, has been received from an approved housing body and that the need for ongoing revenue funding for health service related support costs has been identified; and

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[132] The HSE is currently undergoing a restructuring process and grade structures are being changed.

[133] The HSE National Service Plan is available on the HSE website, www.hse.ie.   The Local Business Plans are available from the Local Health Offices or Integrated Service Area Managers Office.

[134] For operational purposes, it is desirable that the designated official in each housing authority should be an official who is currently involved in the administration of the capital funding schemes or leasing initiatives by approved housing bodies.

(b)   the approved housing body that the HSE has been notified of the application for funding; and that, prior to consideration of the request for funding, written confirmation of HSE support for the application and confirmation that the project is approved in principle by the HSE for ongoing revenue funding for health service related support costs, is necessary, where such costs have been identified by the approved housing body.

9.   In the case of projects to be undertaken through revenue based funding for the provision of accommodation, e.g. leasing type arrangements, written confirmation of approval in principle by the HSE for ongoing revenue funding for health service related support costs should be included in the proposal submitted to the Department of the Environment, Heritage & Local Government by the approved housing body.

10.   This protocol applies to social housing projects provided by approved housing bodies for people with a disability. A review of this protocol shall be undertaken by the Department of the Environment, Heritage & Local Government and the Department of Health and Children, following the first 12 months of implementation and, thereafter, shall be subject to periodic review as necessary.

11.   This protocol has been adopted for implementation with effect from 8th March 2011.

Information required for revenue funding for health service related support costs in housing projects provided by Approved Housing Bodies for people with disabilities

Name of Approved Housing Body (AHB)	
Contact Name: Position: Contact Details: Address: Tel: Email:	
Proposed location of housing project: (a) Health Service Executive (HSE) area (b) Local Authority area	
Description of project: - definition & objectives of the service - AHB to highlight why it should be the one to provide services in the area	
Service and housing need: - why the service is necessary - the rationale behind the project and evidence that a service and housing need exists for the particular service/development in its proposed location	
Proximity to similar services: - say where the nearest like service is and if there are other service providers in the catchment area/HSE region	
Details of how the housing project is aligned with the HSE Service Plan and local authority priorities/Social & Affordable Action Plans	
Proposed number of housing units and numbers of people who would benefit from the development	

Type of disability being catered for e.g. physical, sensory & profile: - Age and gender - Origin of tenants i.e. from residential care / living at home	
Type of care/support services to be provided to tenants e.g. day care	
Total estimated care & support costs in housing project: - attach breakdown of costs, i.e. staffing, services, overheads - separate housing costs (management and maintenance) from all other care services i.e. for housing there will be a rent, then a service charge - the financial agreement/Service Level Agreement that both parties would be bound by	
Indicative date of commencement of new services & indication of when the revenue costs will fall due	
Estimated Staffing levels: - number, grade and salary for staffing & management of service, any clinical supports required, out of hours on call service etc.	
Proposed Standards/ Service Evaluation mechanism	
Total estimated revenue funding sought from HSE by AHB.	

Appendix 8 Individual Assessment of Need Protocol – Mental Health

Protocol to govern liaison arrangements between housing authorities and the Health Service Executive in relation to the coordination of housing services provided for people with a mental health disability.

1.   This protocol sets out arrangements for cooperation and coordination between housing authorities and the Health Service Executive (HSE) in addressing the housing and related support needs that arise as a result of a mental health disability.

2.   Local authorities are responsible, in accordance with the Housing (Miscellaneous Provisions) Act, 2009, for the provision of housing services[135], while the provision of relevant health and personal social services is the responsibility of the HSE.

3.   For the purposes of this protocol, it is recognised that:

   (a)   Specific housing needs may arise as a result of a mental health disability for which intervention and treatment may be ongoing, or from a single or isolated episodic event, which, although not requiring constant intervention, has a severe and continuing impact on a person's ability to access and maintain housing that is appropriate and conducive to recovery;

   (b)   In order to address such needs successfully, the provision of appropriate housing services must be accompanied by the provision of relevant health and personal social services, as appropriate, in accordance with individual care/support plans.

4.   Where a person with a mental health disability, who is availing of mental health services, is identified as likely to require housing services, their key worker[136] shall inform them, and an advocate of their choice, if applicable, of the mechanisms available to liaise with the relevant housing authority for the purpose of facilitating the determination of any housing services that the housing authority considers the person to be eligible for, and in need of. Following agreement and with the consent of the person with the disability, and, if applicable, their advocate, the key worker

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[135]   Housing services provided by local authorities include the following broad groups of services:
   •   Housing supports, which are provided to households for the purpose of meeting their accommodation needs, including social housing supports, the provision and sale of affordable housing and grant–aid for private housing;
   •   Tenancy supports, in the form of assistance, other than financial assistance and housing support, provided to tenants of local authority or RAS dwellings or to formerly homeless households, for the purpose of supporting them in remaining in occupation of their current accommodation.
[136]   The HSE key worker should be a member of a community mental health team or primary care team who is familiar with the local housing needs of clients with mental health disabilities.

may refer the person with a mental health disability to the relevant housing authority for such purpose.

5.   The relevant housing authority may designate, with the agreement of the person with the disability, an appropriate official for the purpose of engaging / liaising with the key worker in the HSE. This official, as designated, shall be the liaison officer for both the key worker in the HSE and the person with a mental health disability and their advocate, if applicable.

6.   For the purpose of assisting the person with a mental health disability in accessing the appropriate housing services provided by the housing authority, the HSE shall, with the consent of the person with the mental health disability and, if applicable, their advocate, provide to the housing authority all relevant information, including medical evidence outlining the impact that the person's disability has on their housing need. The HSE will participate in the housing assessment to the extent that this can facilitate finding the most appropriate housing service for the individual.

7.   The housing authority shall engage with the person who has been identified by the HSE as having a mental health disability, or, if appropriate, with the HSE case manager responsible for the arrangement of the service provision, or with an advocate of the person's choice, if appropriate, for the purpose of facilitating or coordinating the provision of any housing services that the housing authority considers the individual to be eligible for, and in need of.

8.   The relevant housing authority shall provide all appropriate information regarding the full range of relevant housing services available to the person with a mental health disability who has been considered to have a need for housing support, and if applicable, to their advocate, or to the HSE.

9.   Where a person presenting to a housing authority, for the purpose of availing of any relevant housing services, informs the housing authority that they have a mental health disability, and

     (a)   there is no medical evidence available to support the person's housing application, or

     (b)   it is determined that the person is not in receipt of any relevant HSE health and personal social services;

the housing authority will advise the person, and if applicable, their advocate, that supports are available from the HSE and will, where requested and, following consent, refer the person to the appropriate contact point in the HSE.

10. The housing authority will inform the person of the reasons for the need to provide medical evidence of their condition to support their housing application, i.e. in order to assess their housing application, determine appropriate prioritisation for the provision of housing services and to ensure that offers of support are, in so far as is possible, appropriate to the specific needs of the person. It should be clearly outlined that the provision of suitable housing services will be subject to availability and the operation of the relevant housing authority's Scheme of Letting Priorities / Allocations Scheme[137].

11. In all cases, it is desirable that written consent regarding the exchange of information is obtained from the person with a mental health disability. However, where the person with a mental health disability gives verbal consent only, this should be recorded in writing. Consent may also be accepted from a designated advocate in line with the wishes of the person with a mental health disability. The requirements of data protection legislation will be fully complied with in relation to the provision and use of personal information.

12. In order to assist in the sustainment of tenancies[138], the HSE shall, with the consent of the person with a mental health disability, inform the relevant housing authority where the person is being hospitalised as a result of their disability and will be absent from their dwelling.

13. This protocol shall be subject to review in line with the extension of Part 2 of the Disability Act, 2005 to all age groups.

14. This protocol has been adopted for implementation with effect from 8th March 2011.

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[137] Housing authorities are required to replace individual Schemes of Letting Priorities with new Allocations Schemes by June 2011, as provided for in the Housing (Miscellaneous Provisions) Act, 2009.
[138] This relates to local authority or RAS tenancies.

Appendix 9 Mental Health Community Residences: Bed Numbers & Units

Bed Numbers

	High Support	Medium Support	Low Support	Total
Louth Meath	73	6	10	89
Area 6	149	37	7	193
Cavan Monaghan	58	0	40	98
Area 7	32	12	28	72
Area 8	31	41	8	80
Area 3	20	10	20	50
Area 2	28	12	0	40
Area 4-5	53	43	21	117
Area 1	21	15	15	51
Area 9 Kildare	30	5	16	51
Area 10	26	0	44	70
Laois Offaly	32	15	53	100
Longford Westmeath	47	16	32	95
Carlow Kilkenny	119	8	19	146
Kerry	75	0	0	75
North Cork	28	0	0	28
South Lee	18	0	0	18
North Lee	43	0	0	43
South Tipperary	18	10	37	65
North Tipperary**				0
Waterford	27	10	45	82
Wexford	20	20	17	57
West Cork	46	12	0	58
Limerick	111	35	20	166
Roscommon	48	22	0	70
Galway East	144	58	79	281
Galway West	17	32	23	72
Sligo Leitrim	89	10	34	133
Donegal	75	36	29	140
Clare	92	33	18	143
Mayo	43	49	15	107
Central Mental Hospital	0	0	0	0
HSE Dublin North East	343	96	93	532
HSE Dublin Mid Leinster	257	116	201	574
HSE South	394	60	118	572
HSE West	619	275	218	1,112
National Total	**1,1613**	**547**	**630**	**2,790**

** North Tipperary is located in HSE West but access Long Stay Services in South Tipperary, i.e. HSE South

Units

	High Support	Medium Support	Low Support	Total
Louth Meath	5	1	2	**8**
Area 6	10	6	0	**16**
Cavan Monaghan	4	0	13	**17**
Area 7	2	2	3	**7**
Area 8	3	6	1	**10**
Area 3	2	1	6	**9**
Area 2	2	1	0	**3**
Area 4-5	4	4	6	**14**
Area 1	1	1	3	**5**
Area 9 Kildare	1	2	3	**6**
Area 10	2	0	8	**10**
Laois Offaly	3	2	12	**17**
Longford Westmeath	4	2	8	**14**
Carlow Kilkenny	11	2	6	**19**
Kerry	5	0	0	**5**
North Cork	2	0	0	**2**
South Lee	1	0	0	**1**
North Lee	3	0	0	**3**
South Tipperary	1	1	11	**13**
North Tipperary**				**0**
Waterford	2	1	11	**14**
Wexford	2	3	5	**10**
West Cork	3	1	0	**4**
Limerick	5	6	3	**14**
Roscommon	4	3	0	**7**
Galway East	19	11	22	**52**
Galway West	7	5	7	**19**
Sligo Leitrim	6	1	7	**14**
Donegal	4	9	4	**17**
Clare	5	6	6	**17**
Mayo	3	5	8	**16**
Central Mental Hospital				**0**
HSE Dublin North East	24	15	19	**58**
HSE Dublin Mid Leinster	19	13	46	**78**
HSE South	30	8	33	**71**
HSE West	53	46	57	**156**
National Total	**126**	**82**	**155**	**363**

** North Tipperary is located in HSE West but access Long Stay Services in South Tipperary, i.e. HSE South

Appendix 10

The Evolution of Residential Services for People with Disabilities
Extract from Chapter 2 of the Report of the Working Group on Congregated Settings, HSE, published 28 June 2011

2.1 THE EARLY DEVELOPMENT OF CONGREGATED PROVISION

Residential institutions for people with disabilities have a long history in Ireland. [15]In the 18th century, workhouses, poorhouses and asylums accommodated people who were sick or destitute and people with mental health problems. By the end of the 19th century, there were 22 large residential institutions in Ireland, each with a catchment area of one or two counties, where staff and residents lived, and where there was no interaction with the world outside the institution. During the 1850s, a focus on the special needs of people with intellectual disabilities developed. As a result of lobbying by prominent citizens, the first institution for people with intellectual disabilities, the Stewart Institution, opened in 1869, with four teachers and a programme of instruction.

More than 50 years passed before a second special residential institution was opened. In the late 1920s, the Daughters of Charity agreed to turn an existing home for children into a home and school for children with learning disabilities. Over the following 30 years, several religious orders opened special centres around the country. The development of special centres marked the start of a process of specialisation, and this approach was strongly embedded in the 1960s, with the development of a range of new professions specialising in therapies and services for people with learning disabilities.

2.2 DEVELOPMENTS IN THE 1950S AND 1960S

The 1950s saw the development of Parents and Friends Groups, a movement that grew strongly in the 1960s, with the setting up of local groups in counties around Ireland and the development of services and facilities in communities. The Commission on Mental Handicap (1965)[16] recognised that care in the community was generally superior to and 'more therapeutic' than institutional care. The 1970 Health Act and the development of community care services in the country's health boards underpinned the emerging community☐based approach to service provision.

2.3 DEVELOPMENTS SINCE THE 1980S

The Green Paper '*Towards a Full Life*' (1984) recognised the slow growth in provision of residential services for people with physical disabilities. It noted that the majority of people with physical disabilities who could not live at home were maintained in county homes, psychiatric hospitals and orthopaedic hospitals, geriatric hospitals and centres for people with intellectual disabilities.[17] The review of accommodation carried out at that time found that few of the centres reviewed, apart from Cheshire Homes, were equipped to meet the needs of people with physical disabilities:

'Accommodation tends to be in open wards and dormitories offering little privacy to residents who are likely to spend much of their lives there...Even for the younger and more mobile residents, there are few opportunities to leave the confines of the home and this serves to heighten boredom and frustration...Residents have little if any say in the day to day operation of what for many is the only homes they will ever know.' [18]

Since 1990 in particular, the movement towards community inclusion for people with disabilities has had a strong impetus, drawing especially on American influence, and the emergence of the disability rights movement in Ireland and internationally. The advent of Centres for Independent Living in the early 1990s and the beginning of availability of personal supports spearheaded the movement by people with physical disabilities to take control over their lives and choices, including their choice of accommodation.

The redirection of policy towards community based living arrangements was clearly evident in the 1990s. In 1990, The Report of the Review Group on Mental Handicap Services, '*Needs and Abilities*' made comprehensive recommendations on the need to move from large congregated settings to domestic scale accommodation and access to community based health services. It recommended that families should be supported to enable adults with intellectual disabilities to live at home; where a person must leave home, the substitute home should have all the characteristics of a good family home, other family care schemes such as adult foster care should be initiated. The Report proposed that large numbers of highly dependent intellectually disabled people should not be placed in one location. Small group homes should be provided where a small number of adults are supported to share a home, and also that existing residential centres that were not domestic in scale should be discontinued as soon as possible, and replaced with appropriate provision.[19]

In 1996, "*Towards an Independent Future*", the Report of the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities, made recommendations about residential provision. As the extract below shows, this Review Body signalled a move away form large institutions, towards small living units and use of mainstream housing provision:

> 'Developments of new homes and independent living should be located in urban areas or easily accessible to retail and leisure facilities.'
> 'Each health board, in consultation with the co-coordinating committee, should examine the viability of establishing in its area small independent domestic dwellings with support ...Health Boards and voluntary bodies providing services to people with disabilities should liaise closely with Social Housing organisations and local authorities to ensure that an adequate number of accessible houses is available to people with disabilities who wish to pursue this option.'[20].

The Commission on the Status of People with Disabilities (1996) proposed that, as part of a mainstreaming agenda, the Department of the Environment should formulate a national policy on housing for people with disabilities. The Commission proposed that people living in residential centres should be provided with income supports in a way that promotes autonomy and choice, and that payments be clearly defined as between accommodation, personal assistance and care elements. The proposals also included provision for advocacy, quality standards and monitoring of standards.

The most recent policy initiative in relation to people living in institutions was the decision by the Department of Health and Children in 2002 to adopt a programme to transfer people with intellectual disabilities or autism from psychiatric hospitals and other inappropriate settings. The aim of that programme was to provide more appropriate care settings and an enhanced level of services for:

- People with an intellectual disability and those with autism accommodated in psychiatric hospitals;

- Those accommodated in de-designated units which were formerly designated as psychiatric services;

- Others who moved some years previously from psychiatric hospitals to alternative accommodation now unsuitable for their needs.

In response to public policy and investment, the numbers in the congregated settings have been declining. The survey of congregated settings conducted for the Working Group (Chapter 3) shows that 619 people had been transferred out from the settings covered by this Report between 1999 and 2008, and that 46 of the 72 centres had made arrangements for service users to transfer to the community. However, reported admissions to congregate settings in the same period at a total of 692 had exceeded the reported numbers transferred to the community over that period.

Footnotes

[15] McCormack, B. (2004) 'Trends in the Development of Irish Disability Services' in Lives and Times: Practice, Policy and People with Disabilities. P.N.Walsh and H. Gash (eds). Rathdown Press.

[16] Department of Health. Commission on Mental Handicap. Stationery Office, 1965.

[17] Department of Health. 'Towards a Full Life': Green Paper on Services for Disabled People, 1984, p94.

[18] 'Towards a Full Life', p106.

[19] Needs and Abilities Report, Chapter 9.

[20] Department of Health. (1996) Towards an Independent Future, Summary of the Review Group Report on Health and Personal Social Services for People with Physical and Sensory Disabilities p8

Bibliography

- *Access to Information for All: Guidelines on Removing Barriers and Improving Access to Information for Everyone* – Comhairle, 2005

- *Advocacy Guidelines -* Citizens Information Board, 2007

- *Annual Report of the National Intellectual Disability Database Committee -* Kelly et al, 2009, HRB Statistics Series 8, 2010

- *Annual Report of the National Physical and Sensory Disability Database Committee 2009* – O'Donovan et al, HRB Statistics Series 11, 2010

- *A National Strategy for Housing in an Ageing Society -* Department of Communities and Local Government, UK, 2008

- *A Key to the Door -* Homeless Agency Partnership action plan on homelessness in Dublin 2007 – 2010

- *A Review of Good Practice Models in the Provision of Housing and Related Supports for People with a Disability* – Housing & Sustainable Communities Agency, 2010

- *A Review of the Housing and Support Options for people with Mental Health Related Housing Needs – Housing & Sustainable Communities Agency, 2010*

- *A Review of the Potential Role of the Private Rented Sector in the Provision of Accommodation for People with Disabilities* – TrinityHaus Consultants, 2010

- *A Vision for Change - Report of the Expert Group on Mental Health Policy* – Department of Health & Children, 2006

- *Building for Everyone* – National Disability Authority, 2002

- *Census 2006 -* Central Statistics Office

- *Code of Practice for Integrated Discharge Planning* – HSE, 2008

- *Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre* – Mental Health Commission 2010

- *Dementia in older adults with intellectual disabilities -* IASSID, Special Interest Research Group on Ageing and Intellectual Disabilities, 2009

- *Department of Health, Commission on Mental Handicap* - Stationery Office, 1965

- *Descriptions of housing and support preferences of homeless mental health service users in Dublin (unpublished thesis)* - Cowman J., 2008

- *Designing Accessible Environments* – Irish Wheelchair Association, 2009

- *Disability and Social Inclusion in Ireland* - Gannon and Nolan, 2005

- *Dispersed or Clustered Housing for Disabled Adults: a systematic review* - Mansell, J and Beadle-Brown, J, 2009

- *Don't look away: homelessness and mental health in Belfast. Belfast* - Council for the Homeless McGilloway, S. and Donnelly, M., 1996

- *Drug use among the homeless population in Ireland* - Lawless M and Corr C, 2005

- *European Housing Review 2007* - Royal Institute of Chartered Surveyors

- *Gender Disparities in Mental Health* - World Health Organisation, 2001

- *Good practice in housing management: Guidelines for local authorities, Regenerating Estates, Rebuilding Vibrant Communities* - Centre for Housing Research, 2006

- *Guiding Principles and Operating Procedures for the Delivery of Advocacy Services through the Community and Voluntary Organisations* – Citizens Information Board, 2007

- *Health Status, Health Services Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin. Dublin: Eastern Health Board - Holohan, (1997)*

- *Housing Policy Statement, 2011* - Department of Environment, Community & Local Government

- *Housing choice and control, and control over professional support as contributors to the subjective quality of life and community adaptation of people with severe mental illness* - Adm Policy Mental Health and Mental Health Service Research 34: 89-100. Nelson, G., Sylvestre, J., Aubry, T., George, L. and Trainor, J. - 2006

- *Housing (Standards for Rented Houses) Regulations* – Department of the Environment, Heritage & Local Government, 2008

- *Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of people with Mental Illness. Human rights and Equal Opportunity Commission* - Australian Government Publishing Service Canberra, 1993

- *Health Research Board Census, 2010* – New Long-Stay Patients (1 < 5 years)

- *Included in Society - Results and Recommendations of the European Research Initiative on Community-Based Residential Alternatives for Disabled People* - European Commission, 2003

- *Irish Psychiatric Units and Hospitals Census 2010* – Health Research Board

- *Lifetime Homes in Northern Ireland, Evolution or Revolution?* - Joseph Rowntree Foundation, Chartered Institute of Housing in Northern Ireland, 2002

- *National Disability Survey* – Central Statistics Office, 2006

- *Part M of the National Building Regulations 1997 - 2010* – Department of the Environment, Heritage and Local Government [SI 513 of 2010]

- *Planning for the Future* – Department of Health, 1984

- *Population and Labour Force Projections 2011-2041* - Central Statistics Office 2008

- *Principles of Quality Customer Service for Customers and Clients of the Public Service* – Department of the Taoiseach, 2005

- *Quality Housing for Sustainable Communities; Best Practice Guidelines for Delivering Homes Sustaining Communities* – Department of the Environment, Heritage & Local Government, 2007

- *Report on Mental Health and Social Inclusion* - National Economic and Social Forum, 2007

- *Review of Disability Services under the Value for Money and Policy Review Initiative 2008 – 2011* – Department of Health

- *Social Housing Assessment Regulations 2011* (S.I. 84 of 2011)

- *Social Housing in Europe* - Whitehead and Scanlon, 2007

- *Guidelines for Planning Authorities on Sustainable Residential Development in Urban Areas* – Department of Environment, Heritage & Local Government, 2009

- *Time to Move on from Congregated Settings* – Report of the Working Group on Congregated Settings, HSE (June 2011)

- *The Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services* – Evaluation Report prepared under the Value for Money and Policy Review Initiative – HSE, 2009

- *The Home Solutions Research Study* – HSE, 2011

- *The Evaluations of Homeless Services 2008* - Series was commissioned by the Homeless Agency and was carried out by Simon Brooke and Associates - Homeless Agency, 2008

- *The Way Home – Strategy to address Adult Homelessness in Ireland 2008-2013* – Department of the Environment, Heritage & Local Government, 2008

- *The Report of the Review Group on Mental Handicap Services, 'Needs and Abilities'* – Department of Health, 1990

- *The Right Living Space – Housing and Accommodation Needs of People with Disabilities* – Citizens Information Board / Disability Federation of Ireland - Social Policy Series, 2007

- *Towards 2016 Partnership Agreement* – Department of the Taoiseach, 2006

- *Towards a Full Life,* Green Paper on Services for Disabled People, Department of Health, 1984

- *Towards an Independent Future* - Summary of the Review Group Report on Health and Personal Social Services for People with Physical and Sensory Disabilities, Department of Health, 1996

- *Trends in the Development of Irish Disability Services in Lives and Times: Practice, Policy and People with Disabilities -* P. N. Walsh and H. Gash (eds), 2004

- *UN Convention on the Rights of Persons with Disabilities -* adopted by the UN General Assembly in December 2006 and signed by the Irish Government in March 2007

- *100 Homeless Women: health status and health service use of homeless women and their children in Dublin -* Smith et al, 2001

Glossary of Terms

AHB	Approved Housing Body
AOTI	Association of Occupational Therapists of Ireland
CAS	Capital Assistance Scheme
CCMA	County and City Managers' Association
CDBs	County/City Development Boards
CIB	Citizens Information Board
CIS	Citizens Information Service
CSO	Central Statistics Office
CWO	Community Welfare Officer
DECLG	Department of the Environment, Community and Local Government
DFI	Disability Federation of Ireland
DSP	Department of Social Protection
HAIL	Housing Association for Integrated Living
HFA	Housing Finance Agency
HRB	Health Research Board
HSE	Health Service Executive
ICSH	Irish Council for Social Housing
IWA	Irish Wheelchair Association
NDA	National Disability Authority
NDS	National Disability Survey
NIDD	National Intellectual Disability Database
NPSDD	National Physical and Sensory Disability Database
PA	Personal Assistant
PRTB	Private Residential Tenancies Board
RAS	Rental Accommodation Scheme
SHIP	Social Housing Investment Programme
SHLI	Social Housing Leasing Initiative
SIMs	Social Inclusion Measures
Slí	Support for Living Independently
TGD	Technical Guidance Document
UN	United Nations
VFM	Value for Money
WC	Water Closet