



Dublin City Council
Strategic Plan
for Housing People with a Disability



Comhairle Cathrach
Bhaile Átha Cliath
Dublin City Council



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Executive Summary



About the Strategic Plan

Housing choice for most people with disabilities is severely limited due to their particular accommodation needs. According to the 2011 Census, 15% of Dublin City's population had disabilities, with many people living in housing unsuited to their needs. This is the first plan by Dublin City Council (DCC) to focus on people with disabilities who are unable to access suitable housing including people who want to move out of traditional institutional living to community-based homes. The plan aims to improve social housing so that people can have suitable homes with the supports they need to live in the community (see pages 12-13).

Working together

DCC is committed to putting people with disabilities at the centre of housing policy. We have developed this plan with:

- ◆ the Council's allocations, planning and budgeting departments;
- ◆ the Health Service Executive's (HSE) mental health, physical and intellectual disability services;
- ◆ disability-specific and general housing associations;
- ◆ disability service providers; and
- ◆ disability advocacy groups.

The plan outlines the responsibilities of each of these groups, particularly the Council's strategic planning and co-ordination role in providing social housing and the HSE's contribution of support services (see pages 49-50). It is part of a wider national agenda designed to enable people with disabilities to take part in mainstream society (there is a summary of this agenda on pages 8-10).

What's in the plan?

The plan identifies the pathways the Council will follow to house people with disabilities. It profiles the unmet housing needs of this population and considers how mainstream housing supply mechanisms can better address those needs. Most importantly, it recommends

the setting up of an operational team which will include the range of relevant organisations who can assist in finding housing solutions that suit people with disabilities.

The rest of this executive summary explains the pathways, the housing needs of people with disabilities and what the operational team will do to find suitable housing for people.

Taking a person-centred approach

People with disabilities have a wide variety of needs and ambitions so a person-centred approach and co-ordinated action is needed. The plan shows how we have achieved this for five people, each of whom has a different type of primary disability: physical, sensory, intellectual, autism and mental health. These people describe their struggles to obtain suitable housing, the people and organisations that helped make it happen, and the benefit of having a home that meets their needs (see pages 18-34).

The review of public policies and people's individual stories highlights the challenges facing the Strategic Plan. For a list of the plan's objectives, see page 15.

A special acknowledgment is due to everyone who attended the consultation event and to those who have told their personal stories to illustrate in practice what this Strategic Plan is striving to achieve.

How big is the problem?

Traditionally, there has been little information about the level and nature of unmet housing need among people with disabilities. The Strategic Plan pulls together the available data, highlighting the gaps in our knowledge. The tables on pages 41 to 43 gives a summary of the numbers of people with disabilities and housing needs. It is taken from current DCC Housing List and the Transfer List (of existing social housing tenants).

Unfortunately, there is little information available about the housing needs of people with disabilities currently living in institutions. All we know is that there are at least 476 residents living in institutional housing in Dublin (see page 43).

The Dublin Region Homeless Executive (DRHE), through its support planning process with service users, captures data relating to each individual's physical and mental health issues. This data is used to guide the supports put in place for individuals both pre and post settlement into appropriate tenancies. All data is recorded on PASS, a national shared client database. Currently, a reporting function is being developed to enable the DRHE to report aggregate data for the region.

The numbers of people with disabilities who want to live independently in homes that meet their needs is likely to grow, and the plan tries to estimate these numbers (see page 44).

Pathways to suitable housing

The plan identifies the routes to affordable and suitable homes for people with disabilities. These include:

1. social housing tenancy (renting a home from the Council or an approved housing association);
2. adapting rental housing in the private sector; and
3. adapting the owner's home to meet their needs.

The plan says who is responsible for organising each route and gives information about the current eligibility rules which will affect access.

1) Providing suitable social housing

The Strategic Plan looks at who is eligible to go on the Social Housing Waiting List based on their household income and whether their home meets their needs. The Government's Social Housing Strategy 2020 sets out to provide additional social housing units including a mix of newly built, council acquired, part V and housing association, along with housing units made available on long-term leases with private owners. These will be an important source of housing for people with significant mobility impairments. There is also a proposal in The National Housing Strategy for People with a Disability 2011-2016 that Local Authorities reserve some units for People with Disabilities. Dublin City Council will consider this when its Strategic Plan goes into operation.

The Strategic Plan also recommends that more attention be paid to design issues to take account of the needs of people with disabilities when houses are being built or renovated. It also recommends involving the prospective tenant in the design process where possible.

2) Private rental sector

For some people with disabilities the private rented sector can offer adequate accommodation, at least for a time. However, currently there are many challenges within the private rented sector such as extremely limited supply, limits on rent allowance and poor housing standards. The new Housing Assistance Payment scheme, which will eventually replace the Rent Supplement scheme, may help more people to access affordable private rented accommodation. The scheme is explained on pages 47 to 48.

3) Adapting the home

Most people with disabilities live in a home owned by the family, a home that can become unsuitable following the onset or progression of a disability. In recent years DCC has approved all eligible applications for housing adaptation grants. In 2014, we approved 466 grants for private homes. In addition, we approved 79 adaptations of council-owned units.

Suitable personal supports

The Strategic Plan describes the personal supports that someone with a disability needs if they are to live in their own home (see pages 49-50). Some of these supports relate to medical needs but most are social supports that need funding from the HSE. The role of technological aids is also explored (see page 53).

In addition, the Council and the voluntary and HSE health services must work more closely together to enable people living in institutions to move into the community. The same applies to adults with disabilities who wish to leave the family home and set up their own home (see page 40).

Putting the Strategic Plan into operation

The plan lists 17 actions, each with a timeline, lead agency and partner organisations. These 17 actions can be grouped into four over-lapping categories as follows:

1. Activating the Plan: The first step is to set up a Multi-Agency Operations Group, led by a designated DCC project manager. The group will include some of the Housing and Disability Steering Group members who helped to draft the plan. The group will advise on the planning and design of accommodation for people with disabilities. It will engage with relevant organisations in the statutory and voluntary sectors and work with them to find suitable pathways for people. It will also arrange for annual reviews of its performance.

2. Promoting the production of more disability-friendly housing: Design templates that make housing that is accessible to people using wheelchairs will be developed. We will also introduce procedures requiring accessibility to be taken into account in proposals for new construction and renovation projects.

3. Monitoring access to available housing: Improving access to housing involves setting aside an agreed percentage of social housing for people with disabilities. To do this, we need to gather more information about the numbers of people with disabilities who need social housing.

4. Improving supports for people in need of housing: People with disabilities can need support to express their needs as well as help to live independently. We have to set up a 'one stop shop' and created an inter-agency training module to address this. HSE funding for personal supports is essential to enable people to live independently.

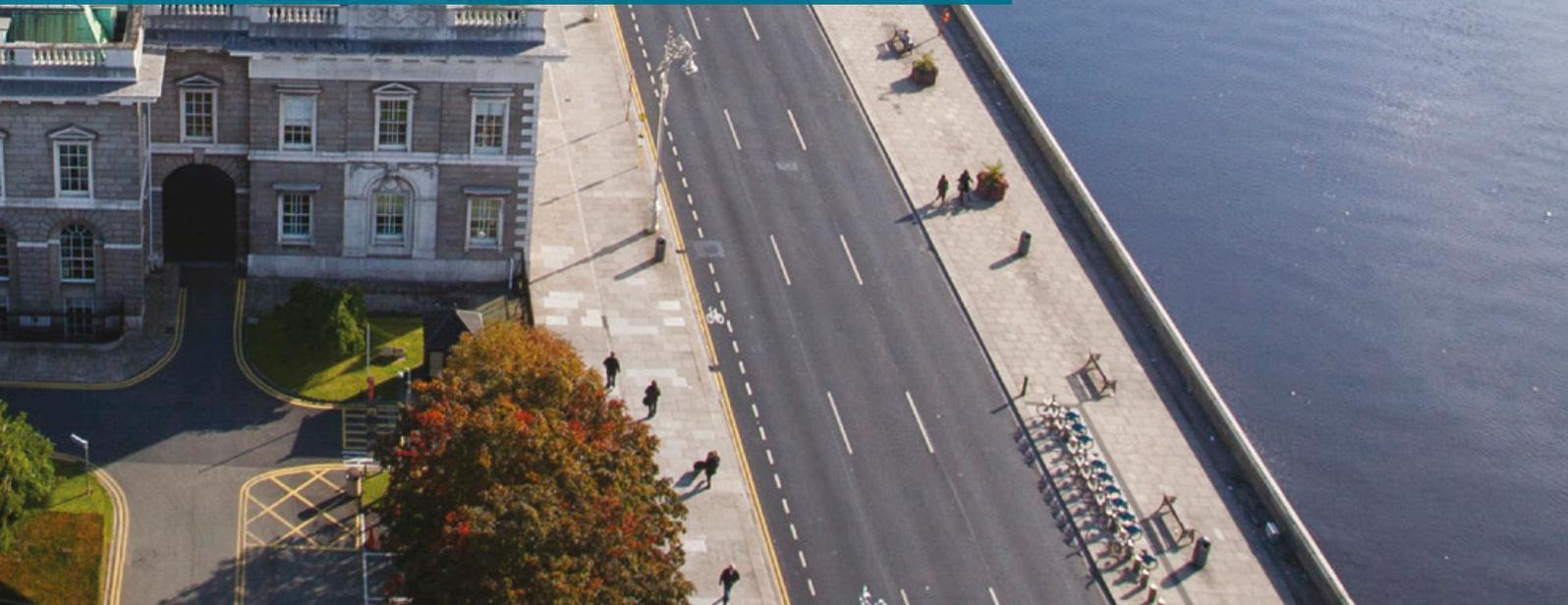
Overall, the 17 action plans identify what Dublin City Council, the HSE and their partners need to do to enable people with disabilities to live independently. They also highlight how a well-resourced, integrated and interagency approach is essential to achieve this.



This Plain English Mark from NALA applies to the Executive Summary.



“ The UN Convention on the Rights of Persons with Disabilities was signed by the Irish Government in March 2007



Foreword



This strategic plan for housing people with a disability has involved many people from many fields bringing together their experience and expertise in working with or supporting people with disabilities to put together a coherent plan for expanding the possibilities of community living for people some of whom historically may have had to rely on institutional care.

The importance of pre-planning both in terms of the physical structures for those with physical and sensory disabilities and appropriate community and support structures, for all dealing with the challenge of their disability, whether it be physical, sensory, mental health or intellectual, is underscored by the case studies.

The steering committee have brought not only their own expertise and experience into the project, but have included the guidance and lessons gleaned from the UN Convention on the Rights of Persons with Disabilities, the 2005 Disability Act and resulting Sectoral Plans, the HSE review on those living in congregated settings, the Social Housing Strategy, and other pertinent documents, in devising this plan.

Mar sin tá mé buíoch go bhfuair mé deis an plean seo a léamh agus gur iarradh orm an réamhrá seo a scríobh. Molaim go mór é, agus tá súil agam go mbeidh deis ag a lán daoine maireachtáil neamhspleách a bhaint amach dá bharr.

A handwritten signature in black ink, appearing to read 'Criona Ní Dhálaigh'.

Criona Ní Dhálaigh

Ardmhéara Bhaile Átha Cliath

Lord Mayor of Dublin





“ Dublin City Council promotes equal access to housing by ensuring that people with a disability are placed at the centre of housing policy ”

Background

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.

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 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, 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.

Social Housing Strategy 2020

The Social Housing Strategy 2020 rests on three pillars; the first pillar commits to increased provision of permanent social housing. The Strategy supports the acquisition of 35,000 new units over the period 2015 to 2020; in consultation with local authorities and with Approved Housing Bodies, annual delivery targets will be agreed for 2015 and for subsequent years. An enhanced role for AHBs is central to the Government’s vision for the provision of these additional housing supports.

DCC commits to ensuring that a proportion of the increased provision of units in Dublin City will be delivered

to people with a disability, people who are on DCC Housing Lists and those transitioning from Congregated Settings. Many of these people will have very specific design requirements. On the one hand DCC recognises that people who need units of non-standard design are unlikely to find them in the private rented sector or in existing general purpose social housing and on the other hand, under the Social Housing Strategy, capital for local authority social housing investment is being front-loaded.¹

National Disability Strategy

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, the Education of Persons with Special Educational Needs Act 2004 and Government policy of mainstreaming service provision for people with disabilities within the State agencies that provide services to citizens generally. The National Disability Strategy comprised 4 elements:

- ◆ The Disability Act, 2005;
- ◆ The Citizen’s Information Act, 2007;
- ◆ Sectoral plans – 6 Government departments, including the Department of Environment, Community and Local Government (DECLG) were required to develop sectoral plans under the Disability Act;
- ◆ A multi-annual investment programme.

¹ Social Housing Strategy 2020, pages 21, 27.

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.

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

UN Convention on the Rights of Persons with Disabilities

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.

Article 19 refers to living independently and being included in the community, stating that: "States Parties to this Convention recognise 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".

It is the Irish 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.

Report of the Congregated Settings Working Group

A working group, chaired by the HSE, and with representation from service providers, self advocates, umbrella organisations for people with disabilities, parent and user 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. 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 those services. The group recommended a physical move of residents from congregated settings to community based living.

The Congregated Settings Group identified that building capacity in the local community is critical to successful outcomes for those transitioning to community living. 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.

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

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.

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 and 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. It emphasises 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 to ensure appropriate housing is provided to people with a mental health disability.

Research

In the 20th century, seminal studies revealed the devastating nature of institutional life. Since deinstitutionalisation began, a large body of research has measured quality outcomes when people with intellectual disabilities move to smaller, more personalised, community-based living. Major academic reviews, summarising nearly 300 international studies since 1977, show that improvements are found in most aspects of people’s lives, such as in their personal skills, social relationships, and opportunities to exercise choice. If outcomes and costs are compared for people with similar support needs, the quality of community living options is considerably higher, yet there is no evidence they are more expensive than larger congregated settings. A clear picture therefore favours community rather than congregated living. (Linehan, C., O’Doherty, S., Tatlow-Golden, M., Craig, S., Kerr, M., Lynch, C., McConkey, R., & Staines, A. (2014). *Mapping the National Disability Policy Landscape*. Dublin: School of Social Work and Social Policy, Trinity College Dublin).



“ A Vision for Change which was launched in 2006, provides for a framework for action to develop a modern, high quality mental health service. ”

Purpose and Goal of the National Housing Strategy for People with a Disability

The National Housing Strategy for People with a Disability 2011–2016, published in 2011, and the associated National Implementation Framework, which are joint publications by the Department of Environment, Community and Local Government and the Department of Health, were developed as part of a coherent framework, in conjunction with the A Vision for Change (the Government’s mental health policy) and Time to Move on from Congregated Settings (the Report of the Working Group on Congregated Settings) to support people with disabilities in community based living with maximum independence and choice.

The vision of the Strategy 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.

The Strategy expects while acknowledging the challenges that this should be achieved within the mainstream housing environment.

The core goal of the Strategy is to meet the identified housing needs of people with disabilities locally whether they are currently living in the community and/or in a congregated setting.

The four categories of disability referred to in the Strategy are:

- ◆ sensory disability
- ◆ mental health disability
- ◆ physical disability and
- ◆ intellectual disability

The National Implementation Framework includes the following strategic aims

- ◆ Housing authorities will develop specific strategies to meet the identified housing needs of people with physical, intellectual, mental health and sensory disabilities locally. These strategies will be informed by the assessments of housing need and broader formalised consultation with relevant statutory agencies, service users groups and disability organisations.

- ◆ These strategies will form an integral part of local authority Housing Services Plans and will promote and support the delivery of accommodation for people with disabilities using all appropriate housing supply mechanisms.
- ◆ In line with the development of specific disability housing strategies, housing authorities will consider reserving certain proportions of units to meet specific identified need within each disability strategy.

It is intended that the strategy will form an integral part of the Housing Services Plans and will promote and support the delivery of accommodation for people with disabilities using all appropriate housing supply mechanisms. This strategy will also support longer term strategic planning.

This document that has been prepared by the Housing and Disability Steering Group aims to fulfil the requirements of the Strategy and provide the local authority and other housing providers with information that will strategically inform and guide housing provision for people with a disability over the next number of years. The goals of the Plan coincide with Dublin City’s Age Friendly Strategy. One of the cross-over actions agreed in the Dublin City Age Friendly Strategy is that “Dublin City Council’s Housing Department will work with the public, private and voluntary sectors to facilitate, design and deliver a range of homes for older people that enable them to remain in their communities for longer.”

Strategic Plan

Vision

Through forward planning and sustainable design, Dublin City Council and Partners will increase and improve the range of housing solutions for people with a disability to ensure that everyone with a disability will have a home suitable to their needs with any supports that are required to facilitate them living in the community.

Mission

Dublin City Council promotes equal access to housing by ensuring that people with a disability are placed at the centre of housing policy and by encouraging better communication and co-operation between all the relevant statutory and voluntary stakeholders.

Values

- ◆ *Inclusion:* We aspire to include adults, children and their families across the full spectrum of disabilities in the housing solution process.
- ◆ *Innovation:* We seek to use the latest technology to improve the quality and range of housing options for people with disabilities.
- ◆ *Collaboration:* We will work closely with all statutory and voluntary stakeholders to provide the housing & support services to which people with disabilities are entitled.
- ◆ *Sustainable Design:* We aspire to establish the concept of Universal Design and Wheelchair Accessible Homes as an integral part of the housing design process.

Challenges

There are a number of challenges which need to be addressed in order to achieve the vision and goals of the Strategic Plan and National Housing Strategy for People with a Disability.

- ◆ The lack of a continuous supply of appropriate, affordable housing is a significant barrier to the effective delivery of housing for people with disabilities. In addition, difficulties with the funding streams envisaged for housing delivery have also slowed the pace of what was set out in the National Housing Strategy for People with Disabilities in 2011.
- ◆ Severe congestion within the rental market.
- ◆ Disparity between current market rents and Rent Allowance levels.
- ◆ Rent Allowance tenants' required adaptations/aids/appliances are often not accepted by landlords in private rented accommodation.
- ◆ No budget for Disability Service Providers to enable them to provide the staffing required to facilitate people with disabilities living independently in the community.
- ◆ Difficulties/restrictions within RAS scheme.
- ◆ Even with a Housing Adaptation Grant, families are often unable to finance the excess cost required to complete home adaptation.
- ◆ Further clarity is required on the use of Capital Assistance Scheme (CAS) funding to provide housing options for those moving out of congregated settings or individuals with high support requirements particularly where the scheme may require registration as a designated centre.
- ◆ Relevant departments who work with individuals with a disability and their families such as the Department of Health, Department of Environment, Community and Local Government, and the Department of Social Protection require a more cohesive, integrated approach to progress the goals of this Strategic Plan and the National Housing Strategy for People with a Disability.

Objectives

1. To establish and map the housing needs of people with disabilities in Dublin City Council.
2. To ensure that the supply of housing solutions is adequate to meet the needs of people with disabilities in Dublin City.
3. To facilitate the delivery of a wide range of housing solutions using existing and innovative supply mechanisms.
4. To ensure that the housing needs of people with disabilities are prioritised in the planning stages of proposed housing projects in terms of design, allocation and management e.g. Part V arrangements and other proposals.
5. To instil practice whereby in multi-unit developments, the design and planning of housing units for people with disabilities is considered first, establishing design parameters for the scheme overall.
6. To produce guidance to explain and demonstrate the approach to universal design in housing including best practice built examples and reference material.
7. To promote and mainstream the concept of universal design and wheelchair accessible housing.
8. To ensure that person centred plans are in place for all those moving from congregated settings into the community where there is a reasonable expectation of a housing unit becoming available.
9. To ensure that support services are in place for people with disabilities who may require them.
10. To meaningfully engage with all statutory and voluntary agencies to enhance networking and develop better communication.
11. To encourage and facilitate collaboration and partnership in housing delivery
12. To work with all service providers to ensure that all areas of disability are given equal importance.
13. To work with the HSE to ensure that required support services are available to facilitate the tenancy where required.
14. To set up a one stop shop within Dublin City Council to provide a range of information services to people with disabilities.
15. To work in collaboration with statutory and voluntary agencies to ensure that forward planning is at the centre of service provision.
16. To facilitate the development and use of peer support arrangements through collaboration with the voluntary disability sector.
17. To prepare an implementation plan detailing how the actions will be achieved and timescales anticipated (*see pages 57–58*).
18. To carry out regular reviews of the Strategic Plan to assess its overall progress and outcomes achieved.
19. To develop pathways for people with a mental health disability through the proposed Operations Group.



Consultation Event

As part of the development of Dublin City Council's Strategic Plan it was important that people with a disability have the opportunity to discuss issues which have impacted on their housing needs.

On 13 October 2015 Cormac O'Donnell (Project Manager) and Neil Nerney (Assistant Project Manager) met with Valerie Bowe and members of Greater Dublin Independent Living Group.

Some of the issues raised by the participants were:

- ◆ Lack of joined up thinking with state bodies and service providers.
- ◆ When a person with a disability requests the support of the National Advocacy Board or an advocate, the advocate is invited to any meeting relating to the person with a disability.
- ◆ Good advocates are important.
- ◆ Moving to a new area is not just about having an accessible home; the person also needs access to the local community.
- ◆ A common sense approach to allocating units to people.
- ◆ Person's view must be taken into account; a decision can't be taken which affects a person without consultation and agreement with that person.
- ◆ Personal experience needs to be listened to.
- ◆ Dublin City Council housing staff that appear to lack knowledge or empathy with people with disabilities asking for advice or help.
- ◆ Builders shouldn't be paid until the end user is happy that the work suits their needs.



Person Profiles

and Housing Solutions



“ ...a home has to be comfortable and functional, it should also give you an opportunity to be part of a community ”

Don — Sandymount

Don, who has a physical disability and is a wheelchair user, says “Having waited over 20 years to find the right home, as a person with a disability I would caution others that require bespoke housing against rushing into decisions. You have to be careful that you find a home in a location that works for you. When you are living in unsuitable accommodation, it’s very easy to focus on accessibility alone. But it wouldn’t solve your problems if you took a wonderful house in an inaccessible environment – you’d just be changing one trap for another. I recognise that it’s not always possible to find the perfect solution, so you may find yourself having to make a judgement call. My advice would be to remember that while a home has to be comfortable and functional, it should also give you an opportunity to be part of a community and to access the elements of your life that are important to you, whether that is work, family, friends, or community activities.

As for myself I was born in Dundalk but have been living in Dublin for over 30 years. I initially moved here to work and I am now just 10 years from retirement. I got a job in the then Department of Agriculture in 1981. At the time there was no accessible accommodation in Dublin, so I started out living in a Rehab group house in Rathmines. I eventually got on the Dublin City Council (DCC) housing list and while I was waiting I was put in a small DCC apartment off Lower Mount Street.

It was part of a complex designed to provide sheltered accommodation for the elderly, although I was only 22 at the time!

For the first number of years, I shared a small apartment with another young man with a disability. The place was small and not fully accessible or large enough for one wheelchair never mind two but I was young and fit so I could manage. I now realise that living space is so important: it facilitates family and social gatherings and accommodates live in help if required. As I got older life got harder. By 2003, I had been on the housing list for 20 years, and I decided it was time to up the game in terms of lobbying for more suitable accommodation.

My Primary Health Team including an Occupational Therapist (OT) were supporting me in this process, and in 2004 they became aware of a green field development in the area – an old water pumping station on Londonbridge Road in Dublin 4, where apartments were going to be built around a Victorian chimney and converted industrial building.

When I first saw the development it was only at planning stage. This gave me an opportunity to get involved in designing my apartment from scratch. I worked with my OT to plan all aspects of the accommodation, from the kitchen layout to the position of the hoist. My OT was excellent; she did a lot of liaising with the architect from Dublin City Council on my behalf. I found becoming involved at the earliest stage of my project helped create the best result.

It would take four years before the construction was complete and I could finally move into my two-bedroom apartment. It was a lengthy process but well worth the

time and energy we invested. I now have a home that will meet my needs for life.

My advice to others would be: Even if you don't have your ideal home yet, start planning for it. Design it in your mind, so that you can go to your local authority or your architect and be assertive and realistic about what you are looking for. Putting thought into these things places you in a much stronger position.

In my case, customised adaptations play an important role in maximising my independence. Inevitably I was getting older so lifelong adaptations were included in the prebuild planning.

Post-built adaptations are much more expensive and usually not as successful as those which are pre-planned. In the kitchen, the work-tops were positioned at a comfortable working height and appliances such as the fridge were placed on shelves, raising them off the ground so they are easier to access. These kinds of details are very individualised because everyone has different requirements. For example, I have an adjustable chair so I don't need height-adjustable units: in fact for me, it's more of a problem to get at something very low than something high.

All the kitchen sockets, which would normally be placed on the wall above a worktop, have corresponding switches located at an accessible point near the door to the open-plan living/kitchen area. This means that when I come in the door, I can put the kettle on, or heat up the hob without having to stretch across to a switch at the back of the worktop. I have also mounted the sink mixer taps at the side of the sink, close to the front of the worktop, for ease of access.

Similar attention to detail is evident throughout the apartment, including the positioning of the thermostatic heating controls for each radiator at light-switch height. This means I can turn radiators on and off and control the thermostats. Being able to adjust radiators down when they are not needed is very important, because these energy savings add up to an awful lot when you use

something every day. In the bathroom and bedroom, a hoist enables me to self-hoist and transfer using a ceiling track. This allows me to get into bed or onto the toilet safely and without the fear of falling. It's brilliant because it gives me that freedom while maintaining my privacy.

When it came to arranging furniture, I decided that all furniture should be placed on or against the wall, keeping the centre of the floor free. It's quite a large room but it would annoy the hell out of me to have a coffee table in the middle of the floor, for example! It's easy to avoid obstacles by placing CD players, TVs and storage units on wall brackets. It makes sense to use every inch of wall space, so you can keep the floor space as your own.

The apartment opens onto a paved courtyard, which is ramped where necessary. In the middle we have the big old chimney from the original pumping station, which is a nice local landmark. The development is all corporation tenants, many of whom came from the area and have known each other all their lives, so there was a ready-made sense of community. It was good because from the start there was a feeling that people were working together to keep the place clean and make the most of the communal garden. At Christmas and Halloween the building gets decorated by the residents, and in summer there will be the odd barbeque. Everyone knows their neighbours, so people look out for each other and that adds to peace of mind for us all.

I still work in the Department of Agriculture, Food and Marine on Kildare Street. It only takes five minutes to drive into work with my Personal Assistant, or if the weather is good I can go in my wheelchair which takes about half an hour. I'm also close to Lansdowne Road Dart Station and to the number 1 and 47 bus routes, both of which are accessible. All in all, it's a great location – not too far away from the city centre or from Sandymount Beach, and close to the shops in Irishtown. An established community and access to services makes it so much easier to avoid a sense of isolation."

Physical Disability and Housing

Physical disability arises from a condition or impairment that a person may acquire during their lifetime or is present from birth. People who have a physical disability will often use a mobility aid or combination of mobility aids for assistance with moving about. The use of mobility aids can include: a walking stick, a walking aid, crutches, manual or powered wheelchairs, mobility scooters. Some people who have a physical disability may require the assistance of a PA (personal assistant) or carer in carrying out daily living tasks. Some conditions or impairments may be progressive and people may lose ability as the condition progresses or as the person ages. Dublin City Council recognises that the use of mobility aids and the assistance provided by a PA or carer requires additional space and a particular emphasis on accessible design is required in the planning for the “accessible” housing unit. Planning for accessible housing must also factor in the future as well as the present need as people’s requirements will change over time.

Arising from the use of mobility aids and the need for assistance with daily living tasks, Dublin City Council acknowledges that people who have a physical disability have very specific and often individual housing requirements in terms of design, location and on occasion a preferred type of housing/living situation, i.e. independent living, supported independent living and group or shared living. Dublin City Council recognises that any consideration of social housing provision for people with a physical disability must be set within the mainstream context so that all available social housing options can accommodate the requirements of people with a physical disability including any social housing that is planned under specific schemes, e.g housing for older persons, housing for Travellers, housing for people coming from a homeless background etc.

Location: In general people who have a physical disability being part of every community require accommodation to be in a location of their choosing where possible and mixed in with general housing rather than being segregated or clustered within a housing estate or having

group or shared accommodation built separate to the wider community. It is important that housing is close to accessible public transport services, shopping and community facilities.

Design: Dublin City Council commits that the design of a home suitable for a person who has a physical disability will provide sufficient space for good circulation to and throughout the home with access to all facilities within the home including any required environmental supports such as the use of environmental controls. An additional bedroom will be provided where a PA or carer is providing an overnight service. DCC recognises the desirability of the future tenant’s involvement in the design of the home, wherever possible, in order to pre-identify and plan for any specific and individual access requirements.

Type of living situation: People with disabilities may have preferred housing/living preferences i.e. independent living, group or shared living. Dublin City Council will endeavour where possible to provide or commission the provision of these various housing/living preferences as identified by housing applicants.

Personal Supports: Where people require assistance with daily living tasks these services are funded by the HSE and provided either by the HSE or by a designated service provider. There is a requirement on HSE Disability Services to collaborate with Dublin City Council and Service Users to ensure the provision of adequate personal supports that will sustain independent living when an offer of accommodation is made by the Council Housing Department.





“ Seamus reports he is extremely happy with his new home. He has settled back into his community, has made new friends, reconnected with old friends and with his family. ”

Seamus – Ballymun

Seamus, who has a mental health disability, is a forty two year old man who is originally from North Dublin City. He is from a large family with whom he has strong ties. Throughout his life he has maintained frequent contact with his parents, who he visited on a regular basis. He speaks warmly of his youth and talks often of his childhood adventures in his locality.

Seamus was diagnosed with schizophrenia with marked paranoid features in his late teens. His first admission was in 1991 and for many years he was very unwell. He had multiple admissions to hospital over the next nine years, causing strain on his family and social relationships. There was a noted prevalence of poly substance use and poor compliance with medication around this time.

In 1998, due to his mental ill health he obtained a conviction for stealing a bike and was sentenced for one year. He entered the Central Mental Hospital and the mental health system. He identifies this time as a period of strong anxiety and distress.

At this time Seamus became homeless as it was no longer viable for him to return to his family home. It was noted that Seamus suffered from a mild learning disability, with poor education and insight in relation to his diagnosis. From 2005, he entered a High Support Hostel, and lived there for the next seven years.

His mental health improved over this time due to ongoing intense support from his mental health team. He became stable on medication, and started to manage his mental wellbeing and diabetes well.

Seamus strongly expressed his desire to have a place of his own and his social worker helped him apply for housing with Dublin City Council. The interview did not go well, as staff felt that his support needs were higher than they could cater for.

In 2011, it was identified that Seamus' continued improvement could be facilitated through a rehab hostel in order to prepare for independent living. He moved to the Blanchardstown Mental Health Rehab Team (MHRT) which utilised a multi-disciplinary approach. Seamus made great strides in this environment through a targeted programme tailored to his complex needs.

At this time there was a marked improvement in Seamus's confidence, reduced anxiety and improved social skills, with only rare "off days" where he had increased symptoms. He started to manage his own medication, and administer his insulin injections.

He was referred to the Doras Project with HAIL in 2013, and through intense support they prepared him for housing interviews and with reconnecting back into the community.

Seamus partook in two courses through the Foundations Programme, in Parnell Square. One of these was the Settlement Skills Course and the next was a cookery course which facilitated Seamus to prepare for independent living. Through completion and graduation Seamus acquired the confidence and ability to live in a home of his own. Contact was made with Dublin City Council to update on Seamus's changed circumstances,

his improvement and that he was now ready for independent living.

Seamus has a strong interest in purchasing second hand goods, and visits local charity shops and car boot sales on a regular basis. He reports that he really enjoys this pastime and has made social contacts whom he visits regularly. When looking for housing for Seamus, it was recognised that ongoing support would be beneficial to ensure his success with maintaining his home and managing his mental health. Therefore housing with HAIL was identified as an ideal option.

Through coordinating with the Mental Health Rehab Team and HAIL Housing Support Seamus could receive ongoing support throughout his tenancy tailored towards his specific needs.

In February 2014 an opportunity arose for Seamus to interview for a property in his locality. This was a property from DCC and managed by HAIL. This was discussed with DCC who gave the go ahead with his application.

With a large commitment from Seamus, the Doras Project (now Slan Abhaile Project) with HAIL, and his Mental Health Rehab Team, intense preparation was completed for the interview. He was successful at this process and obtained the keys to his apartment at the end of March 2014.

Seamus has lived in his apartment independently for the past year, and reports he is extremely happy with his new home. He receives weekly support from his HAIL Housing Support Worker, and continues to link in with his Mental Health Rehab Team. He has settled back into his community, is partaking in a course close to his home, and has made new friends, reconnected with old friends and with his family.

Seamus says “I always wanted a flat in Ballymun, I love it here! I visit my family, my parents, brothers and sisters, nieces and nephews, all nearby. I cook dinner when I want and I eat when I want. I have been waiting 20 years for this.”

Mental health and housing

In Ireland one in four people experience some degree of mental health problems in the course of their lives and it can affect any person at any age. Most of us recover from a period of mental ill health and symptoms are only evident during an episode of illness; with support from family and friends people commonly move on with their lives. Other people need some degree of formal or informal supports for a period of time; however, a small minority of the population find their symptoms are more persistent and disabling and need longer term social and professional support.

“The term mental health problems describe the full range of mental health difficulties that might be encountered, from the psychological distress experienced by many people, to serious mental disorders and illnesses that affect a much smaller population” (A Vision for Change, 2006).

The perspective on mental health care is now one of a whole system approach in which finding the person a home is integral to their mental wellness. By meeting this basic human need of refuge and safety a person can reclaim their social roles and this can help the person move towards a determined life and recovery. All mental health policy documents have shifted away from focusing exclusively on symptoms and there is an increased emphasis on rebuilding a person’s valued life.

There is a requirement on both the housing authorities and the mental health services to collaborate with service users/carers and each other to ensure the provision of an integrated housing plan with appropriate supports in place for those who need them.

The future housing requirements for those with longer lasting mental health needs is to be delivered by the local housing authorities directly or indirectly through approved housing bodies with appropriate support from their mental health community based teams. This separation of the provision of housing and support elements will help a person to live an integrated life of their choice in the community.

Location: Dublin City Council recognises the importance of housing location for those persons with more enduring mental health needs. It is important that the person remains connected to their support network of family, friends, work and their mental health services. Independence, security, social inclusion and a sense of belonging are all affected by location. This is a paramount consideration in sustaining the person in their community.

Design: The environment in which we live can impact positively or negatively on us all. Similarly to people with physical disabilities (and everybody), a well organised, tailored, environment can make it easier for people with mental health problems to carry out daily living tasks, reduce environmental stressors and promote independence and quality of life.

Article 19 of the UN CRPD (United Nations Convention on the Rights of Persons with Disabilities) makes it clear that institutionalisation of disabled people is no longer an acceptable strategy and highlights State responsibility to ensure:

“Equal rights of all persons with disabilities to live in the community, with choices equal to others”



Luke – Finglas



Luke has autism and his mother spoke of her experience in applying to Dublin City Council’s Home Grants Section for a housing adaptation for Luke. “My experience of applying to Dublin City Council for a grant for my son Luke who has autism was a very positive one from the first time I rang, in fact any time I rang the grants department after that the staff were always helpful answering questions I had. I was told what I was required to have, such as an Occupational Therapist report, Doctors report etc. Once I submitted these it was a few weeks later that I was granted approval. Luke loves his new bedroom which is so airy and spacious as he says *‘It’s like having his own apartment and he now has lots of room for all his stuff’*. It’s made such a difference to Luke to have his own space and to us as a family.”

Autism & Housing

Autism is a lifelong developmental condition that affects the way a person communicates, interacts and processes information. Those with autism are considered to have a triad of impairments in social interaction, in communication and the use of language, and in limited imagination as reflected in restricted, repetitive and stereotyped patterns of behaviour and activities. The autism spectrum refers to the range of ways the condition presents in an individual which can vary greatly from person to person and throughout their life. Due to the range of the spectrum some individuals also have an intellectual disability, while others are of normal or exceptional cognitive ability.

Other issues that affect those with autism are sensory sensitivities i.e. being under – (hypo) or over – (hyper)

sensitive in each of the sensory modalities. An individual may be hypo-sensitive to a particular smell while being hyper-sensitive to a specific type of lighting in a room. Such sensitivities vary from person to person and even within a person, i.e. during times of stress the person may experience changes in their usual levels of sensitivity in that certain sounds, for example, are no longer tolerable.

Individuals with autism are also at risk of developing mental health issues such as anxiety, depression and psychosis. They may also have other conditions such as epilepsy, metabolic disorders such as phenylketonuria, and genetic conditions such as fragile X syndrome and physical disabilities.

It can be argued that impairment in social interaction is one of the core defining features of autism, and therefore people with autism are more likely to experience difficulties establishing relationships, accessing employment and utilising resources within their community. Thus, the very nature of autism means that individuals on the spectrum are at greater risk of social isolation and exclusion from society in comparison to their peers.

Location

In order to provide the individual with the greatest number of opportunities to further their skills and foster personal development, it is preferable for them to live as part of the community rather than as part of a segregated service. Key issues such as access to local amenities, family and support services must be considered. While some individuals will choose to live in close proximity

to a major town or city, others will benefit from a rural location, particularly if they have significant sensory issues or require easy access to green spaces. The social naïveté which is often present in those with autism puts them at risk of bullying and victimisation and may occur regardless of whether they choose to live in an urban or rural location. Such vulnerability highlights the need for social supports through formal services and integration with local networks of support in the community.

Design

Some individuals will enjoy the sense of security provided by living within an apartment complex, while others will welcome the greater privacy and outdoor space afforded by living in a house. Design points such as open plan living may prove problematic for individuals with noise sensitivity. Shared space such as bathrooms may also be problematic for some individuals due to a fixed notion of personal space – in a residence with multiple bedrooms there may need to be an en-suite for each occupant, including support staff. In line with the Disability Act 2005 and the concept of “Universal Design”, the living environment must be capable of being adapted to the changing needs of the individual across the lifespan. The

physical environment must also take into account any physical mobility issues present or which may develop as the individual ages.

Type of Living Situation

Autism is a complex disorder and individuals on the spectrum are diverse in their support needs. Thus, a flexible and individualised approach should be adopted in line with a Person Centred Planning framework. The most positive outcomes for individuals and their families are often associated with a housing model that supports the individual in a single-occupancy arrangement. This form of accommodation must be suited to the needs of the individual but will generally need to be a two bedroom residence to also provide staff accommodation; some individuals will require staff support on a long-term basis while others will require support during brief periods of acute stress. Other individuals may choose to live with another person who is also on the spectrum and so a three bedroom residence will be required. Few individuals with autism will choose to live with more than one other person on the spectrum due to the competing needs inherent in autism.



“ Seanna Cill is a good place to live, I get to go to lots of different places and the staff support me to learn new skills. ”

Graham — Coolock

“My name is Graham Bewley I moved into St Mary’s hospital in Baldoyle on the 26/10/1990 when I was 4 years old. I lived in Baldoyle until I was 23. In June 2009 I came to live in Seanna Cill St Michael’s house.

Seanna Cill is a residential house in Artane. It is in a really good location because it’s close to the cinema, leisureplex and shopping centres like Clare Hall and Northside. It is close to different Dublin Bus routes that go to places like the City Centre, Swords and Portmarnock. It is close to my mam’s house, which makes it easy for me to get home every weekend and for my mam to come and visit. My girlfriend lives in another St Michael’s House residential unit close by, I go to see her every Wednesday and can travel independently by taxi. In Seanna Cill I get to help out with jobs around the house, just last week I helped paint our patio area. Seanna Cill is a good place to live, I get to go to lots of different places and the staff support me to learn new skills.

Since moving into Seanna Cill I attend a St Michael’s House training centre five days a week. In the training centre I do courses and go on different outings and day trips. I just completed a FETAC level 5 training course in computing, which I really enjoyed.

I really like living in Seanna Cill. Even though it was hard for me at first I think it was a good move for me.”

Intellectual Disability & Housing

Intellectual disability may be described in terms of mild, moderate, severe or profound.

Having an intellectual disability does not mean that a person is unable to lead a fulfilling life in the community. It does however mean that they may require certain supports in order to do so.

People with disabilities make up a large part of our society but they are often more likely to be excluded from having a valued role in the community, and to have difficulty accessing suitable housing, employment, educational and social opportunities. They are also more likely to experience multiple disadvantage and poverty. For example, one may be a single parent to a child/adult with disability, may be from a different ethnic background, on social welfare (as the caring required by person with intellectual disability frequently prevents participation in employment by parent/s). Multiple disadvantage seriously impacts on one’s access to housing options

Dublin City Council is committed to supporting access for people with disabilities (and their families) to a full range of housing options. This commitment is underpinned by National Policy and Legislation as outlined in “A Time to move on... Congregated Settings report 2011,” “National Housing Strategy for People with Disabilities 2011–2016,” “Moving on, N.I.I.D 2014”.

In line with one of the key objectives of the National Strategy, our aim is to facilitate equality of access to the full choice of mainstream housing options, as required by people with disabilities, in order to enable them to live in a sustainable tenancy and to support them to live as independently as possible as valued members of their community. We also acknowledge that disability care

has moved away from a medical/institutional model to a social/community model.

To this end Dublin City Council aims to develop a process of engagement and consultation with people with intellectual disability, their families/advocates and service providers regarding living arrangements.

Location

In general, people with intellectual disability experience better outcomes living in community settings, once necessary supports have been provided. Housing therefore should be in an area of choice as expressed by the person themselves, with good local infrastructure. Being close to family, natural support networks and service providers are key considerations.

Being located far from one's own local community and natural supports increases isolation and dependency and can increase vulnerability for people with disability, for example, becoming targets of anti-social behaviour.

Design

The Disability Act 2005 outlines that *“Universal Design is 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”*.

The living environment can have a significant impact on health and wellbeing and this is particularly true for people with intellectual disability. In designing a home for life, we must be cognisant of its ability to adapt and change over time, facilitating an “aging in place” model of care.

Many people with intellectual disability also have physical disabilities and therefore the physical environment must reflect and support this need.

Type of Living Situation

People with intellectual disability and their families are not a homogenous group. They have very diverse and individual housing needs. Relative to the general population, people with intellectual disability can experience higher prevalence rates in relation to other needs and complexities such as physical/sensory disabilities; autism; mental health issues; and poverty. As a result there is no prescriptive “one size fits all” with regard to housing. Rather people with intellectual disability and their families require a flexible and individualised approach which understands and responds to their unique circumstances.

People with intellectual disability may choose

- ◆ to be supported to live alone
- ◆ to be supported to continue to live with their family
- ◆ to be supported to live with others with/without disabilities





A photograph of an elderly woman with short white hair and glasses, wearing a white patterned top and black pants, sitting on a wooden bench. She is smiling and has her left arm resting on the bench. Behind her is a modern building with large windows and a sign that reads "Deaf Village" in blue letters. The sign features a stylized blue 'V' logo. There are green plants and a small tree in the background.

Deaf Village

“Community is absolutely essential to human life and never more so for deaf people.”

Josephine – Cabra

Josephine is a deaf lady and says “Community is absolutely essential to human life and never more so for deaf people. For many years after I left school I mixed within the Dublin deaf community and was an active member with them. I sat on the committees of many deaf organisations. I never felt isolated when with them but when I would go to work and being the only deaf employee there, I felt isolated and excluded. Deaf people often feel isolated from their hearing family, friends and co-workers if they do not use Sign Language. It does not matter if I am at a big party with hearing people I would feel excluded, whereas if I was in a party with a crowd of deaf people I had no problem and felt at home with them.

A few years ago I moved down the country with my husband who moved into a nursing home. That happened due to a long waiting list in the Dublin area and also due to the high costs. It was lonely for me and I found it hard to cope. I had to deal with all the professionals on behalf of my husband and I became frustrated and depressed. I did not see my deaf friends for weeks on end.

I did occasionally pop up to Dublin to meet them. I endured eight years of that until my husband passed away.

While I was living down in Wexford I noticed many deaf people from the surrounding counties, especially the deaf women, had feelings of exclusion and isolation. I got a few women together and set up the South East Deaf Women’s group. It was a great success and

is still very active today. From being away from the deaf community in Dublin I came to understand what isolation was.

I returned to live in Dublin, thanks to Dublin City Council for housing me. I started to rebuild up my life again within the deaf community and I now feel a lot better. The epicentre for the deaf community is at the Deaf Village at Ratoath Road, Cabra, Dublin 7. It is an inclusive state-of-the-art facility providing sporting, social, religious, heritage, educational, community and cultural services and amenities for the deaf. It is staffed by both deaf and hearing people, operating in an integrated coalition where various deaf organisations work together. Most people there use Irish Sign Language and hearing workers are encouraged to learn it. It is the perfect place for deaf people to be inclusive in group and community life and to form friendships and relationships.

My thoughts go out to all those deaf people living isolated lives in their homes, in Institutions, care homes, sheltered housing, prisons, and psychiatric hospitals around the country and who have no opportunity to meet and mix with people who can communicate with them.

Their sense of isolation can lead to depression, poor self-esteem, self-pity, feeling disconnected from or the actual loss of relationships, and loss of love. There is a need to get those deaf people out of such institutions and provide them with independent housing for their own well-being and dignity. The element of transition

for them should be a focus on housing and access to community integration.

It would be appropriate when housing deaf people who have been isolated that Dublin City Council considers locating them close to the Deaf Village and to provide them with means and resources to travel to the Village. Every human being deserves to be treated with dignity.”

Definition

A sensory disability is a disability of the senses (e.g. sight, hearing). There are a range of sensory disabilities which include those outlined below.

In relation to sensory disability, the housing needs of deaf people differ greatly from those of blind or visually impaired people. Deaf people’s home adaptation requirements are mainly in the health and safety area within the home. Typically these will include flashing doorbells and fire alarms, and vibrating pillow pads for fire/smoke alarms at night. Some tenants might need adapted baby alarm equipment. People with impaired vision do not need houses to be designed in any particular way in order for them to be able live comfortably in them. Specific

adaptations can be made to their homes, according to the differing types and levels of vision of each individual. For instance, some people need bright light to optimise their use of their residual vision, and will appreciate a house which is designed to allow plenty of natural light to enter. Others have light-sensitive eyes, and will need dimmer switches for artificial light, and blinds and curtains to control natural light. Some people will need extra storage space if they are Braille readers, as Braille books take up much more space than print books.

They may also need to use a Braille printer as well as an ordinary printer, if they are using a home computer. People who have impaired vision but do not use Braille will simply need the same space as any other computer user.

The main difficulty people with impaired vision come up against, in relation to housing, is access to/from their home and other places to which they need to go. Houses allocated to people with impaired vision should be within easy reach of bus stops and pedestrian crossings, and, if possible, within an easy walk of a corner shop and a Post Office (for collecting their pensions).





“ The Congregated Settings Group identified that building capacity in the local community is critical to successful outcomes for those transitioning to community living. ”

Quotes from Participants

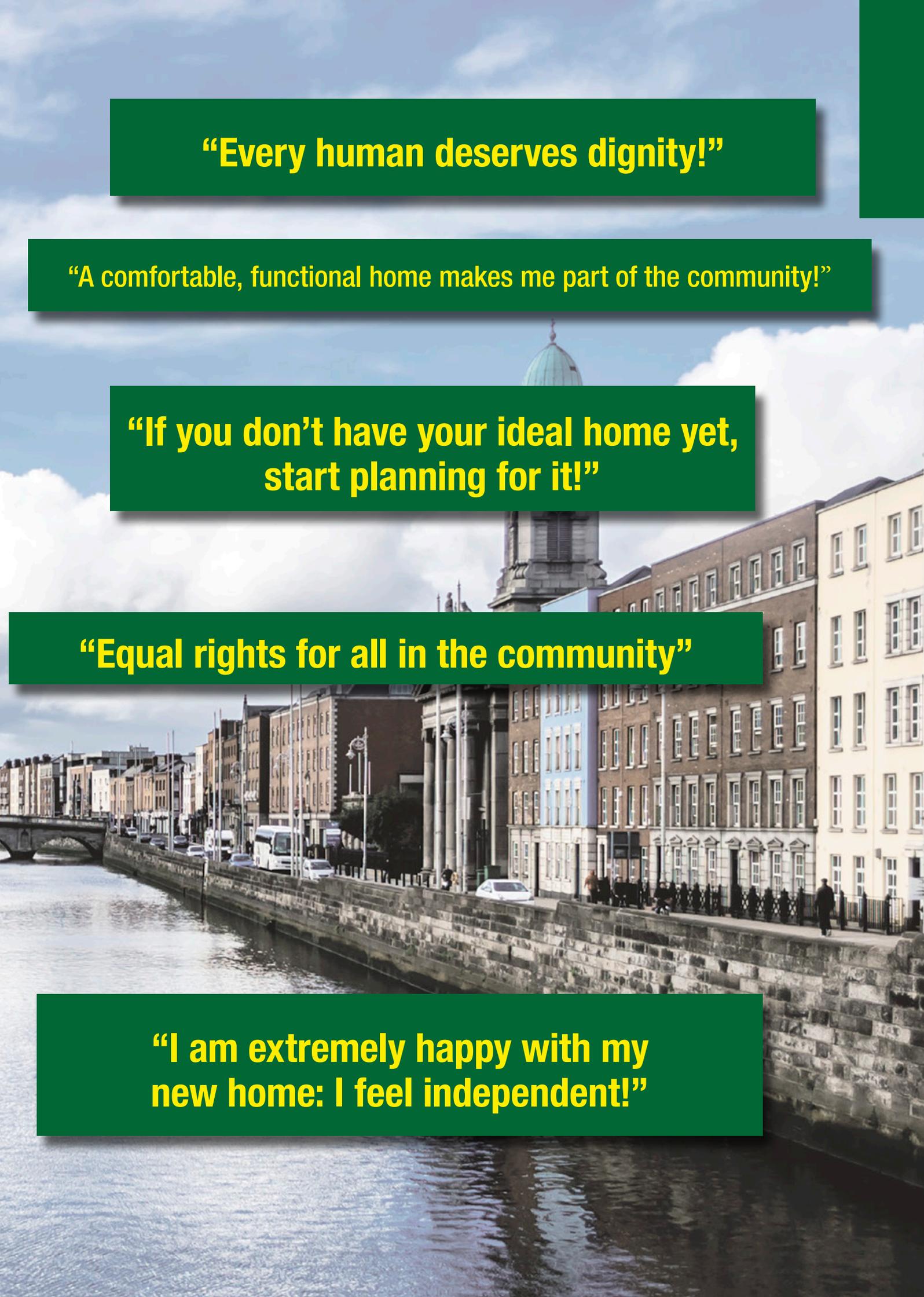
“People with disabilities make up a large part of society”

“My experience of applying for a grant was very positive!”

“I have a home that meets my needs”

“Customized adaptations play an important role in my independence!”

“It has made such a difference to us as a family”

A scenic view of a city street along a river, featuring historic buildings and a stone wall. The sky is blue with some clouds. The buildings are multi-story, with a prominent one having a dome. A stone wall runs along the riverbank, and a bridge is visible in the distance.

“Every human deserves dignity!”

“A comfortable, functional home makes me part of the community!”

**“If you don’t have your ideal home yet,
start planning for it!”**

“Equal rights for all in the community”

**“I am extremely happy with my
new home: I feel independent!”**

Roles and Responsibilities for Housing and Related Support Delivery

Housing Authorities

Local Authorities acting as Housing Authorities have a key role in recording social housing needs and in the provision of social housing for all eligible persons with a disability, including people currently living independently, or with families or in other arrangements. Local Authorities fulfil numerous housing functions, including the strategic co-ordination of social housing provision by other stakeholders and housing providers that will realise housing solutions for people on Social Housing Lists. The Council also operates the RAS (Rental Accommodation Scheme), the HAP (Housing Assistance Payment) and other housing support schemes as directed by the Department of the Environment.

In many cases the housing solution for the individual will also require the support of the Health Service Executive (HSE) and in some instances for the HSE to provide a leadership role in identifying and activating a response to housing need.

Approved Housing Bodies

Approved Housing Bodies (also known as housing associations) are non-profit organisations whose purpose is the provision and management of housing for households who are in housing need. Provided they meet certain criteria, voluntary housing associations can apply for “approved status” from the Minister at the Department of the Environment, Community and Local Government under Section 6 of the Housing (Miscellaneous Provisions) Act 1992.

What types of housing does the sector provide?

Housing associations primarily provide social housing for the following:

- ◆ Families on low income,
- ◆ Elderly people,
- ◆ People with disabilities,
- ◆ Homeless people.

The type of accommodation provided ranges from standard terraced/semi-detached housing to apartment units. There are also many housing associations within the sector who provide supported accommodation to special needs groups such as the elderly and this is often in the form of supported housing and group housing.

Housing associations allocate tenancies to households who are taken from the local authority housing list and that qualify for housing under the social housing needs assessment.

Approved Housing Bodies are significant providers of social housing to people with disabilities and play a key role in working in partnership with disability support providers and other mainstream services.

The Approved Housing Bodies will be one of the main housing providers under the initiatives set out in the Housing Strategy for People with a Disability, whether through Capital Assistance Scheme (CAS), leasing or purchase models.

Health Service Executive (HSE)

In some cases the HSE is the direct service provider to an individual. In addition, the HSE is the current funding agency of support services provided by third parties. The HSE is also one of the main drivers of the deinstitutionalisation of residents from congregated settings.

In addition, the HSE must identify individual support costs and continue to provide funding for residents transitioning from congregated settings in their new housing environments. The HSE has the overall statutory responsibility for the management and delivery of healthcare and personal social services. In respect of disability services, the HSE's responsibility is fulfilled by the provision of services directly by the organisation and also to a very significant extent by the funding of non-statutory organisations to provide such services on its behalf. The HSE aims to support each individual with a disability in living as normal a life as possible, in an environment that provides opportunities for choice, personal development, fulfilling relationships and protection from exploitation and abuse. With regard to individuals currently residing in a congregated type setting, the HSE strongly supports their transition to more socially inclusive community integrated services and is fully committed to ensuring that people with disabilities will be actively and effectively supported to live full inclusive lives at the heart of their family, community and society. Also key is the HSE's responsibility to provide personal supports for those on the housing waiting lists who require these supports to obtain appropriate housing and to live independently in the community.

Service Providers

This would include HSE (direct service provision) service providers and the non-statutory service providers such as MS Ireland, Autism Ireland, Alzheimer Society, Irish Wheelchair Association, etc. organisations that provide a wide range of personal support services. Where people are transitioning from congregated settings responsibilities will include the development of an overall project plan to include a person centred plan for each individual who is transitioning, provision of information with regard to housing options, supporting the individual with regard to application for assessment of housing needs, access to an external advocate, support around tenancy arrangements, care support needs identified, assistance with the development of circles of supports etc. Service providers must also participate in the local implementation teams, identify any obstacles/challenges to transition etc.

Private Developers

Through Part V arrangements with local developers Dublin City Council may purchase 10% of properties within private developments. These properties are then available to the Council for allocation to people on the Council Housing Lists.

People with Disabilities and their Families

Individuals with disabilities engage, first off in making an application to the Council for a Housing Needs assessment. Then when the person is accepted onto the Housing List and a potential property identified the person may be involved in advising on the design of the housing unit to suit their needs and, through their organisations, in contributing to future policy development and implementation. Where a person is resident in a congregated setting they will be involved with staff there in drafting their Personal Care Plan and in progressing their move to community based living of their choice.

Housing Need of People with Disabilities in Dublin City

Housing need has been defined as the extent to which the quantity and quality of existing accommodation falls short of that required to provide each household or person in the population, irrespective of ability to pay or of particular personal preferences, with appropriate housing. This definition applies equally to all people with a disability.

The assessment of an individual need for Social Housing Support is based on the individual's lack of ability to provide housing from their own means. The last Housing Needs Assessment took place in 2013 and reported 16,171 households in the Dublin City Council Administrative Area qualified for social housing support. Under the new Social Housing Strategy, Action 34 commits to increasing the regularity of the Housing Needs Assessment by undertaking it on an annual basis, from 2016 onwards. The housing need is the type of housing size, design, location and any associated support that is required to allow the person to live appropriately. There is a legitimate expectation amongst adults with disabilities to have access to housing from which they can build their lives. According to the National Guidelines for the Assessment and Allocation Process for Housing Provision for People with a Disability, "*People with a disability **shall not be deemed adequately housed** when their current address is a congregated setting, institution, hospital/*

nursing home, community based group home, or when they, although an adult, remain in the family home due to their personal circumstances and/or support needs..." p8. The National Housing Strategy for People with a Disability recommends the prioritisation of housing need where people on the Council Housing Lists are unnecessarily having a prolonged stay in hospital because their previous accommodation is no longer suitable to their changed housing need.

In relation to people with a disability who are living in congregated settings, 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. It is Government policy that people at present living in residential institutions move to living in community based accommodation of their choosing with any required personal supports and that further admissions to residential institutions cease.

Current Demand

Housing Waiting Lists

It is accepted by disability organisations that the housing need of people with a disability, including people who are inappropriately living in nursing homes or who are still in hospital long past the point when they need a hospital admission, is significantly under-recorded. The numbers currently on Dublin City Councils Housing List are listed below.

	Total 639
Physical	380
Sensory	62
Mental Health	130
Intellectual Disability	67

Emerging Disability Need Over 18 Years

On average 2–3% of housing applications received annually are from people with a disability. As stated above, it is important to note that it is accepted by disability organisations that the housing need of people with a disability is significantly under-represented on Dublin City Council's Housing List. This figure of 2–3% would be expected to increase as the Dublin City Council Strategic Plan is rolled out and with increased awareness more people with disability apply for housing need assessment year on year.

The following are the current numbers of people with a disability who are not currently on the housing list who have a housing need as identified by disability service providers.

	Total 248
Physical	62
Sensory	4
Mental Health	16
Intellectual	166

Housing Transfer Lists

Dublin City Council has an existing housing stock of approximately 25,000 units. Annually a number of tenants, through new disability or injury, require alternative accommodation due to the inadequate nature of their existing living accommodation. This can be addressed through a transfer arrangement if appropriate accommodation is available. The decision to transfer may be made as a less costly alternative to adaptation works or were necessary adaptation works are not feasible due to the nature of the property.

	Total 196
Physical	102
Sensory	9
Mental Health	58
Intellectual Disability	27

Emerging Disability Need Under 18 Years

The Local Authorities can only deal with Housing Applicants and households already identified to them through the Social Housing Support Application Process. However, it is accepted that there will always be an emerging need in this area. This is forecast based on past evidenced presentations and projections from those currently in receipt of care and under 18. The needs of individuals will vary and as a result the housing needs will vary.

Source	Likely Disability	Total 123
Dublin City Council Allocations	Physical:40 Intellectual:49 Mental Health: 7	96
Daughters of Charity	Intellectual	20
St Michael's House	Intellectual	7

Owner Occupied Stock

Requirements for adaptation or alternative accommodation due to disability arise in Owner Occupier properties. From a housing authority perspective, this can be gauged by the number of applications made annually for either Housing Adaptation Grants or Mobility Aids Grants. The table below outlines the number of applications made annually under these schemes for the past three years. From these, the number of applications predicted over the coming years are contained in the second table.

	2012	2013	2014
Housing Adaptation Grants			
Small Works	950	612	371
Major Works	156	102	55
Mobility Aids Grants	79	44	40
Total	1185	758	466

	2015	2016	2017	2018	2019
Housing Adaptation Grants					
Small Works	626	638	652	666	680
Major Works	105	107	110	113	116
Mobility Aids Grants	45	47	48	49	49
Total	776	792	809	828	845

Source: Eurostat – (<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&int=1&plugin=1&language=en&pcode=tsdde511>)

Local Authority Tenants with Disabilities

The City Council operates a programme of adaptations for tenants with reduced mobility. The number of applications vary from year to year with a total of 311 received in 2012 and 169 in 2014 (see table below). The waiting times will vary depending on the type of adaptation required, ranging from a matter of weeks for the minimal interventions to a possible 2 years in the case of extensions.

The City Council will always work with the tenant and their occupational therapist in so far as possible to facilitate the applicant to remain in their home and in returning home. In most cases where the medical needs of a tenant dictate the construction of an extension, the medical advice will allow for temporary adaptations (ramp, stairlift, adaptations to existing bathroom, etc.) to give the tenant access to upstairs living while waiting for the extension. Where the OT assesses that interim works will at least allow the applicant to return home whilst awaiting an extension, the City Council will arrange for these works to be carried out as soon as is practicable.

	2012	2013	2014			
Number of Applications Received	311	203	169			
Number of Approved Applications	162	87	79			
	2015	2016	2017	2018	2019	
	174	178	182	189	190	

Congregated Settings

The table below identifies the number of people per Service Provider that remain in each facility. The number that it is known are on the Local Authority Housing List is also provided to ensure that there is not double counting of individuals already included above.

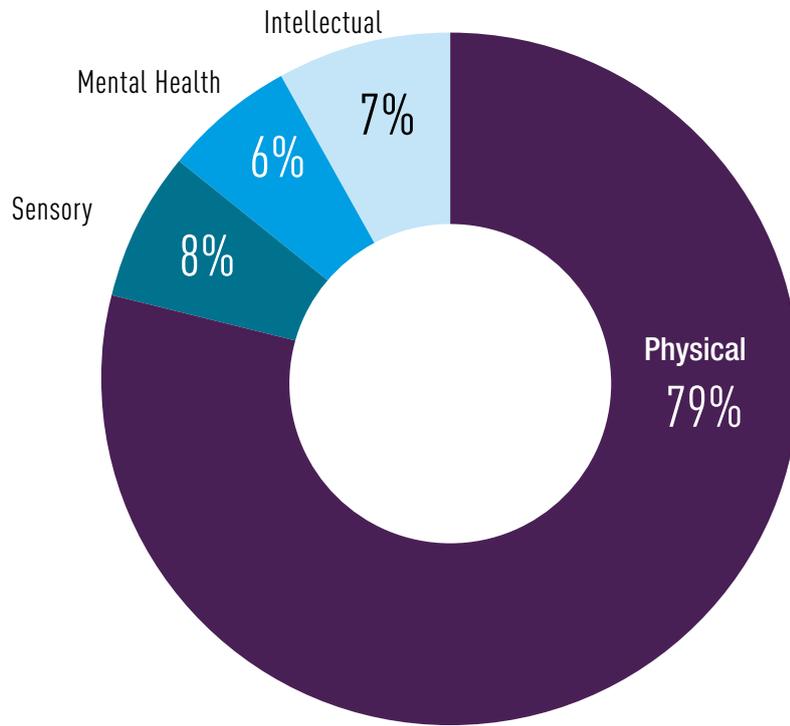
Service Provider	No. of individuals	On Housing List	Total
St Michael's	39		39
Cheshire Ireland	9		9
Cheeverstown	68	1	69
Daughters of Charity St Louise's	52		52
St John of God's	16		16
St. Margaret's Donnybrook	20		20
Daughters of Charity St Vincent's	85		85
HSE Mental Health Residential Facilities	227		227
Total	516	1	517

Homeless Persons

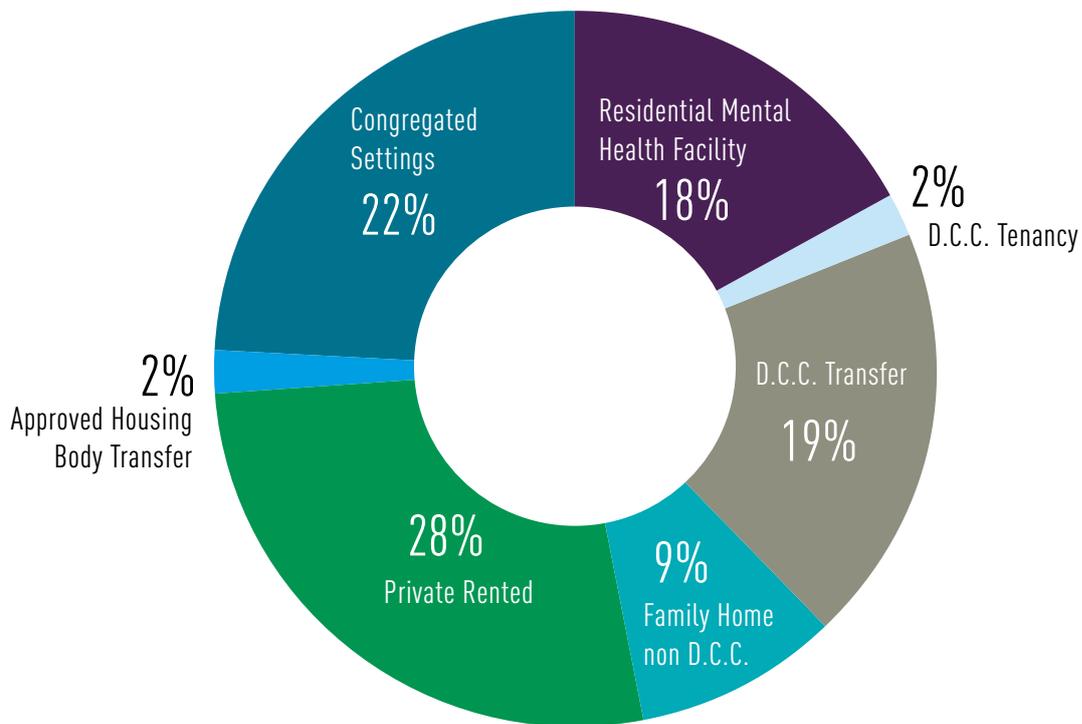
The report *Homelessness: An Unhealthy State* (2015, O'Reilly et al) concluded that in excess of 50% of a sample of 532 homeless service users in Supported and Private Emergency Accommodation in the Dublin Region were diagnosed with some form of mental illness. However, the rate was higher amongst those who also engaged in frequent rough sleeping. The *Evaluation of Dublin Housing First Project Demonstration Project Summary of Findings* (2015, Greenwood) concluded that 60% of participants, who were frequently engaged in rough sleeping as well as sporadic use of emergency accommodation, had received a psychiatric diagnosis².

² see Appendix 1

Disability by category



Tenure by category



Delivery and Supply Mechanisms

Local Authority Stock

Local Authorities are the largest landlord in the country with approximately 125,000 housing units. An individual must apply to the Local Authority for Social Housing Support in order to be considered for social housing and there are a number of criteria that need to be met including income limits, being unable to provide housing from their own means and being considered inadequately housed in their current accommodation. A tenant of a Local Authority will pay an income related differential rent.

Approved Housing Body Stock

Approved Housing Bodies have become a major player in the provision of Social Housing Support to people from all sections of the community. There are approximately 500 approved housing bodies in the country of varying types and sizes, managing over 30,000 homes. The housing provision of these also differs, with some approved housing bodies dealing primarily with general housing provision while others have a more specialised role. This includes the following type of accommodation:

- ◆ General housing
- ◆ Older person accommodation
- ◆ Housing for people with disabilities
- ◆ Homeless accommodation

To avail of Approved Housing Body owned accommodation an individual/household must in most cases apply and qualify for Social Housing Support with the Local Authority.

Approved Housing Bodies provide accommodation through

- ◆ New build
- ◆ Purchases
- ◆ Leasing

While Approved Housing Bodies access private finance to fund some of their development/purchases, they also receive the following funding from the State through the Local Authorities:

- ◆ Capital Assistance Scheme
- ◆ Capital Advance Leasing Facility
- ◆ Payment and Availability Agreement

The following chart shows the estimated total number of units Dublin City Council and the Approved Housing Bodies in Dublin City Council's Administrative Area will supply between 2015 and 2017 under Housing 2020.

Summary of Total Social Housing Supply Dublin City Council & Approved Housing Bodies 2015–2017

Dublin City Council 2015–2017

Capital funding
New Build: 821
Acquisitions: 236
Void Refurbishments: 474
Overall 1,531

New Dublin City Council: 2015–2017

DCC Capital Funding: 1,375
AHB Capital Funding: 263
AHB Current Funding: 1,059
Overall 2,697

Approved Housing Bodies 2015–2017

Capital Funding
New Build: 182
Acquisitions: 81
Total: 263

Current Funding
New Build: 785
Acquisitions: 274
Total: 1,059

Overall Current & Capital: 1,322

Housing Options

Social Leasing Initiative Private rented accommodation which is leased by Local Authority for period of 5–20 years and let to social housing tenants at a differential rent.

Rental Accommodation Scheme To qualify for Rental Accommodation Scheme the recipient must be in receipt of rent supplement payment for 18 months.

Private Rented

Rent Supplement is paid to people living in private rented accommodation who cannot provide for the cost of their accommodation from their own resources. In general, the person will qualify for a Rent Supplement, if their only income is a social welfare payment and they satisfy the other conditions as follows.

Rent Supplement within Housing Assistance Payment (HAP) areas

If the person lives in a HAP area they are only eligible for Rent Supplement if they are an existing tenant and meet one of the following conditions:

- ◆ They were getting Rent Supplement in the 12 months before the date of their application.
- ◆ They were living in private rented accommodation for at least 6 months (183 days) of the last 12 months. They could afford the rent at the beginning of their tenancy and they are unable to continue to pay the rent because of a substantial change in their circumstances which occurred after they started renting. The person can combine time living in more than one rented accommodation to satisfy the 6 months (183 days) requirement.
- ◆ They were living in accommodation for homeless people for at least 6 months (183 days) of the last 12 months. If they have already been assessed as qualifying for social housing support they will be referred to their local authority to have their housing needs addressed (rather than being assessed for Rent Supplement).

If the person doesn't meet these conditions they must contact their local authority to have their housing needs assessed by completing a Housing Application.

Rent Supplement in areas where HAP is not yet in operation

- ◆ A person may get Rent Supplement if they have been living for 6 months (183 days) out of the last 12 months in one, or a combination, of the following:
 - ◆ Accommodation for homeless people.
 - ◆ Private rented accommodation. The person can combine time living in more than one rented accommodation to satisfy the 6 months (183 days). They must be able to show that they could afford the rent at the beginning of their tenancy and that they are unable to continue to pay the rent because of a change in their circumstances which occurred after they started renting.
 - ◆ An institution, for example, a hospital, care home or place of detention.

Or

- ◆ If they have been assessed by a local authority as being eligible for and in need of social housing in the last 12 months. If the person doesn't have a housing need assessment, they must go to the local authority to have their housing need assessed. The local authority must be in the area where the person intends to live and claim Rent Supplement. Only when they are assessed as eligible for and in need of housing can the person apply for Rent Supplement. Rent Supplement is not payable while the local authority is carrying out a housing needs assessment.

Rules for Rent Supplement in both HAP and non-HAP areas

Rent Supplement will only be provided if the accommodation is suitable for the person's needs. Rent Supplement is not generally paid if the rent is above the maximum rent limit set. Flexibility in Rent Supplement can be applied where a person has a particular housing need due to having a disability.

The person must also:

- ◆ Pass a habitual residence test
- ◆ Pass a means test

Housing Assistance Payment

A new **Housing Assistance Payment (HAP)** is being introduced for people who have a long-term housing need and who qualify for social housing support. It will be administered by housing authorities and will eventually replace long-term Rent Supplement.

HAP is being introduced to replace Rent Supplement for people with a long-term housing need, though Rent Supplement will continue to be available for people who need short-term support to pay their rent.

As Rent Supplement is generally not payable to people in full-time employment, it can be a disincentive to taking up work. However, people on HAP will be able to take up full-time employment, subject to the conditions of the scheme.

The person must be on the local authority's housing list – which means that they are qualified for social housing support.

The person must find their own private rented accommodation. People on the housing list who are already renting and getting Rent Supplement will be eligible to apply for HAP. A person cannot transfer from the Rental Accommodation Scheme (RAS) to HAP.

Although the local authority administers the HAP scheme, the person will not be a local authority tenant. The rental agreement will be between the person and the private landlord and their tenancy will be covered by the Residential Tenancies Act 2004. This means that they will have certain rights and obligations, as will their landlord.

The rent must be within the HAP rent limits for the household size and the area of the country the person lives in. The maximum limits for each of the local authorities that administer HAP are set out in the Housing Assistance Payment (Amendment) (No. 2) Regulations 2014. At present, they are based on the current limits

for Rent Supplement. However, for homeless households in South Dublin County Council, Dublin City Council, Dún Laoghaire-Rathdown County Council and Fingal County Council, these maximum rent limits can be increased by up to 50%.

The person will pay a differential rent to the local authority, based on their household's weekly income, calculated in the same way as standard local authority rents. This rent will vary in accordance with the person's income, for example if you take up a job or increase your working hours, but you will still be eligible for HAP if you fulfil the other conditions of the scheme.

The local authority will pay the person's rent directly to their landlord on their behalf, subject to certain conditions:

- ◆ The person must pay their weekly HAP rent contribution to the local authority – if not, the local authority will stop paying the landlord
- ◆ If the person gets a social welfare payment at a post office, the person must pay their HAP contribution through the Household Budget system
- ◆ The accommodation must meet minimum standards for rented housing
- ◆ The landlord must have a current tax clearance certificate
- ◆ The person (and their household) must not engage in anti-social behaviour

If the landlord requires a deposit, the person will have to pay this themselves – the local authority will not pay it. The person may be able to get an Exceptional Needs Payment to help with paying the deposit.³

³ HAP is being introduced on a phased basis. A HAP pilot scheme commenced in Limerick in April 2014. Following the enactment of the Housing (Miscellaneous Provisions) Act 2014 in July 2014, Phase 1 of HAP commenced in Limerick City and County Council, Waterford City and County Council and Cork County Council in September 2014. Louth County Council, South Dublin County Council, Monaghan County Council and Kilkenny County Council joined Phase 1 in October 2014. The remaining local authority areas will take on the scheme on a phased basis during 2015.

Part V Housing

Through Part V arrangements with local developers Dublin City Council may purchase 10% of properties within private developments. These properties are then available to the Council for allocation to people on the Council Housing Lists.

Each of the supply mechanisms listed above has been analysed to examine its potential to provide housing in the coming years. It is strategically important that all future policy and practice that is put in place for all sources of housing supply particularly includes an accessibility brief that sets out the required housing delivery to meet the need of people with disability under each scheme.

Personal Support Initiatives

In many cases the housing solution for the individual will also require the provision of personal supports. The Health Services Executive (HSE) is committed to supporting people with disabilities in their own home by direct provision or through non HSE agencies in the area of disability. Individuals must apply to the HSE for consideration for such supports. The supports for people in their homes are Personal Assistances and Home Support. Other services such as Day Care, Respite Services and full or part time Residential Services are also provided but must also be applied for and applicants will be assessed for suitability for the applied service.

“New Directions”, a report issued by the HSE in 2012, highlighted a new approach to Adult Day Services where choice is given to the person with a disability regarding how they live their lives and how they spend their time. The guiding principle for the future of this work is that supports will be tailored to individual need and will be flexible, responsive and person centred.

The personal supports that should be available to an adult with disability are:

1. *Support for making choices & plans.*
2. *Support for making transitions and progression.*
3. *Support for inclusion in one's local community.*

4. *Support for accessing education and formal learning*
5. *Support for maximising independence.*
6. *Support for personal and social development.*
7. *Support for health & wellbeing.*
8. *Support for accessing bridging programmes to vocational training.*
9. *Support for accessing vocational training and work opportunities.*
10. *Support for personal expression and creativity.*
11. *Support for having meaningful social roles.*
12. *Support for influencing service policy and practice.*

Personal Assistance

Personal Assistance Services provide people with the opportunity to exercise control and choice in their lives. In so doing they enable people with disabilities to be active participants within their families, communities and society. Personal assistance supports people with disabilities by the provision of direct individual one to one support.

The provision of personal assistance is based on needs assessment and approval for funding by the supporting voluntary agency or the HSE. Applications for personal assistance can be made through the person's supporting disability organisation or directly to the local HSE.

Home Support

The Home Support scheme is a direct support scheme, operated by the HSE. It aims to help people who need medium to high caring support to continue to live at home independently. Home support works by the provision of a number of hours of direct care per day to help the disabled person in their daily tasks of living.

The provision of home support is based on a care needs assessment and approval for funding by the supporting voluntary agency or the HSE. Services may be provided

by the HSE directly, or by non-HSE providers. Applications for home support can be made through the person's supporting disability organisation, public health nursing service or directly to the local HSE.

Day Services

Day Services provide a range of social and rehabilitative services for disabled people by offering an opportunity to have a meaningful day, develop personal, work and independent living skills and interact with the local community. Day Services include centres that provide day activation, such as recreational, sport and leisure facilities, supported work placements and specialised clinic facilities that provide a combination of medical and rehabilitation services.

The provision of Day Services is based on an individual needs assessment and approval for funding by the supporting voluntary agency or the HSE. Applications for Day Services can be made through the person's supporting disability organisation or directly to the local HSE.

Respite Service

Respite services offer support to people with disabilities by providing short term accommodation along with any personal supports that are required. Respite accommodation can give families and the person who has the disability a welcome holiday break from daily routine.

The provision of respite services is based on a needs assessment and approval for funding by the supporting voluntary agency or the HSE. Applications for respite services can be made through the person's supporting disability organisation, directly to the local HSE or to the Respite Service Provider.

Dublin City Council Housing Welfare Section

The Housing Welfare Section is Dublin City Council's social work service.

They provide a confidential social work service to tenants, tenant purchasers and potential tenants of Dublin City Council. The aim of this service is to meet the combined needs and welfare of the applicant/tenant, Dublin City Council and the local community.

Social work is directed towards enhancing the personal and social functioning of an individual, family or group. This work involves compiling social assessments, reports, providing support, advocacy, counselling, referring where appropriate to other specialist agencies, and liaising with other sections and departments of Dublin City Council. The Housing Welfare Section also offers a neighbour mediation service.

Housing Welfare Officers/Social Workers advise and assist people with the difficulties they may be experiencing, including those relating to housing and associated issues. These issues may include:

- ◆ Housing and tenancy
- ◆ Rent and arrears
- ◆ Child and family matters
- ◆ Addiction
- ◆ Young people and education
- ◆ Neighbourhood and community
- ◆ Needs of older people
- ◆ Vulnerable and reclusive people
- ◆ Mental health difficulties.

Universal Design in Housing

Policy Background

The Disability Act 2005 defines “Universal Design” in terms of a general design that can accommodate the widest possible range of situations without the need for modification.

The Centre for Excellence in Universal Design (CEUD) says that “Universal Design” is 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, ability or disability. It goes on to say that when home environments are people-centred, convenient and a pleasure to use, everyone benefits. Simply put, Universal Design is good design.⁴

In terms of “housing design” the National Housing Strategy for People with a Disability 2011–2016 underlines the importance of having a clear understanding of differing approaches, terminologies and meanings used in the context of “Universal Housing” design. Differing design terminologies with their accompanying design approaches will result in differing accessibility outcomes with varying cost implications.⁵ In making a commitment to clarity and good practice in the design, coordination and delivery of housing and related supports to people with a disability, the National Housing Strategy for People with a Disability makes a distinction between Lifetime Housing and Wheelchair Accessible Housing.⁶ The Strategy also recognises that to be conducive to recovery for people who have a mental health disability housing should be secure, amenable and in a location of the person's choosing where possible.

⁴ Universal Design Guidelines for Homes in Ireland; Page 5

⁵ Universal Design Guidelines for Homes in Ireland; Page 5. National Housing Strategy for People with a Disability; 8.25, page 92 & 8.29, page 93

⁶ National Housing Strategy for People with a Disability; Strategic Aim 6, page 11

Dublin City Council Housing Design Approach

Dublin City Council will adopt a Universal Housing Design approach in the delivery of new housing units across all social housing delivery mechanisms and in the refurbishment and maintenance of existing DCC units. Dublin City Council will also seek to identify tenants who have very particular design needs as early as possible in the process in order to provide user specific design in consultation with medical and occupational therapist personnel.

The principles underpinning Universal Design Housing are: integration within the local community, ease of approach entry and circulation, ease of use, understanding and management and flexibility/adaptability at minimum cost.

Design guidance is provided by the Department of the Environment guidance document, *Quality Housing for Sustainable Communities*, which identifies accessibility and adaptability as design priorities; and by the Centre for Excellence in Universal Design guidance documents, *Universal Design for Homes in Ireland* and *Universal Design, Dementia Friendly Dwellings for People with Dementia, their Families and Carers*.

A Universal Home is not a particular type of house.

It is an approach to building homes using a range of planning, design, construction and attitudinal refinements to create living spaces which:

1. Meet the needs of people across a range of abilities and ages
2. Are capable of adaptation to meet the changing needs of their owners over time
3. Are well integrated within the community
4. Can be economically adapted in the future, as our life circumstances and life choices change;

5. Enable home occupants to reside in their home for longer periods of time through improving the convenience a home can offer;
6. Include functional features which are aesthetically compatible with housing expectations;
7. Include features that add quality, marketable features to a home, under the umbrella term of “Universal Design Housing”.

The scheme was first recognised in 2007 at the Irish Council for Social Housing’s biennial conference when it won a community housing award for high quality design and management and then it won the RIAI Silver Medal award for sustainable housing in 2009.

A Lifetime or Adaptable Home is about making the home more usable and if necessary more readily adaptable at minimum cost to the changing needs of its residents over the lifetime of the house. A lifetime or adaptable house can potentially accommodate the access, space and bathroom requirements of a variety of people including young children, people with a short term mobility impairment, people who have a sensory impairment, elderly people who lose mobility as they age and some people with a minimal long term mobility impairment. There will be good accessibility from the boundary of the housing project to the actual housing unit. Individual units will also be fitted with the required wiring so that environmental alerts for people who have a sensory impairment can easily be retrofitted. “Lifetime homes are not necessarily wheelchair accessible, however many wheelchair users will find lifetime homes easier to live in or visit.”⁷

A Wheelchair Accessible Home is about making the home more readily usable and if necessary adaptable at minimum cost to the changing needs of its residents, who from the outset are wheelchair users, over the lifetime of the house. A wheelchair accessible house will be designed with sufficient space in all of the living areas for a wheelchair user, potentially using a motorised wheelchair, to move around easily and use all living areas and facilities of the home; have personal assistance if required; have an assistant stay overnight if required and to have sufficient storage areas for equipment. The location will be close to community facilities and there will be good accessibility from the boundary of the housing project to the actual housing unit.

Homes supporting a Cognitive Disability. Similarly to people with physical disabilities (and everybody), a well organised, needs driven, tailored environment can make it easier for people with any form of cognition difficulties to carry out daily living tasks by reducing environmental stressors and promote independence and quality of life.

Awareness and an understanding of the person’s specific form of cognitive difficulties is important for their personal housing design because how a person interacts with their surroundings can impact on the person’s abilities to use their home environment easily and efficiently. A home that is designed to “bypass” some of a person’s specific difficulties will minimize disability and augment strengths and abilities. These housing adaptations often do not immediately appear to be anything other than well designed housing and would complement Universal Design Principles that create a high supportive baseline.

⁷ National Housing Strategy for People with a Disability; 8.1, page 81

Use of Technology

Assistive technology is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities. Assistive technology promotes greater independence by enabling people to perform tasks they would otherwise have difficulty accomplishing.

Advances in technology have enabled us to greatly improve the quality of life for all, but in particular for those with disabilities towards greater independence and quality of life.

Common examples include hearing aids and stand alone devices such as automated door opening and closing systems.

There have been major advances on assisted living technologies that allow people to stay in their homes longer and to live more independent lives while having the security of the assistance of the technology.

Some of the technologies that will be considered for use are:

- ◆ Living Environment Controls including access, lighting, heat
- ◆ Sensory alerts for fire alarm/door entry systems
- ◆ Person Alarm Systems
- ◆ Remote Monitoring Systems
- ◆ Fall Prevention/Detection Systems

Innovation



Irish Wheelchair Association (IWA)



Title: Operation Sign Up

Topic: Social Housing and People with Disabilities

Target Group: People with Disabilities who cannot financially provide for their own independent living accommodation.

Description: *Operation Sign-Up 2011* is an Irish Wheelchair Association (IWA) housing initiative, which encourages and supports people with disabilities who wish to live in their own homes, but are unable to do so from their own resources, to apply for social housing through city and county councils.

As suitable and accessible social housing is very difficult to source, people with disabilities often require support to negotiate a successful housing outcome allied with the provision of easy to understand information on all aspects of housing and related matters. The development of IWA's Operation Sign-Up involved taking account of all the different types of housing that would be required; it also used real life experiences of many of IWA's 20,000 members.

The IWA *Operation Sign-Up* housing initiative includes an IWA housing microsite, www.iwa.ie/house which provides a step-by-step guide to applying for social housing. IWA has broken down the ten steps involved

in the housing application process and has also listed all other relevant information an individual will require during and subsequent to the application process; such as contact details for local councils, information links to local health centres and tax offices, and also details of all local IWA centres.

IWA endeavoured to create knowledge and awareness of the Operation Sign-Up campaign through several mediums including:

- ◆ A Poster Campaign with supporting Leaflets and Business Cards which were distributed widely to community and disability groups and organisations, HSE offices and local health centres, partnership companies, community and advocacy groups, youth groups etc.
- ◆ A Media Campaign through local/regional papers, Local Authority Publications & the IWA quarterly "Spokeout" magazine of Spring 2011; see @ www.iwa.ie
- ◆ Information Sessions. A standard Operation Sign-Up awareness raising presentation was developed and used throughout the country. These information sessions were shared with local authorities and/or held in local authority buildings
- ◆ Support to people with disabilities to complete the social housing application process through the IWA housing microsite and also the availability of IWA Staff support at local IWA Resource and Outreach Centres.

Duration: February 2011–July 2011 and annually since then for one month each year

Example of “Good Practice” Within Dublin City Council’s Administrative Area



HANOVER QUAY

Hanover Quay is a mixed residential and commercial development, containing 292 apartments. The Dublin Docklands Development Authority (DDDA) acquired 56 units or nearly twenty percent of the residential units, as social housing, under Part V legislation.

The 56 apartments units were sold by the DDDA and the Docklands Housing Trust and Tuath Housing Association were subsequently appointed as housing managers of the 56 units; of these 56 units 54 were allocated to families from the general needs housing list and 2 were fitted out to an extremely high specification including accessible parking and allocated to tenants with mobility issues.

The delivery of social housing through Part V was achieved through partnership work embracing the private, public and voluntary sectors.

The scheme was first recognised in 2007 at the Irish Council for Social Housing’s biennial conference when it won a community housing award for high quality design and management and then it won the RIAI Silver Medal award for sustainable housing in 2009.

One Stop Shop

It is proposed that a One Stop Shop will be established in Dublin City Council to provide a full menu of disability services to the general public including relevant information on housing solutions for people with disabilities including Social Housing Provision, Social Housing Adaptations, Private Housing Adaptations and other disability matters like disabled car park spaces, dished footpaths, and links to other disability organisations specialising in physical, mental health, intellectual and sensory disabilities. It must also be noted that Skype can become an integral part of any proposed One Stop Shop as this communication opportunity is currently used by our Housing Allocations unit to interact with people with hearing difficulties.

It is proposed that a role specific training programme will be developed by Dublin City Council's National Housing Disability Steering Committee for City Council Staff who will deliver the One Stop Shop service on the ground and for Council staff working in Housing Allocations and other Departments that will be involved in the delivery of the Housing & Disability Strategic Plan. This training programme will be the product of inter-agency co-operation between Dublin City Council, Health Service Executive, Disability Organisations and other voluntary bodies.



Implementation Plan

Planned Actions	Lead Agency	Partners	Timeline
1. To establish a Multi-Agency Operations Group to be the key driver in the planning, design and allocation of accommodation for people with disabilities.	DCC	HSE AHB's CS	Q2 2016
2. To designate a Project Manager within Dublin City Council with overall responsibility for the delivery of the Strategy.	DCC		Q1 2016
3. To designate key people in the relevant Council Departments with responsibility for the delivery of the Strategy.	DCC		Q1 2016
4. To promote engagement by all statutory and voluntary stakeholders by measures such as linking into their information networks, supporting people with disabilities to draft personal plans where required, assisting the registration of unmet need.	DCC	HSE AHB'S CS AG's	Ongoing
5. To monitor on a six-monthly basis the numbers of units allocated to people with disabilities to ensure that there is equity of distribution.	DCC	HSE AHB'S CS	Q2 2016
6. To seek to establish and maintain an agreed annual % of allocations (of housing units) to people with disabilities.	DCC		Ongoing
7. To monitor application of the Ministerial Directive (Circular 5/2015), ensuring that vulnerable groups are given equal consideration in allocations/nominations.	DCC		Q2 2016
8. To work with the Dublin Region Homeless Executive to improve information about homeless people with disabilities.	DCC		Ongoing
9. To ensure that the principle of Universal Design and wheelchair accessible housing are at the centre of all new housing construction including accessibility briefs and design templates.	DCC	HSE AHB'S CS	Ongoing
10. To ensure that the principles of Universal Design and wheelchair accessible housing are at the centre of all refit and renovations policy for existing DCC housing.	DCC	HSE AHB'S CS	Ongoing
11. To develop relevant technical guidance and design templates that will support and guide the Strategy.	DCC	HSE AHB's CS	Ongoing

Planned Actions	Lead Agency	Partners	Timeline
12. To promote the practice of requiring accessibility briefs in planning applications and proposals for housing programmes, ensuring that all new social housing delivery pathways include people with disabilities.			Ongoing
13. To review the roll out of the Strategy on an annual basis and to identify any barriers and blockages to its delivery.	DCC	HSE AHB's CS	Q4 2016
14. To incorporate a One Stop Shop into Dublin City Council's current service provision as part of the effort to ensure that the housing applicant with a disability is at the centre of the application process.	DCC		Q3 2016
15. To create an inter-agency disability training module for relevant city council staff utilising end user experiences and input.	DCC	DFI	Q3 2016
16. To monitor implementation of the Support Costs protocol governing arrangements between the HSE and Housing Authorities in relation to the provision of funding by the HSE for ongoing support costs, where necessary, provided for people with a disability.	HSE	DCC	Ongoing
17. To seek a commitment from the HSE to establish a funding stream that will prioritise funding for personal supports required by people with disabilities to move to independent living.	HSE		Ongoing

Abbreviations

DCC	Dublin City Council
HSE	Health Service Executive
AHB	Approved Housing Body
CS	Congregated Setting
AG	Advocacy Group
DECLG	Department of Environment, Community and Local Government
CAS	Capital Assistance Scheme
CALF	Capital Advance Leasing Facility

Appendix One

As part of the support planning process with individuals accessing homeless services, 'mental health issues' are assessed to determine the need for access to nursing, hospital or specialist psychiatric services or assistance with medication and this information is captured on the PASS system by all services in the region. Work is about to commence on the development of reporting functions that will enable us to extract aggregate statistical data relating to all support planning functions going forward. In advance of these reports, a number of research and evaluation studies have been undertaken that focus on the issue of mental health amongst homeless service users in the Dublin Region. The report *Homelessness: An Unhealthy State* (2015, O'Reilly et al) concluded that in excess of 50% of a sample of 532 homeless service users in Supported and Private Emergency Accommodation in the Dublin Region were diagnosed with some form of mental illness. However, the rate was higher amongst those who also engaged in frequent rough sleeping. The Evaluation of Dublin Housing First Project Demonstration Project Summary of Findings (2015, Greenwood) concluded that 60% of participants, who were frequently engaged in rough sleeping as well as sporadic use of emergency accommodation, had received a psychiatric diagnosis.

As homeless services in Ireland are not restricted to those who need support in accessing and maintaining housing but are accessed by anyone with a housing need regardless of levels of support needs, there are significant number of individuals who transition through services and do not engage with or need access to support services. As a consequence, there are currently almost 40% of service users do not engage in support planning, although some of these include individuals with support needs who actively avoid engaging with supports and others who are awaiting the allocation of a support worker. Similarly, many of these individual did not engage in the research process. Given this, it is likely that the rate of mental illness reported in the studies referred to is higher than would be expected in the general homeless population. We anticipate that the rate will be lower once we begin using PASS to report on the homeless population in the Dublin region next year, particularly given the significant number of families presenting with a 'housing need' only. We estimate that the reported level of mental health amongst the entire homeless population in the region will be less than 40%.

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