



Housing Policy Discussion Series

# 5

## **Review of Good Practice Models in the Provision of Housing and Related Supports for People with a Disability**



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## Foreword

In June 2008, the Department of the Environment, Heritage and Local Government requested the Centre for Housing Research (now part of the Housing Agency) to undertake three studies of housing issues for people with disabilities in the context of its commitment to develop a Housing Strategy for People with a Disability. These projects were:

- Review of good practice models in the provision of housing and related supports
- Review of the potential role of the private rented sector in the provision of accommodation for people with a disability
- Review of support options for people with mental health related housing needs.

All three reports are available on [www.housing.ie](http://www.housing.ie).

This report is the review of good practice models in the provision of housing and related supports. It is based on a review of literature and identified four cornerstones for good practice: housing design, planned response to need, inter-agency co-operation and effective information provision. The report outlines the contribution which more sustainable communities can play in meeting the housing needs of people with disabilities, a key component in facilitating social participation. It recommends a strong focus in the new Strategy on evidence-based policy and practice.

I would like to thank those who contributed to the completion of this study, in particular: my colleague Noëlle Cotter, and Michael Browne (consultant); the Housing Strategy for People with a Disability National Advisory Group and its sub-committee, the Research Steering Group, for their help and support throughout this project.

**David Silke**

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## Executive Summary

The impetus for the National Housing Strategy for People with a Disability came from the Department of the Environment, Heritage and Local Government Sectoral Plan which was produced to meet the requirements of the Disability Act 2005. In light of this forthcoming Strategy, the Centre for Housing Research (now part of the Housing Agency) was requested to undertake a review of good practice models in the provision of housing and related supports<sup>1</sup> for people with disabilities. The term ‘related supports’ in this context is used to refer to supports that apply to housing – people with disabilities may require other supports, for example those provided by the HSE, which are beyond the remit of this review. At the same time, it is important that supports from different agencies provide an integrated response to addressing the needs of people with disabilities; therefore non-housing supports are referenced in this review in the context of the necessity for inter-agency co-operation.

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<sup>1</sup> Housing related supports are broadly interpreted to include assisted living services, social work services, other on-site/in-house assistance. It would include elements such as help with day-to-day living tasks, for example advice in areas such as paying rent and other bills, relations with neighbours, general (non-specialist) information. It does not involve health or care services, but it would include helping to ensure that tenants access such services as necessary.

The work was carried out under the guidance of a research steering group and should be considered in tandem with two other policy and practice research pieces also undertaken to inform the development of the Strategy.<sup>2</sup>

Two questions shaped this review. Firstly, what is ‘good practice’ and has it been empirically tested and evaluated? The review found that in the Irish case, practice has generally not been tested in this way. Secondly, can we learn from international experience of good practice; can we use models from other countries? The answer here is that we cannot assume that how models perform in other countries will predict how they might perform in this country. These two conclusions led to the clear need for the National Housing Strategy for People with a Disability to commit to the further development of an evidence-based approach to good practice, using independent evaluations to establish standards, and underpinned by an appreciation of the important role sustainable communities can play in the quality of life of people with disabilities (see Section Two).

The policy context for the National Housing Strategy for People with a Disability is briefly outlined in Section Two; commitments made, legislation, regulations and grant schemes are outlined. Additionally, the known demographic profile of people with disabilities derived from census data, disability databases and the Housing Needs Assessment (HNA, 2008) is discussed. Although useful information has been gathered, this report recommends a more detailed and follow-on profiling for the triennial HNAs. The purpose of the HNA is to establish need in a local authority area so as to inform planning and housing provision. However, there is scope not only to improve national information with regard to the housing and support needs of people with disabilities, but also to create a person-centred and holistic needs assessment that would provide comprehensive information on individual need.

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<sup>2</sup> Carroll and Cotter, (2010) *Review of the Housing and Support options for People with Mental Health related Housing Needs*; Fennell et al (2010) *The Potential Role of the Private Rented Sector in the Provision of Accommodation for People with a Disability*.

Section Three discusses ideas and innovations from other countries in this area, in particular Australia, Canada, Sweden and the UK. The rationale for selecting these countries was governed not only by pragmatism (availability of information in English) but also by previous research indicating that these countries may be progressive in the remit of housing provision for people with disabilities. It was found that independent evaluations that can confidently identify ‘good practice’ standards and outcomes that could translate into the Irish context are uncommon, and what may seem like an innovative response on paper does not inform us about what is happening on the ground. With these caveats, Section Three identifies various practices and innovations – adaptation schemes, home ownership models, and support services in tandem with housing provision – that could be worthwhile for consideration in the Irish context.

The international literature review also helped to define the cornerstones for good practice discussed in Section Four, namely:

- Housing design
- Planned response to need
- Inter-agency co-operation
- Effective information provision.

These four cornerstones are discussed not only in terms of various standards identified in the literature as necessary to ensure their effective implementation, but also in terms of domestic or international examples of ‘good practice’.

Section Five brings together the key points for consideration in the development of the Housing Strategy for People with a Disability and makes the following recommendations based around the identified cornerstones for good practice:

## **Housing Design**

- Consideration should be given to the development and implementation of lifetime adaptable housing, and how best these could be implemented (for example on a voluntary basis or by regulation, or a mix of both) and the costs involved. These standards also need to consider the necessity to have certain elements in place outside of the home, e.g. the gradient approach to the home, access to public transport, etc
- Consideration should also be given to how best to encourage an increase in the supply of fully accessible housing on the basis that it would be likely to be more cost effective than retrofitting or making adaptations later
- Consideration should be given to providing incentives to landlords to adapt their properties for people with disabilities under a RAS-type agreement (for example that the property would be locked-in for a tenant with disabilities in return for a guaranteed rent)
- The use of new and emerging technologies, such as alarm and communications systems, particularly for people who depend on others for physical assistance, should be encouraged
- Sufficient resources should be provided to ensure the strict enforcement of Part M of the Building Regulations following the introduction of the revised regulations and the strengthening of enforcement mechanisms under the Building Control Act 2007.

## Planned Response to Need

- The triennial housing needs assessment does not include a breakdown of information by type or broad category of disability – this information would be useful for better planning of housing and service provision
- The Housing Strategy could prioritise the collection of more detailed information on how well the housing stock addresses the accommodation needs of people with disabilities
- Comprehensive training in needs assessment should be provided for frontline statutory agency personnel involved, both in the HSE and in local authorities
- Assessment of housing need should be comprehensive. It should include provision for individual choice, address both the housing and support needs of a person and housing design issues should involve, wherever possible, people with disabilities (or their advocates) in decision-making
- Protocols (June 2007) put in place for collaboration between the HSE, local authorities and voluntary/community organisations on identifying and responding to accommodation needs and related supports should be implemented systematically and their implementation monitored and reviewed
- A mechanism should be put in place whereby local authorities would give a person with a disability a housing services statement setting out the type of housing and the supports the person requires and the timeline for their delivery
- The Care and Case Management approach is being effectively implemented in other areas of social policy, and is being monitored and evaluated. This approach could also prove effective for some people with disabilities so as to ensure a comprehensive response to identified needs.

## Inter-agency Co-operation

A local authority functional area should be identified, along with a range of relevant actors and interfaces for inter-agency co-operation, and thus provide a good practice template. Clear and formalised protocols should be developed for:

- Collaboration between local authorities and the HSE at a local level
- Maximising the respective roles of the public, voluntary/ community and private sectors in each local authority functional area
- Ensuring that the input from each sector is complementary in terms of delivering an optimum service
- Clear referral systems between hospital/residential services and community based services.

## Effective Information Provision

All statutory agencies involved in the provision of housing and related supports to people with disabilities should adopt a strong, proactive approach to information provision based on the principles of quality service delivery. Housing advice centres should be at the core of developing effective information provision for people with disabilities. These should be developed in collaboration with existing information provision, advocacy services and voluntary disability organisations. The housing advice centres should: be familiar with the range of options available to meet the diverse housing and related support needs of people with disabilities; be able to explain the pathways and options to appropriate accommodation and related support services; adopt clear referral protocols as well as provide a variety of access methods for this information.

In addition to these recommendations, it is also considered that the lack of detailed information on what approaches achieve the best outcomes in meeting the accommodation needs of people with disabilities in Ireland is a key gap that should be addressed in the Strategy. There would be considerable value in developing a pilot or demonstration programme to test ‘good practice’ in sustainable communities for people with disabilities, focusing on the four key themes identified above – design, planned response to need, inter-agency co-operation and information provision. These could be developed in a cost-neutral way by accessing and building on existing initiatives (see Section Five for details). From this, standards could be developed for future roll-out. The Strategy is also recommended to have a focus on value for money – resources should be effectively used for the best outcomes.

Overall, this report recommends that the forthcoming Strategy place people with disabilities and their individual needs and preferences at its core, and through this develop more sustainable communities into the future (see Section Two).

## SECTION ONE





## Introduction

The role of the Centre for Housing Research (now part of the Housing Agency) is to inform housing policy and practice and to improve the management of the social and affordable housing sectors through research, training and policy advice. It is a joint initiative between the Department of the Environment, Heritage and Local Government (DEHLG), local authorities and the voluntary and co-operative housing sector.

In light of the forthcoming National Housing Strategy for People with a Disability, the Centre for Housing Research was requested to undertake a review of good practice models in the provision of housing and related supports<sup>3</sup> for people with disabilities. The aim of this review was to identify and analyse relevant policies and practices in the provision of housing and related supports for people with disabilities to help identify elements of good practice and innovation considered useful in planning future responses.

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<sup>3</sup> Housing supports are broadly interpreted to include assisted living services, social work services, home help and other on-site/in-house assistance.

The work was carried out under the guidance of a research steering group<sup>4</sup> and should be considered in tandem with two other policy and practice research pieces also undertaken to inform the development of the strategy. These are:

- Review of the Housing and Support Options for People with Mental Health Related Housing Needs
- The Potential Role of the Private Rented Sector in the Provision of Accommodation for People with a Disability

The impetus for the National Housing Strategy for People with a Disability, and hence this review, came from the DEHLG Sectoral Plan which was produced to meet the requirements of the Disability Act 2005. The purpose of the Act was to enable provision to be made for the assessment of health and education needs for people with disabilities with regard to their disability. In addition, the Act enabled government ministers to make provisions for certain services to meet these needs in line with available resources and allocation obligations. The Act required six government departments, including the DEHLG, to draw up sectoral plans relating to people with disabilities. The DEHLG published its Sectoral Plan in December 2006.

A key underlying principle identified at the outset of the work was that there should be equality of treatment for all people with disabilities. A wide spectrum of disability was taken into account, including physical and sensory, intellectual and multiple disabilities in accordance with the definition of disability in the Disability Act 2005.

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4 Representatives of the Irish Wheelchair Association (representing the Not for Profit Organisation), Irish Council for Social Housing, the Mental Health Commission, the Health Service Executive, the National Disability Authority and the Department of the Environment, Heritage and Local Government.

Two questions shaped this review: Firstly, what is ‘good practice’ and has it been empirically tested and evaluated? The review found that in the Irish case, practice has not generally been tested in this way. Secondly, can we learn from international experience of good practice; can we use models from other countries? The answer here is that we cannot assume that how models perform in other countries will predict how they might perform in this country. As recommended in Section Five of this review, these two conclusions led to the clear need for the National Housing Strategy for People with a Disability to commit to the further development of an evidence-based approach to good practice, using independent evaluations to establish standards, and underpinned by an appreciation of the important role sustainable communities can play in the quality of life of people with disabilities.

The report is organised into the following sections:

**Section 2** provides demographic information regarding people with disabilities in Ireland and outlines the broad policy context as it relates to people with disabilities.

**Section 3** explores how the provision of housing and related supports for people with disabilities has been approached to date in other selected jurisdictions.

**Section 4** provides an overview of what has been identified by service users and providers as necessary for the provision of housing and related supports for people with disabilities in Ireland. It also considers what has been identified as good practice in literature associated with this area. International examples are referenced throughout.

**Section 5** brings together the key points to inform the development of the Housing Strategy for People with a Disability.

## SECTION TWO



# Profile and Policy Context

## 2.1 Introduction

This chapter outlines the broad demographic context of people with disabilities in Ireland and also outlines the overall legislative and policy context within which services for people with disabilities are being developed.

## 2.2 Demographic Profile of People with Disabilities

According to the 2006 Census, 9.3 per cent (393,785 people) of the Irish population have a long-lasting health problem or disability. As a follow-up to the census, this 9.3 per cent sample was surveyed and included people with a broader range of disabilities and a threshold of severity – the disability prevalence rate was then estimated to be 8.1 per cent. A sample of the population who had stated that they did not have a disability was also surveyed, and the National Disability Survey (CSO, 2008) estimates a population prevalence rate of 18.5 per cent from these combined results. This latter figure, though only indicative, is more in-line with international figures.

The National Disability Survey (CSO, 2008) provides information on the number of people in Ireland with a disability and level of difficulty experienced by people in carrying out their daily activities across nine different types of disability – seeing; hearing; speech; mobility and dexterity; remembering and concentrating; intellectual and learning; emotional, psychological, and mental health; pain; and breathing. The National Disability Survey (CSO, 2008) had a broader definition of disability to include speech, pain and breathing impairments.

Based on the National Disability Survey, eight per cent of people with disabilities were residing in nursing homes, hospitals or children's homes, with a concentration among older people – 62 per cent were over age 75. As the ageing process frequently parallels the onset of disability, the National Disability Survey (CSO, 2008) produced area-based age-standardised ratios to show how the disability profile differs from that which would be expected according to age. Accordingly, the mid-West, Dublin and the South East have higher rates of disability than their age structure would suggest.

Using figures from the National Disability Survey (CSO, 2008), mobility and dexterity disabilities were the most common, with 56 per cent of this population experiencing such disability. Eleven per cent of persons with a disability were in the 0-17 age group and one-third were 65 years and over. People with intellectual and learning disabilities were predominantly in the younger age cohorts – 38 per cent of these disabilities were experienced by people 0-17 years old, and 25 per cent of the 18-34 age cohort. Two-thirds of people experiencing emotional, psychological and mental health disabilities were between the ages of 18 and 64.

As mentioned above, only eight per cent of persons with disabilities were resident in hospitals, nursing homes or children's homes. This population tended to report multiple disabilities – on average 3.3 disabilities per person. The remainder of the population were in private households – and on average there were 2.5 disabilities per person in private households. For persons with a disability living in private households, 67 per cent were in the 0-64 age group, 14 per cent were age 65-74 and 19 per cent were age 75 and over. This pattern was reversed for people resident in nursing homes, hospitals or children's homes.

Seventy-two per cent of persons with a mobility and dexterity disability used at least one aid. The most frequently cited aids were walking aids, grab bars and physiotherapy. This was the second highest use of aids reported across all nine disability types after persons with an emotional, psychological and mental health disability of whom 90 per cent used at least one aid.

These surveys reveal a sizeable population within Ireland with disabilities – the majority are older, with low levels of labour force participation generally. The high proportion of people with more than one disability suggests that the disability experience in Ireland may be particularly heterogeneous. Additionally, the low levels of workforce participation may suggest that households with disabilities may be low-income, which, alongside physical access and support issues may present an obstacle to the housing market. According to the EU Survey on Income and Living Conditions (EU-SILC) 2007 (CSO, 2008), almost 16 per cent of those not at work due to illness or disability were in consistent poverty compared to five per cent of the total population.

The 2006 census showed that the majority of people with disabilities were resident in their own homes – 250,032 were owner occupiers with or without a loan/mortgage, 40,269 people with a disability in permanent housing units were renting from a local authority, and 9,074 were renting from a voluntary body. A further 9,223 were in accommodation that they were purchasing from a local authority, while a further 20,854 were in the private rented sector.<sup>5</sup>

Table 2.1 below collates these figures.

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<sup>5</sup> Following the completion of this study, the CSO released the *National Disability Survey Volume 2* (CSO, 2010)



**Table 2.1 Persons with a disability by nature of occupancy**

	Total persons with a disability	Total persons
<b>Permanent housing units</b>		
Owner occupied with loan	94,442	1,827,536
Owner occupied without loan	155,590	1,237,432
Being purchased from local authority	9,223	68,647
Renting from local authority	40,269	306,729
Renting from voluntary body	9,074	126,270
Private rented	20,854	373,753
Other	15,572	166,386
<b>Communal establishments</b>		
Hospital	12,933	22,689
Nursing home/children's home	18,837	23,317
Religious community	1,561	6,038
Shelter/refuge	1,499	5,681
Hotel	2,068	30,528
Other	1,963	19,747

Source: Census 2006

The Health Research Board manages two national service-planning databases for people with disabilities on behalf of the Department of Health and Children: the National Intellectual Disability Database (NIDD), established in 1995, and the National Physical and Sensory Disability Database (NPSDD), established in 2002. In 2007, 25,613 people were registered on the NIDD and in 2008 29,946 people were registered on the NPSDD.

The 2007 annual report of the National Intellectual Disability Database Committee noted that almost two-thirds (63.9 per cent) of those on the register in that year were living in a home setting with parents, relatives or foster parents, almost a third (32.3 per cent) were in full-time residential services, and only 3.5 per cent were living independently or semi-independently (Kelly, Kelly and Craig, 2007:41). The report went on to note:

*The data indicate that more than one in four people with a moderate, severe, or profound intellectual disability aged 35 years or over continue to live with their families. Planning for the future care of those individuals and avoiding crisis situations when family carers can no longer provide care is of paramount importance. (ibid:43)*

The National Physical and Sensory Disability Database annual report for 2008 (Doyle, O'Donovan and Craig, 2009) analysed 27,303 records relating to people with physical and sensory disabilities aged under 66 years of age. Just over three-quarters of these people were living in private accommodation (21 per cent of which had adaptations), one-fifth (20.6 per cent) were in rented accommodation (mainly local authority), 2.6 per cent were in full-time residential services and less than one per cent were in 'other' forms of accommodation. Most described their living arrangement as either living with family members (86.1 per cent) or living alone (9.5 per cent).

For many people with disabilities, their opportunity to live independently can be dependent on the availability of care supports. Data on the availability to which care needs are being met are difficult to find, but using information from the Physical and Sensory Database (2004) on people under age 65 it can be seen that 10 per cent of those registered were considered likely to require a personal assistant, seven per cent needed home care assistance and 11 per cent needed a home help (NDA, 2005:79). The NDA (2005a) surmises that people with disabilities are more likely to be single and living alone (largely attributable to the older age of one in three people with disabilities), or single and living with their parents into their thirties than their counterparts in the general population.

## 2.3 Housing Needs Assessment

Each housing authority is required, under Section 9 of the Housing Act 1988, to carry out periodic (at least every three years) assessments of the need for the provision of housing for persons who are unable to provide it from their own resources. The assessments cover the need for local authority housing as well as other social housing options.

The most recent Housing Needs Assessments took place in March 2008. New arrangements for the revised housing needs assessment process were circulated to local authorities in May 2007 (Circular N13/2007) which outlined the framework for housing support based on three decision-making steps:

- The assessment of need
- The allocation of support (including managing changing household circumstances of those in receipt of housing support)
- The delivery of services based on an overall assessment of the housing needs in the area.

The assessment of need was to involve two distinct phases:

- An initial evaluation to determine the most appropriate support option for the customer's needs.
- A more comprehensive assessment for those who have been determined to have a long-term housing need.

Early engagement with individuals seeking housing support would include a preliminary interview as an information-gathering exercise to designate the most appropriate housing support option and a referral to the relevant officer or agency for assistance. People with special needs were particularly mentioned in this circular, and where the initial evaluation designated these applicants to be in need of a housing support, the option of social housing accommodation was to be considered by a housing officer to whom a referral for a full assessment of long-term housing need would be made. Housing options in these cases are local authority social housing, voluntary and co-operative housing and the rental accommodation scheme (RAS). People who are owner-occupiers or in local authority housing but whose changed circumstances warrant modification to their home are to be referred to the officer dealing with housing modification schemes. These schemes include improvement works in lieu of local authority housing, the local authority extensions scheme, and grants to adapt housing for the needs of older people and people with a disability – mobility aids grant scheme, housing adaptation grant for people with a disability, and the housing aid for older people grant.

This Circular also outlines other housing support options that could possibly apply to people with disabilities. For example, people with mental health difficulties or other forms of disability may become homeless and be assessed for emergency support. However, this is not to be considered an end-result. Follow-on assessment for other supported housing options should be undertaken by local authorities. For people with disabilities who wish to purchase their own homes but are unable to do so at market levels there is the affordable housing scheme, shared ownership loans, the mortgage allowance scheme, and the incremental purchase scheme. People with disabilities may also be referred to the private housing market when deemed ineligible for a full housing needs assessment by the local authority and assisted in exploring support options by the community welfare officer or the Department of Social and Family Affairs. However, these latter schemes are not specifically designed for people with disabilities. For example, the affordable homes scheme, though open to people with disabilities who may not be able to purchase their own home at market-value, does not make specific allocations or prioritise people with disabilities.

Table 2.2 shows the net housing need and the change between the years 2005 and 2008 across the entire housing needs assessment. It can be seen that, overall, there has been an increase in housing need across the board in all categories except homelessness. People with disabilities, people requiring housing based on medical or compassionate reasons, and people leaving institutional care have particularly increased their representation on housing lists. However, as outlined above, people with disabilities (and older people) received particular attention for this assessment as it was thought that these groups were possibly under-represented in 2005.

**Table 2.2**

**Net housing need difference 2005-2008**

Categories of need	2005	2008	Change	%
Homeless	1,987	1,394	-593	-29.9
Traveller	1,004	1,317	313	31.2
Existing accommodation unfit	1,719	1,757	38	2.2
Existing accommodation overcrowded	4,073	4,805	732	18
Involuntary sharing	3,371	4,965	1,594	47.3
Leaving institutional care	256	715	459	179.3
Medical or compassionate reasons	3,504	8,059	4,555	130
Older people	1,658	2,499	841	50.7
People with disabilities	455	1,155	700	153.9
Not able to meet the cost of accommodation	24,919	29,583	4,664	18.7
<b>Total</b>	<b>42,946</b>	<b>56,249</b>	<b>13,303</b>	<b>31</b>

Source: Housing Needs Assessment, DEHLG

Note: The 2005 figures have been adjusted for comparability with the 2008 figures.

The following tables give a more detailed breakdown of the housing need assessment results for people with disabilities. As the category ‘people with disabilities’ might not include everyone on a housing waiting list with a disability, three additional categories will be included: older people, homeless people, and people on the housing list for medical and compassionate reasons. Table 2.3 shows that of the four categories identified that either have, or potentially contain people with disabilities, homelessness is the only category to see a decrease, both in number and in overall percentage, between the 2005 and 2008 housing needs assessment. Although the number of older people households has increased between these years, the overall percentage has remained steady.

**Table 2.3**

**Selected categories of need as a percentage of net need 2005-2008**

	2005	%	2008	%
Homeless	1,987	4.5	1,394	3
Medical or compassionate reasons	3,504	8	8,059	14
Older people	1,658	4	2,499	4
People with disabilities	455	1	1,155	2

Source: Housing Needs Assessment, DEHLG

Table 2.4 shows that across the four categories singled out as potentially demonstrating a housing need for people with disabilities there is a tendency towards one-person households – albeit that ‘households with children’ are more common in the ‘medical/compassionate’ category.

**Table 2.4**

Family composition HNA 2008					
	People with disabilities	Older people	Medical/compassionate	Homeless	Total
Alone person	999	2,148	4,688	1,207	9,042 (69%)
Couple with or without child/children	88	319	1,374	75	1,856 (14%)
Single with child/children	68	29	1,997	112	2,206 (17%)
<b>Total</b>	<b>1,155</b>	<b>2,496*</b>	<b>8,059</b>	<b>1,394</b>	<b>13,104 (100%)</b>

Source: Housing Needs Assessment, DEHLG  
 (\*Information not available in 3 cases)

Table 2.5 shows the gender breakdown among the four categories singled out as potentially demonstrating a housing need for people with disabilities. Male heads of household were more frequently occurring than female across all categories except the category of 'medical/compassionate'. However, this difference is not very large and possibly mirrors the high number of single persons with child/children in this category of need as seen in Table 2.4.

**Table 2.5**

Gender HNA 2008					
	People with disabilities	Older people	Medical/compassionate	Homeless	Total
Female	523	1,071	4,307	369	6,270 (48%)
Male	632	1,428	3,752	1,025	6,837 (52%)
<b>Total</b>	<b>1,155</b>	<b>2,499</b>	<b>8,059</b>	<b>1,394</b>	<b>13,107 (100%)</b>

Source: Housing Needs Assessment, DEHLG

Table 2.6 outlines the length of time households in the four identified categories spent on housing waiting lists, as well as in comparison to the entire housing list percentages. The table shows that those with a disability tended to be on the housing waiting list for a little less time than the general list. Those with medical/compassionate reasons tended to be on the waiting list the same amount of time as the general list norm. Older people tended to be on the waiting list longer than the general list norm – 10.6 per cent of older households were on the list for more than seven years, compared to the total list norm of 4.5 per cent. Almost one-third (32.5 per cent) of homeless households were on the housing waiting list for 2-3 years, considerably over the norm of one-fifth (19.6 per cent).

**Table 2.6**

**Time on waiting list – selected categories of need compared with general housing need HNA 2008**

	<b>People with disabilities</b>	<b>Older people</b>	<b>Medical/compassionate</b>	<b>Homeless</b>	<b>Total of all categories of housing need</b>
Up to 3 months	172 (14.9%)	220 (8.8%)	887 (11%)	160 (11.5%)	6,723 (12%)
3-6 months	56 (4.8%)	140 (5.6%)	528 (6.6%)	75 (5.4%)	3,900 (6.9%)
6-12 months	215 (18.6%)	283 (11.3%)	977 (12.1%)	143 (10.3%)	7,063 (12.6%)
1-2 years	165 (14.3%)	436 (17.4%)	1,532 (19%)	217 (15.6%)	11,187 (19.9%)
2-3 years	279 (24.2%)	450 (18%)	1,549 (19.2%)	453 (32.5%)	11,017 (19.6%)
3-4 years	111 (9.6%)	306 (12.2%)	873 (10.8%)	121 (8.7%)	6,052 (10.8%)
4-5 years	57 (4.9%)	166 (6.7%)	594 (7.4%)	76 (5.5%)	3,777 (6.7%)
5-7 years	55 (4.8%)	234 (9.4%)	669 (8.3%)	95 (6.8%)	3,994 (7.1%)
More than 7 years	45 (3.9%)	264 (10.6%)	450 (5.6%)	54 (3.9%)	2,536 (4.5%)
<b>Total</b>	<b>1,155 (100%)</b>	<b>2,499 (100%)</b>	<b>8,059 (100%)</b>	<b>1,394 (100%)</b>	<b>56,249 (100%)</b>

Source: Housing Needs Assessment, DEHLG



Table 2.7 examines the average number of months on the housing waiting list for the four disability-related categories compared to all those on the waiting list. Both the mean (the average) and the median (the mid-point) figures are given, but the median is perhaps more useful as it is less affected by extremes or outliers. Consistent with Table 2.6 above, Table 2.7 shows that people with disabilities spent on average less time on the waiting list compared to all those on the list, with older people and people who are homeless tending to be on the waiting list longer than the average.

**Table 2.7**

**Average times on housing waiting list by disability-related categories of housing need HNA 2008 (months)**

	<b>Average number of months on the housing waiting list (months)</b>	
	<b>Mean</b>	<b>Median</b>
People with disabilities	27.24	21
Older people	38.53	29
Medical/ compassionate	31.9	25
Homeless	31.15	32
<b>All categories of housing need</b>	<b>29.75</b>	<b>24</b>

Source: Housing Needs Assessment, DEHLG

Table 2.8 reports on households in receipt of rent supplement in the four selected categories and compares them to all those assessed to be in housing need and in receipt of this payment. The four disability-related groups generally follow the overall distribution, with a tendency for homeless households to report less time in receipt of rent supplement than the total group. The high proportion of recipients of rent supplement of 18 months or more is also worth noting in this table.

**Table 2.8**

**Time on rent supplement – selected categories of need compared with general housing need applicants HNA 2008**

	People with disabilities	Older people	Medical/ compassionate	Homeless	Total housing need and rent supplement
Up to 3 months	15 (6.1%)	62 (6.1%)	337 (8.4%)	41 (16.2%)	2,289 (9.1%)
4-12 months	42 (17.1%)	136 (13.4%)	741 (18.5%)	59 (23.4%)	4,458 (17.7%)
13-18 months	18 (7.3%)	73 (7.1%)	383 (9.5%)	31 (12.3%)	2,342 (9.3%)
18+ months	170 (69.3%)	743 (73.2%)	2,544 (63.5%)	121 (48%)	16,017 (63.8%)
<b>Total</b>	<b>245 (100%)</b>	<b>1,014 (100%)</b>	<b>4,005 (100%)</b>	<b>252 (100%)</b>	<b>25,106 (100%)</b>

Source: Housing Needs Assessment, DEHLG

Table 2.9 shows levels of income for the four selected categories of need and compares it to all those assessed to be in housing need. It can be seen that the four selected categories generally follow the pattern of all those assessed, with the majority having incomes of less than €15,000 per annum, but also a trend for the four groups to have lower incomes than the overall population on the housing list, and this is particularly so for those who are homeless.

**Table 2.9**

Income band by category of housing need							
	Up to €10,000	€10,001- €15,000	€15,001- €20,000	€20,001- €25,000	€25,001- €30,000	More than €30,000	Total
People with disabilities	348 (30%)	722 (63%)	45 (4%)	28 (2%)	10 (1%)	2 (-%)	1,155 (100%)
Older people	864 (37%)	1,238 (50%)	194 (8%)	108 (4%)	52 (2%)	40 (2%)	2,496 (100%)
Medical/ Compassionate	2,591 (32%)	3,774 (47%)	888 (11%)	510 (6%)	183 (2%)	113 (1%)	8,059 (100%)
Homeless	672 (48%)	647 (46%)	41 (3%)	25 (2%)	4 (-%)	5 (-%)	1,394 (100%)
<b>All categories of housing need</b>	<b>15,841 (28%)</b>	<b>25,579 (45%)</b>	<b>7,194 (13%)</b>	<b>4,918 (9%)</b>	<b>1,698 (3%)</b>	<b>1,019 (2%)</b>	<b>56,249 (100%)</b>

Source: Housing Needs Assessment, DEHLG

The data presented above provide a useful national picture of housing need as measured in the most recent assessment of housing need (a breakdown by local authority area is available in Appendix 1). In informing the forthcoming National Housing Strategy for People with a Disability, the data show a target population comprised of many one-person households and limited financial resources, some of whom have been in receipt of rent supplement and/or on a housing waiting list for a considerable amount of time. Addressing these identified housing needs should be a key priority in the Housing Strategy for People with a Disability. To improve strategic planning, it may also be necessary to collect more detailed information in relation to the housing needs of people with a disability, such as type of disability, severity of need, housing requirement and preference (discussed in Section Five).

## **2.4      Legislative and Policy Background**

In considering legislation and policy relevant to the provision of housing and related supports for people with disabilities in Ireland, it is necessary to first consider the State's definition of disability, and current obligations and intentions for the future.

### **Disability Act 2005**

The Disability Act 2005 (Part 1 Section 2) interprets disability thus:

*... in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.*

In Part 2 Section 7 of this Act, ‘substantial restriction’ as stated above is further

*... construed for the purposes of this Part as meaning a restriction which –*

- (a) is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and*
- (b) gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability.*

Section 12 of the Disability Act 2005 provides for the exchange of information between the HSE and public bodies (including housing authorities) for the purpose of assisting a person with disabilities when applying for personal or individual services provided by the body. It requires that, where a public body has been notified of a possible need such as housing, someone from the body must contact the person with a disability to facilitate or coordinate the provision of any services to which he/she is considered to be entitled.

As has been already stated, the Act required six government departments to produce sectoral plans to make provision for people with disabilities with regard to their disability and to provide for appeal mechanisms where it is felt these needs are not met. Access to services and employment in the public sector were made priorities, as was the requirement for all public buildings to be accessible.

## DEHLG Sectoral Plan

The DEHLG Sectoral Plan, published in December 2006, has a high-level goal of promoting and proactively encouraging equal opportunities for persons with disabilities to participate in the economic, social and cultural life of the community. Key objectives include the promotion of universal access to public spaces, buildings and services, as well as new developments, whilst including people with disabilities in decision-making. A Disability Access Certificate is to be introduced for public buildings, heritage sites are to be made accessible for people with disabilities as appropriate and each local authority is to carry out an accessibility audit of public spaces to be followed three months later by an implementation plan overseen by a steering group.

The Sectoral Plan also contained a commitment to update the Part M standards of the Building Regulations and to provide for more effective enforcement of these standards, listed below. Although not all appear strictly relevant to this review and its treatment of housing and related supports for people with disabilities, it is worthwhile in terms of good planning to consider the work that lies ahead. For example, housing for people with disabilities may need to consider more than just the physical building; proximity to accessible infrastructure and services may also need to be one such additional consideration – the Department of Transport and the Department of the Environment, Heritage and Local Government may be required to link their commitments in the area of provision for people with disabilities. Key to these objectives is knowing what services are available and their accessibility.

The key objectives of the DEHLG Sectoral Plan are:

- To promote universal access to public spaces, buildings and services owned and operated by local authorities and those owned and operated by the Department and bodies under the aegis of the Department
- To promote universal access to new developments and heritage sites
- 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 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 promote and ensure participation by persons with disabilities in decision-making
- To ensure a high level of awareness among all staff in regard to the requirements of persons with disabilities
- To encourage and facilitate access to appropriate housing and accommodation for persons with disabilities
- To improve access of persons with disabilities to streets, pavements, footpaths, and street crossing, and access from public roads to passenger transport vehicles, through promoting an accessible barrier free pedestrian environment
- To ensure co-operation and co-ordination in relation to cross-cutting issues under the National Disability Strategy between the DEHLG, bodies under its aegis and local authorities, with other government departments and public bodies
- To promote coordination between service providers at a local level through the county and city development boards.

Under its Disability Sectoral Plan the DEHLG is obliged to include information on housing and accommodation for persons with disabilities. The DEHLG is also obliged to produce arrangements for the co-operation by housing authorities with the Health Service Executive (HSE) in relation to the development and co-ordination of the services provided by housing authorities for persons with disabilities. The Sectoral Plan also stated that new protocols would be established for inter-agency co-operation in relation to all special housing needs.

## **Delivering Homes, Sustaining Communities**

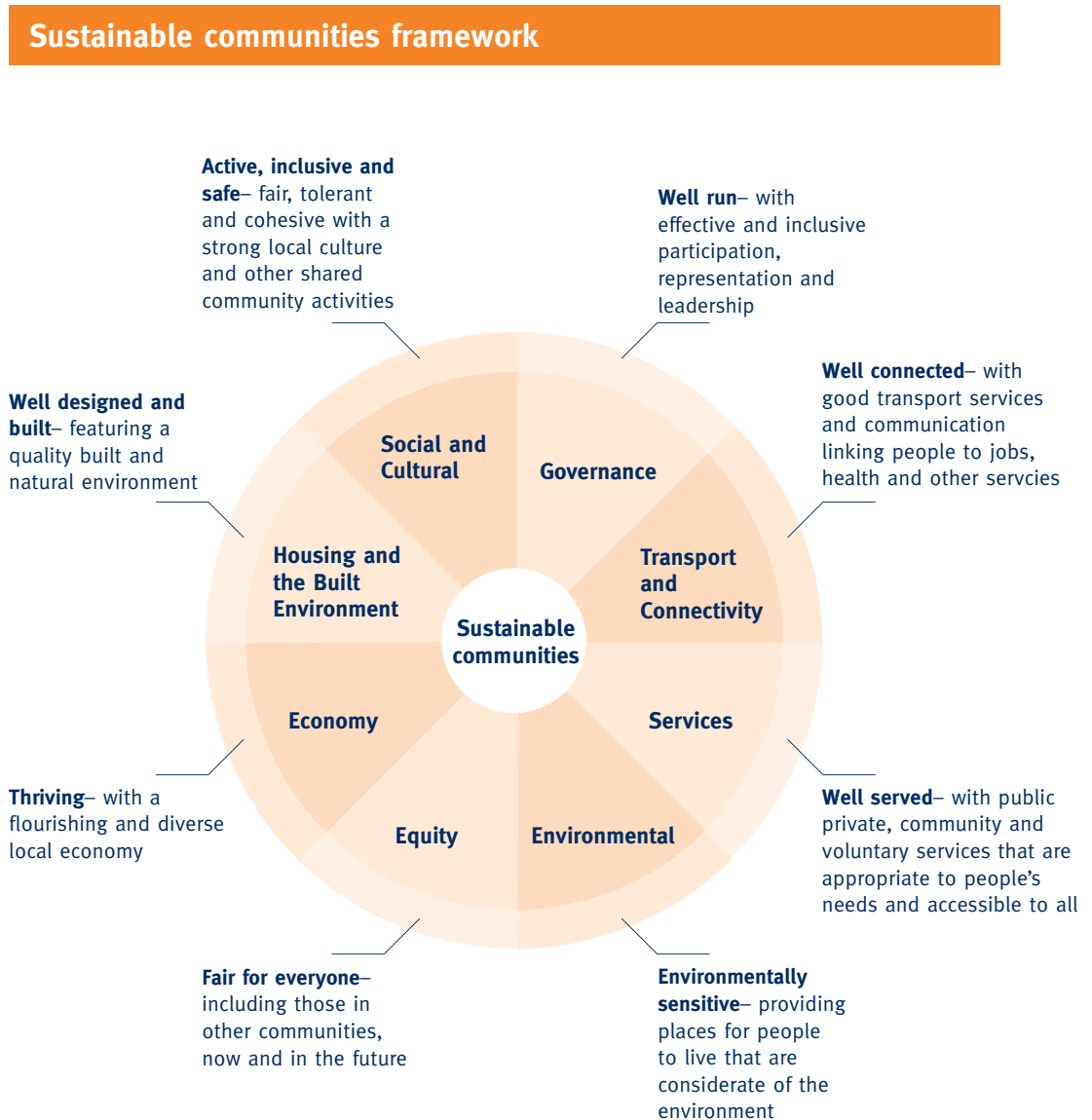
In 2007, the DEHLG published *Delivering Homes, Sustaining Communities* which presented a vision of the future of housing. It reiterated the core objective of housing policy as enabling every household to have available an affordable dwelling of good quality, suited to its needs, in a good environment and, as far as possible, at the tenure of its choice. At its core this document was stating that communities should be sustainable. Sustainable communities were defined as having a high-quality natural and built environment, with a dynamic and innovative economy, good transport, supportive community and voluntary services, and environmental soundness. They are places where: people want to live and work, residents' diverse needs are met, sensitivity to the environment is achieved, the quality of planning and maintenance is high, safety is a priority, good services are offered, equality of opportunity is supported and quality of life is high (DEHLG, 2007). Figure 2.1 demonstrates the inter-related elements which make up a sustainable community.



The statement gave particular attention to the accommodation needs of people with disabilities and highlighted commitments in relation to inter-agency protocols and the introduction of revised grant schemes for adapting housing for the needs of older people and people with a disability.

Box 2.1 below explores the different elements of the concept of sustainable communities from the perspective of ensuring that the communities are sustainable for people with disabilities. The examples used are to illustrate the point and are not exhaustive.

**Figure 2.1**



Source: Inspire East:  
<http://www.urbandesigncompendium.org.uk/inspireeastexcellenceframework>

## Box 2.1

### Sustainable communities and people with disabilities

Concept	Sustainable communities and people with disabilities – some possibilities
<b>Environment</b> The community must limit its environmental impact through energy efficiency biodiversity, water and waste management	<ul style="list-style-type: none"><li>■ Address fuel poverty for people with disabilities in low-income households</li><li>■ Encourage greater recycling of State-funded adaptations and aids</li><li>■ Ensure recycling facilities are accessible to all</li></ul>
<b>Equity</b> Equal opportunities for all. This includes mixed housing types and tenure, as well as promoting access to the community and providing facilities for all its residents	<ul style="list-style-type: none"><li>■ Ensure people with disabilities have access to a wide choice of tenure</li><li>■ Ensure accessibility of all public buildings, street layout and community design</li></ul>
<b>Economy</b> Important as it provides employment and services to sustain the community	<ul style="list-style-type: none"><li>■ Ensure employment opportunities for people with disabilities</li></ul>
<b>Housing and the built environment</b> Lifetime adaptable homes, energy efficiency and energy regulations	<ul style="list-style-type: none"><li>■ Promote lifetime adaptable homes, including wheelchair accessible homes</li><li>■ Promote energy efficiencies to reduce costs and carbon footprint of low-income homes</li><li>■ Ensure Part M and universal design in street layout and community design</li></ul>
<b>Social and cultural</b> Community centres, allotments, playgrounds and swimming pools	<ul style="list-style-type: none"><li>■ Ensure access to services for people with disabilities</li><li>■ Promote positive attitudes to disability</li></ul>
<b>Governance</b> Estate management and community involvement in planning	<ul style="list-style-type: none"><li>■ Include people with disabilities in decision-making</li><li>■ Prevent harassment of people with disabilities through active enforcement of anti-social behaviour policy</li></ul>
<b>Transport and connectivity</b> Critical population densities, maximum distances to access services, incorporating pedestrian and cycle networks to minimise car use	<ul style="list-style-type: none"><li>■ Ensure accessibility of public transport, where available</li><li>■ Ensure wheelchair friendly parking</li><li>■ Ensure clear information on transport options</li></ul>
<b>Services</b> Retail, social, education, training	<ul style="list-style-type: none"><li>■ Ensure equal access to services for people with disabilities</li></ul>

Article 19 of the United Nations Convention on the rights of persons with disabilities recognises *the equal right of all persons with disabilities to live in the community, with choices equal to others*. This is in line with the principles of sustainable communities and social inclusion which are important strategies within Irish policy-making.

## **Part M of the Building Regulations**

Section 3 of the Building Control Act 1990 allows for the creation of national performance-based building regulations. On foot of this legislation building regulations came into operation in 1992 – including Part M which deals with accessibility for people with disabilities. The regulations were extended to new dwellings in 2000 with the aim that all buildings should be accessible and usable by everyone. In terms of access, this amendment stated that:

*Adequate provision shall be made to enable people with disabilities to safely and independently access and use a building*

where people with disabilities means

*People who have an impairment of hearing or sight or an impairment which limits their ability to walk, or which restricts them to a wheelchair.*

This is interpreted (through an explanatory note) to mean that all new dwellings should be visitable by people with disabilities.

A review of Part M was initiated in December 2007, in accordance with the commitment in the DEHLG's sectoral plan. The draft new Building Regulations (Part M) were published in July 2009 for final consultation by 9 October 2009, to come into effect on 1 July 2010. The Regulations require that all new buildings other than dwellings should be designed and constructed so that people with a range of disabilities can safely and independently approach and gain access to a building, circulate within it, use the relevant facilities, including sanitary conveniences. The Regulations also apply to the approach and access to sanitary conveniences in existing buildings when extended. There are amendments in respect of new dwellings (which already must be visitable by people with disabilities since 2001) in respect of approaches, and widths of internal doors and certain fittings.

Research undertaken by the National Disability Authority prior to the publication of these new regulations demonstrates the importance of regulation enforcement. Its survey of 48 one-off rural houses under construction and 14 housing developments under construction in more urbanised areas showed that three-quarters and one-third respectively had stepped entrances, and therefore compliance with Part M was not uniform (NDA, 2005a:34). A further inspection of nine housing schemes under construction in Dublin (involving 2,082 homes) indicated that one-third were inaccessible to wheelchairs. However, a site inspection of six of these schemes where 978 potentially wheelchair accessible homes had been identified off the plans, showed that only six per cent of these were actually wheelchair accessible (NDA, 2005a:34).

## Housing Action Plans

The Planning and Development Act 2000 requires that each planning authority include with its plan a strategy for ensuring the housing of the existing and future population of the area:

*A housing strategy must assess the existing and future need for housing, ensure that housing is available for persons with different levels of income, that a mixture of housing types and sizes are developed to match the different categories of households (including the special requirements of elderly persons and persons with disabilities) and counter undue segregation.<sup>6</sup>*

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<sup>6</sup> NESc (2004:119).

New arrangements for the planning and delivery of social and affordable housing programmes were introduced in 2004, with the initiation of five-year action plans for social and affordable housing. These plans are designed to give a systematic and integrated approach to the delivery of housing. The overarching aim is to ensure that investment achieves the desired effect in the long-term by tackling real need and breaking cycles of disadvantage and dependency. The plans are an important new planning tool, providing a practical implementation to the social and affordable housing segment of local authority housing strategies. Plans were developed during the course of 2004 at county or city level by local authorities, and all were approved by the Department by early 2005. *Delivering Homes, Sustaining Communities* proposed to place the housing actions plans on a statutory footing (this has occurred under the Housing (Miscellaneous Provisions) Act 2009) and noted that the next round of action plans (due 2009-2012) should be informed by, including other issues, strategies for special needs housing.

Apart from the direct involvement by local authorities in meeting housing needs, local authorities are increasingly involved in enabling these needs to be met through other mechanisms, e.g. through engagement with the voluntary and co-operative sector, through the supply of social and affordable housing under Part V of the Planning and Development Act, 2000-2006, through public-private partnership arrangements, and more recently through leasing schemes.

## Voluntary and Co-operative Sectors

The voluntary and co-operative sectors currently have a stock of over 20,000 units. In 2003 it was estimated that 48 per cent of non-profit housing organisations in the Republic of Ireland provide housing predominantly for older people. The next largest tenant target group is people with disabilities (14 per cent). Homeless people accounted for seven per cent of this national housing provision by non-profit organisations (Mullins et al, 2003). Housing associations provide accommodation to a wide range of disability client groups including:

- Physical disabilities
- Mental health disabilities
- Intellectual disabilities
- Sensory disabilities
- Autism spectrum
- Acquired brain injury.

The accommodation developed by voluntary housing associations generally follows these models:

- Independent dwellings with visiting support if required
- Independent dwellings with significant personal supports delivered to the tenant
- Group homes in local communities (with on-site or visiting support services depending on the tenants needs)
- Sheltered housing – with on-site care and support.

An Irish Council for Social Housing (ICSH) 2007 survey found that members provided over 2,000 units of accommodation for people with disabilities. These units were in 265 schemes throughout the country. They comprised the following categories:

- 56 per cent of units for intellectual disability
- 24 per cent of units for physical disability
- 15 per cent for mental health disability
- 0.4 per cent for sensory disability
- 4.3 per cent for autism spectrum
- 0.5 per cent for other.

A number of housing associations providing accommodation to people with disabilities also provide a wider range of services and support to tenants where organisations are linked with the HSE or where they have evolved out of existing care organisations.

The provision of housing by non-profit bodies in Ireland dates back for more than a century. The capital assistance scheme (CAS) was introduced in the mid-1980s to support approved bodies to provide accommodation to meet the special housing needs of persons including older people, people with disabilities and homeless people. To date an estimated 12,728 units have been completed under the CAS.

A strategic review of the capital funding schemes for voluntary and co-operative housing was recently completed (Grant Thornton and Fitzpatrick Associates, 2009). This review recognised the importance of the voluntary housing sector in the provision of housing and care supports for people with disabilities but concluded that the sector should seek to access a wider range of funding options.

An important feature of this sector is that many housing associations also offer services other than housing and housing-related services to tenants, e.g. social activities, meals and support staff. There is significant variety in the size and type of housing associations in Ireland. Many have developed as a response to a particular housing need in a local area, developing one or two housing schemes in the local community for a specific group such as older people or people with disabilities, while some operate within a countywide area. A small number have developed a regional and national remit, managing over 3,000 units. Approximately 50 per cent of the yearly output from housing associations has been developed by local/community-based housing associations. Output from the voluntary housing sector has continued to grow over the years, with 1,896 units completed at the end of 2008. In 2008, voluntary housing associations provided an estimated one in three units of all new social rented housing. Almost half of these units were provided for special needs housing.

Of the 315 members (full, supporting and associate) affiliated to the Irish Council for Social Housing, 72 organisations provided housing to people with disabilities only. This amounts to 22.85 per cent of the total membership. A further 43 organisations provide housing to people with disabilities in conjunction with housing for other client groups. This amounts to 13.65 per cent of the total membership. In all, 115 organisations provide housing/services to people with disabilities. This amounts to 36.5 per cent of the total membership.

Brooke and Clayton (2005) concluded that without co-operation between the housing association that builds and maintains the units, and a second organisation with experience in managing special needs housing, expansion of special needs housing by housing associations will be limited in the future.



## Current and Forthcoming Protocols

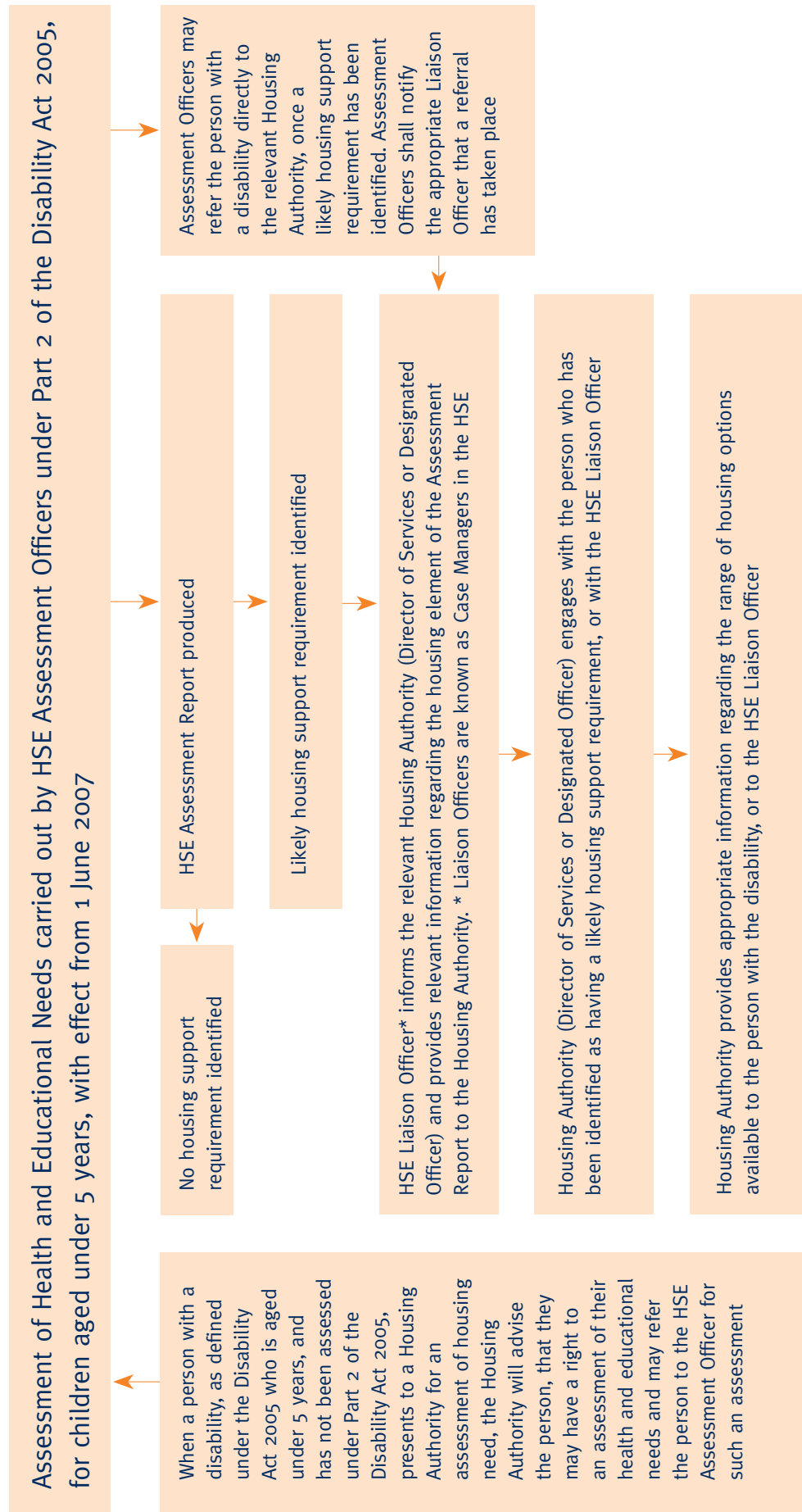
Three new protocols are being established for inter-agency co-operation for all special housing needs so as to ensure a combined approach. Specifically, they apply between the HSE and local authorities. They cover the following areas:

- **Assessment of housing needs:** This protocol came into effect on 1 June 2007 and applies initially to children under five years of age. It governs liaison between the HSE and local authorities on the assessment of individual accommodation needs of people who have been identified by the HSE during the Independent Needs Assessment (INA) process. The effectiveness of the protocol will be fully tested when the INA begins to cover older children and adults with disabilities by 2011 (see details below)
- **Support costs for social housing projects (either by housing authorities or voluntary housing associations):** This second protocol is being developed to facilitate the financing of comprehensive services
- **Liaison between the HSE and local authorities to inform housing action plans:** A third protocol is being developed to govern liaison between the HSE and local authorities on the exchange of information necessary to assess the nature and extent of the local housing needs of people with disabilities, and to underpin the development of local authority housing action plans and future social housing investment.

Figure 2.2 below outlines the assessment of need protocol between the HSE and Housing Authorities. This protocol is focused on children under five years of age who are assessed by the HSE under Part two of the Disability Act 2005 and are identified as likely to require housing support, and it details the engagement process to be undertaken between the two agencies in these circumstances. This protocol is subject to periodic review in tandem with the extension of the statutory requirements of Part two of the Disability Act 2005 to all age groups.

**Figure 2.2**

**Assessment of health and education needs of children under 5 years**



The assessment will be rolled out to all age groups in time. Not all disabilities and associated housing requirements will be apparent in the first five years of a person's life, so aside from responding to the current needs of existing members of the population who are experiencing disabilities, the extension to all age groups will ensure that in cases where disabilities present themselves later in life they will be accommodated by these protocols. Disabilities may occur at any point during the life cycle and while already settled in accommodation. A housing need as identified by the local authority in association with the HSE may require a new build, adaptations to existing housing stock or adaptations to a private home. Retrofitting to make the home environment more accessible and enabling is facilitated under various financial schemes.

A recent report to the Oireachtas – *A review of complaints on behalf of children with special needs regarding the provision of housing* (Ombudsman for Children, 2009) – noted 140 complaints about children's housing situations between January 2005 and August 2009, 62 of which were made on behalf of children with special needs. The review found that some families felt obligated to accept housing that they considered was less than ideal in case they were penalised in terms of their prioritisation for not accepting accommodation that was deemed 'reasonable'. Issues raised included the following: other elements of the child's life needed to be taken into account, for example access to services in conjunction with housing; there were limitations to what could be done to a home in terms of adaptations; there was an over-reliance on medical opinion, despite the recording of non-medical personnel, advocates and families testimonies. The review reported that delays in adaptations or insufficient funds meant that children could be residing in unsuitable accommodation for a prolonged period; this could be a considerable portion of their childhood and could have knock-on effects throughout their lives.

The review noted ‘good practice by local authorities’; this included flexibility of response and consultation. A number of local authorities showed flexibility in relation to applying penalty clauses for refusal of ‘reasonable’ housing offers, while others consulted with occupational therapists (OTs) and families and were amenable to incorporating changes. Some problems did arise in this vein when OTs disagreed or were unfamiliar with the case history. Those local authorities that were considered to be examples of ‘good practice’ showed particular emphasis on considering the child’s individual need for suitable housing.

The six recurring concerns regarding local authorities’ housing services were:

1. Difficulties accessing suitable local authority housing for children with special needs due to how their needs are prioritised or assessed in the allocation process
2. Delays in providing housing for children with special needs which sometimes amount to a significant portion of a child’s life
3. The lack of a child-centred approach to meeting children’s special needs across relevant public bodies
4. Disagreement regarding what constitutes a suitable housing standard for children with special needs, including issues to do with the guidance available to support local authorities in meeting children’s special needs and the perceived poor consultation and/or communication with families to assess these needs
5. Insufficient or inadequate housing stock to cater for the needs of children with disabilities in the short and long term despite a national commitment to ‘lifetime’ adaptable housing
6. Difficulties with the housing adaptations grant for people with a disability.

This latter concern refers to one of the principal grant schemes that people with disabilities (and older people who may experience some degree of disability) can access to update their accommodation. The three main grant schemes are now outlined in turn.

### **Housing Adaptation Grant for People with a Disability**

This revised scheme assists with the provision or adaptation of accommodation to meet the needs of people with a disability. This can include (up to a maximum of €30,000): access ramps, downstairs toilet facilities, stair-lifts, accessible showers, wheelchair access. Applicants with the greatest financial or medical need are prioritised, with 95 per cent of the approved cost of work available to households with incomes less than €30,000 per annum, tapering to 30 per cent for households with annual incomes of €54,001 – €65,000. The housing adaptation grant for new houses for people with a disability is €14,500.

### **Mobility Aids Grant Scheme**

This scheme fast-tracks grant aid to cover a basic suite of works to address mobility problems primarily but not exclusively associated with ageing. Works covered by these grants include: grab-rails, access ramps, level access showers, stair-lifts. The maximum grant is €6,000 which can cover all of the cost of works and is available to people with annual household incomes of up to €30,000.

## Housing Aid for Older People Scheme

This scheme amalgamates the provisions of the essential repairs grant and the special housing aid for the elderly scheme, with the intention of ensuring that the homes of older people are habitable. Therefore this scheme is not strictly applicable to people with a disability, but it does help to ensure that older people can age in place. The combination of this grant scheme with others that provide retrofitting can contribute towards ensuring that should older people become disabled, their homes will be accessible and well-maintained.

Works covered by this scheme include: structural repairs/improvements, re-wiring, repairs to/replacement of windows and doors, the provision of water, sanitary services, heating, cleaning, painting. The maximum grant available is €10,500. Priority is given to applicants on the basis of financial need, with all costs covered for those with annual household incomes less than €30,000 tapering to 30 per cent contribution for households with annual incomes of €54,001 – €65,000.

These three housing adaptation grants schemes are currently being evaluated by the Housing Agency.

## Conclusion

This section has outlined the latest demographic information available for people with disabilities. It can be seen that the majority of people with disabilities in Ireland live in private households and that there is a spread of age groups and types of disability. Planning for housing and related supports should take account of this demographic situation and respond accordingly. This chapter has also outlined government policies with regard to disability in Ireland, with particular attention on housing policy. There can be seen to be a commitment to progress in this area. The following section will detail practice in other countries.

## SECTION THREE





## Practice in Other Countries: Ideas and Innovation

### 3.1 Introduction

The key purpose of this report is to help inform the development of the Housing Strategy for People with a Disability. An important component of the new Strategy should be to facilitate innovative responses to existing and emerging needs. This section will outline some innovations and practices used in other countries to help inform thinking in the area. Australia, Sweden, Canada and UK examples will be discussed. The rationale for selecting these countries was based on two factors. The first was that Australia, Canada and the UK were identified in the NDA's review of Part M (Rogerson et al, 2005) as having well-developed or developing legislation and standards for access issues for people with disabilities.

Although these are access issues and do not relate to the broader remit of informing a Housing Strategy for People with a Disability, if these countries were identified as being progressive in this area, it is likely that they are progressive across the Housing for People with a Disability sector. The second factor for selecting these countries was a more pragmatic one: access to information in English.<sup>7</sup>

In any event, it may not always be appropriate or possible to adopt international models of good practice when identified; different jurisdictions, administrative structures and cultural situations may preclude this (Jones et al, 2008:37; Gronda, 2009). The principle of the importance of international comparisons is identified by the NDA (2005a:112) but national differences are recognised as limiting this. However, even on a within-country basis Dillenburger and McKerr (2009) found it difficult to make comparisons between UK sheltered housing schemes due to differing definitions.

Additionally, with no universally accepted yardstick of what good or best practice might look like, and differing ways of evaluating schemes that are considered to fall within the realms of good or best practice, not to mention improvements and innovations that may be ongoing, a scientific approach to identifying good or best practice is not feasible at this time.<sup>8</sup> Instead, the purpose of this chapter is to provide food-for-thought, outline innovations and different approaches, and generate thinking and consideration in this area. It is not possible within the current terms of reference

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7 CECODHAS, the European Liaison Committee for Social Housing, published a report in 2003 outlining examples of housing for people with disabilities across Europe. Though informative, these tend to be one-site examples and no details of scheme evaluations are provided. The CECODHAS recommendations are consistent with those drawn from this report.

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8 Rodd Bond (Nestling project, Dundalk) in his presentation to the CARDI/SPARC conference (4 December 2008, available at <http://www.sparc.ac.uk/workshops/2008-06-10-cardi-amp-sparc/pdf/Rodd.pdf>) outlined problems with regard to rolling-out a pilot scheme for older people that may be true here also; there is no clear relation between investments and revenue and savings made, and it is not known what the evidence would look like – what combination of community-based supports, environmental improvements and technology supports can keep older people's quality of life above a threshold for longer (where the threshold is their quality of life in their present home/long term care)? Then, can the technology impact be separated from the quality of the services and environment and the local policy context and collaboration structures in which they operate? This small example shows the complexities of comparing examples of good practice across differing contexts, as well as the complexities of extrapolating from a single evaluation what elements exactly made the case study work.

for this research to delve into the protocols and procedures at a grassroots level that have made the following initiatives possible, nor is it desirable to summarise complex relationships. However, it is hoped that sufficient information is provided here to facilitate further research where deemed appropriate. Information was derived through literature and internet searches including NGO, government and agency websites, as well as through information provided by authorities in various countries and members of the research advisory committee. This is similar to Gronda's (2009) approach, and the same caveats are in place – it is difficult to evaluate what is happening on the ground, or even when good practice is identified if this is transferable. The context of the information must be borne in mind; in other words, what may be found to have worked for a particular cohort in a different country may not work in Ireland in the same way. This is context dependent, and apparently positive results could be attributable to some other unseen variable and not the intervention itself.

## **3.2 Examples of Practice from Selected Other Countries**

### **3.2.1 Australia**

Australia is divided into seven administrative regions, and each region has its own housing policies. This section will attempt to detail just some of the innovations and documents that could be worthy of consideration in the Irish context.

## Western Australia

Western Australia's Department of Housing and Works operates a 'Keystart' programme assisting low-income households to become owner occupiers through a shared equity scheme. Based on household size and income, Keystart is open to first-time buyers wishing to purchase or construct a home up to the value of AUD\$375,000 (approximately €207,600). The Department of Housing and Works co-owns these homes up to the value of 40 per cent which can be purchased by the householder either in full or in part at a later date. These purchases are free of any stamp duty.

### Provision for People with Disabilities

In addition to this scheme, Western Australia's Department of Housing and Works also has an 'Access Home Loan' scheme for low-income householders with disabilities, or low-income households with dependants with disabilities, who wish to purchase a home. Similar to the scheme outlined above, the Department of Housing and Works purchases equity in a property which can be bought back by the householder in part or in full in the future. Applicants for this scheme must fulfil the following criteria:

- Have an intellectual, psychiatric, neurological, sensory or physical impairment that is permanent or likely to be permanent and impacts on housing need in terms of design and proximity to services including support services
- Householders must be over age 18 and not be in debt to the Department of Housing and Works or the Keystart programme
- Householders must be able to demonstrate their capacity to meet repayment requirements and not be bankrupt or discharged from bankruptcy within two years of the date of application
- Householders must have a satisfactory rental and credit history and not own or part-own another property or land in Australia.

Access Home Loans require a deposit of AUD\$2,000 or two per cent of the purchase price if the property is AUD\$450,000 (approximately €249,500) or less. However, if householders do not have this money saved they may be entitled to a first home owner grant, which would cover all or part of the deposit and any loan fees. If householders are not first-time buyers they may still be entitled to a non-repayable grant from the Department of Housing and Works of up to AUD\$3,000 to assist with the purchase costs. If householders are not eligible for either of these two grants, they may still be able to borrow up to AUD\$2,000 for assistance with fees. The loan amount is based on the household's financial situation and property value, and is determined by loan counsellors on a case-by-case basis.

An access loan can also be used for modifying a home, and in certain cases the Department of Housing and Works may purchase equity in a property to assist in financing major renovations. This would enable a household with a household member with disabilities to renovate their current home to make it more usable by that individual. This would facilitate a person with acquired disabilities to remain in his/her own home and not have to consider the upheaval of moving or alternative forms of accommodation. Additionally, it would assist a household to remain in place irrespective of changes in disability status by household members.

Western Australia also has a scheme called the Community Disability Housing Programme (CDHP). This programme provides rental housing for people with disabilities via independent housing organisations, but under the condition that support arrangements are in place. This is in-line with the Western Australian policy of deinstitutionalisation. The eligibility criteria are similar to those for the equity schemes outlined above, with the additional criteria that tenants' incomes should entitle them to public rental housing. There is a strong inter-agency relationship between organisational stakeholders and a strong delineation of roles and responsibilities.

Each year the Department of Housing and Works, the Department of Health (mental health division) and the Disability Services Commission negotiate the number of CDHP places to be provided, taking into account the full range of requirements and eligibility, e.g. demand, support service availability in different locations, availability of management organisations and so on. In terms of monitoring, each year inspections are carried out on these properties, and frequency can be greater than one year if deemed necessary.

The Department of Housing and Works leases properties to housing associations who in turn manage these units. The properties are purchased on the open market or are already part of the Department's housing stock; alternatively key housing providers may already have properties available. Value for money and avoidance of too strong a presence in particular neighbourhoods are two of the principal factors taken into account when deciding on location. Proximity to transport, services, networks and community inclusiveness are also taken into account. Aside from location factors, the housing model (e.g. clustered units etc), the type of house (e.g. one-bedroom unit, three-bedroom house etc), the disability and what is needed to provide customised housing as well as occupational therapy assessment reports, are all taken into account to ensure appropriate housing is provided.

A Head Lease is drawn up, clearly outlining the responsibilities of the housing organisation and the Department of Housing and Works. The housing provider has both a property and a tenancy management role. For the Department of Housing and Works there are preferred characteristics for these housing providers. The ideal characteristics are: a good track record of providing housing for a range of client groups on a regional rather than local basis, and organisations that separate landlord and support functions. Rents are based on number of households, with allowances made for carers and individual circumstance; this has the added advantage that the Department of Housing and Works knows precisely how many spaces are available within different community housing units.

The Disability Services Commission allocates support funding to the individual applicants, who can then purchase the support and housing services that best meet their needs. A local area co-ordinator is the key worker for this role. The Disability Services Commission with the community organisations, the service provider and the Department of Housing and Works negotiate the housing model in consultation with the client. Similarly, a support service agreement is negotiated between the Department of Health, the community landlord organisation and any community support service agency involved. There are no approvals granted under the CDHP unless these support service guarantees are in place.

In terms of existing properties and sitting tenants, the Department of Housing and Works will undertake modifications or necessary works to accommodate the incoming tenant or the changing needs of the existing tenant.

## **South Australia**

Similarly to Western Australia, South Australia offers shared equity home ownership programmes. Additionally, South Australia's Department for Families and Communities released a Supported Accommodation Strategy in December 2006, to improve service provision to people with disabilities requiring supported accommodation. To do this, the Strategy stated that in the future there would be:

- A single waiting list
- A single system of service co-ordination through Disability South Australia to help people navigate services
- Acceptable standards from service providers, ensured by The Accommodation Act
- Access to supported housing, based on support needs not diagnosis.

A commitment was made to link the government disability housing programme to personal support systems. A service co-ordinator would be appointed to develop co-ordinated service plans with individuals with disabilities and their families. There has been and will be investment in supported accommodation, in-home support and deinstitutionalisation according to South Australia's Supported Accommodation Strategy. It was recognised that these transitions could not be immediate and would require time to implement.

In *A Review of the Integration of State and Territory Housing and Disability Policies in Australia* (AHURI, 2007) Selina Tually identified Western Australia and Queensland as leading examples of integration of disability and housing policies. Queensland's policies and related outcomes have a similar focus to the cornerstones for good practice as identified in the next chapter. Interestingly, with regard to inter-agency co-operation, Queensland has memorandums of understanding that must be established between various agencies. Queensland also has policy documents and legislation that could be of interest in the Irish context:

- The Five Year Strategic Plan for People with a Disability 2001 – 2006 (Housing)
- Future Direction for Disability Services (Disability Services Queensland, 2003) – this discusses priorities in terms of funding, both generally and more specifically
- Queensland Disability Service Act (March 2006).

Tually states that Western Australia has taken the lead and has designed an industry plan to stimulate best practice. This involves establishing a think tank to develop innovative approaches. However, there have been developments in other Australian regions that are of note.

- **New South Wales** – this region has an emphasis on inter-agency co-operation, and the NSW government's *Stronger Together* (2006) publication is informed by evidence-based models of supported accommodation. The Housing and Accommodation Support Initiative is a key programme of the NSW government for the integration of accommodation and support services for people with mental health illnesses. This



partnership between the Departments of Health and of Housing with non-governmental providers of mental health services has been found to improve the quality of life for people with mental illness and decrease hospitalisations, and there are plans for expansion.<sup>9</sup>

- **South Australia** – the South Australian government is reviewing accommodation and support services for people with disabilities in its jurisdiction and has a Supported Accommodation Task Group to oversee developments and implementation of new proposals in this area.
- **Tasmania** – special needs groups are identified in their affordable homes schemes; a review of these schemes was undertaken in 2005 involving service-users.

### 3.2.2 Canada

According to the Canadian Government's (2006) *Services for People with Disabilities*, 3.6 million Canadians have one or more disabilities, meaning that one in eight Canadians is affected. Canada's housing policies and available funding varies on a state-by-state basis, but overall Canada provides subsidised housing, provides 'forgivable' loans for household alterations, and promotes their own version of universal design; ensuring that the Canadian housing stock is accessible and useable by people with disabilities. However, Canada's barrier-free design requirements (Section 3.8), as stated in the National Building Code of Canada, only applies to buildings with an area in excess of 600 metres squared and/or greater than three storeys in height. Therefore, although this code provides for ramps, automatic door opening and clearance spaces in washrooms among such other enabling innovations, it tends to exempt ordinary housing – semidetached, duplex, triplex and town housing – due to the minimum area space and height requirements for such design. Apartment buildings over these minimum requirements would not be exempt. These codes are national, but not every province or territory adopts national requirements for

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<sup>9</sup> Further details in appendices of the parallel publication from the Centre for Housing Research, *Review of the Housing and Support options for People with Mental Health Related Housing Needs* (Carroll and Cotter, 2010).

barrier-free design – their codes may differ or supersede these national requirements.

Subsidised housing for people with disabilities in Canada is available in conjunction with local health authorities, the private sector and not-for-profit organisations, and does not cost more than 30 per cent of a household's gross monthly income. This form of housing is available to people who can live independently and qualify for disability pensions or who cannot work because of disability. Under these schemes there are three types of affordable housing: directly managed or public housing, non-profit housing, and co-operative housing jointly owned and managed by members. Subsidised housing is available both with and without support services.

There are state and territory differences, but overall Canadian authorities promote the individual to make home adaptations or to build accessible homes – FlexHousing™. This is similar to the concept of universal design with the intent of ensuring that people do not have to move as their needs change across the life cycle. Under Canada's Residential Rehabilitation Assistance Program for Persons with Disabilities<sup>10</sup> (RRAP-Disabilities), home owners and landlords may be entitled to 'forgivable' loans when adaptations are being made for people on low incomes with disabilities. Access to these loans is based on the value of the property and the household income according to household size and area. The loan becomes 'forgivable' under certain conditions – if the home owner remains in the household for a certain period of time, and landlords do not increase the rental price of the property. The Home Adaptations for Seniors Independence Program operates in a similar manner. A grant of approximately €2,300 is available to home owners or landlords. Home owners do not have to repay this loan as long as they continue to occupy the unit for the duration

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<sup>10</sup> Canada's Mortgage and Housing Corporation (CMHC) is currently evaluating the renovation assistance programmes. An earlier evaluation (2003) showed that the RRAP programme was effective in improving the housing conditions of low-income Canadians. Accessibility and quality was improved. However, funding levels needed to be expanded (as the housing stock ages and costs rise) and more technical and administrative training provided for all associated staff. CMHC has also carried out evaluations of different housing modifications and cost benefit analyses. Additionally, it has produced evaluations of housing stability for people with mental illness at risk of homelessness. All of these publications are available on the internet at no charge.

of the ‘forgiveness’ period which is six months. Landlords have to agree that the rents will not increase as a result. These loans vary geographically, but their purpose is to assist modification work on dwellings occupied or intended for occupation by low-income (and/or older) persons with disabilities for a certain minimum period of time.

In 2006 the Canadian Mortgage and Housing Corporation released a research publication on the housing and support needs of adults with intellectual disabilities. This research showed that physical access to facilities was not the most pertinent hurdle, but rather the availability and adequacy of support services, including staff-training. Two key themes emerged from research conducted with stakeholders: responses appeared to be reactive rather than proactive, and funding should be tied to the individual rather than an agency or facility. There was some evidence that people had to move residence to access support services that were available elsewhere. Best practices were thought to include the following:

- Flexibility and choice – recognition of the heterogeneity of the individuals’ requirements
- De-linked funding
- A person-centred approach.

Favoured housing models in terms of best practice, incorporating principles of flexibility and choice, included the following:

- The independent living model – enabling the person with an intellectual disability to live independently with support and service provision within easy reach
- Co-operatives and co-operative living arrangements – a group living together in a multi-unit building with community space
- Home ownership/adaptation of family homes
- L’Arche model – a group home model identified as a best practice. These are faith-based homes with the intent of ageing in place and employees are more like family members than staff
- Seniors’ complexes – as some of the support services that people with intellectual disabilities require mirror those typically provided in older people’s complexes, some study participants saw merit in incorporating different client groups.

### 3.2.3 Sweden

Swedish housing policy since World War Two has been focused on good housing for all, and there was a rapid growth in construction in the period immediately after the war. Sweden has maintained a housing subsidy policy with the intent of ensuring a supply of good quality and affordable accommodation across tenure types irrespective of household income. Therefore, in short, this policy incorporates a tax incentive scheme and rent-setting similar to rent-controls. Specifically, Sweden's policies on housing for people with disabilities will be discussed here, focusing on the provision of adaptations and supports.

Swedish governmental policy since the 1950s has stated that people with disabilities should not bear the cost of reducing environmental barriers restricting performance and activities in daily life. Since 1959 Sweden has had a housing modification grant, enabling adaptations to be made to private dwellings in line with current building regulations. This grant is administered by local authorities who have an obligation to provide it to people with disabilities living in their catchment area irrespective of the financial situation of the applicant or the tenure or type of unit, i.e. rental, owner-occupied, apartment or house.

All costs that are considered necessary for older people or people with disabilities to perform everyday activities are covered by this housing modification grant. Everyday activities include entering and exiting, and moving around the home as well as managing personal and domestic tasks. However, the following rules apply when modifications are being undertaken:

- Modifications must be in line with current building regulations
- The least expensive option for modifications and construction equipment should be used. More expensive options can be carried out with the individual contributing the price difference
- Modifications must be necessary; they cannot be undertaken for convenience alone
- Modifications must be permanent to the dwelling; they could not be removed when the individual leaves
- The modification grant does not apply to ordinary building maintenance.

There is a four-part assessment for financing these housing modification grants, incorporating:

- The applicant's self-assessment of his/her problems and needs
- An occupational therapist's assessment of disability and ability and ways to resolve functional problems
- An engineer's technical assessment of adaptive solutions for solving the problems of structural barriers
- An examination of legal guidelines concerning how the grant may be used.

It must also be noted that aside from modifications, since 1978 Swedish building regulations have stated that private homes must be visitable for people with disabilities. Current building regulations state that for housing, all new builds or rebuilds (much of Swedish urban housing stock is being replaced) should be accessible and usable for individuals with disabilities.

Swedish policy recognises that it is less of a strain on the exchequer to have older people age in place. However, there is considerable concern about Sweden's impending top-heavy population and the feasibility of maintaining older people in their homes. Irrespective of this, Swedish policy currently provides home supports (as well as modifications discussed above) for both older people and people with disabilities to support independent living. Currently people under age 65 with extensive functional disabilities have a right to free personal assistance. Individuals as well as parents of children with disabilities can obtain state aid for purchasing and adapting services related to care. Each local authority has organised home help services for people in their jurisdiction who are older and/or have disabilities. This can include daily tasks, and also provides assistance for activities such as helping someone go for a walk.

Sweden has established 'Handisam' ([www.handisam.se](http://www.handisam.se)) – this is the Swedish Agency for Disability Policy Co-ordination. Handisam's publication *From Patient to Citizen: A national action plan for disability policy* is an action plan covering all sectors of society and shows disability policy to be of an inter-sectoral nature. Handisam has principally been charged with four over-arching tasks:

- Design for all – to ensure that universal accessibility and serviceability are factored into all planning and design (including products, buildings, environments, IT services)
- Local government assignments – to develop methods for monitoring the efforts made by the municipalities to promote accessibility
- Active measures – to combat discrimination in association with the Swedish Office of the Disability Ombudsman
- Consultative assignments – to include stakeholders in assignments, for example the Swedish National Agency for School Improvement.

### 3.2.4 United Kingdom

In the UK, a joint strategy was issued by the Department for Communities and Local Government, the Department of Health and the Department for Work and Pensions (February 2008), entitled *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*. The strategy promises that all public sector funded housing will be built to lifetime homes standards by 2011, with the aspiration that by 2013 all new homes will be built to these standards. The UK authorities are to review the take-up of these standards in 2010 with a view to regulating in 2013 if expectations are not matched. This approach hopes to achieve several aims:

- Ensuring that older people can remain in their homes for as long as possible
- Reducing long-term costs to the exchequer
- Although the strategy is considering age-related disability principally, it could also ensure provision of an appropriate or easily adapted housing stock for people with disabilities across all stages of the life cycle.

In March 2003, the UK's Office of the Deputy Prime Minister (since May 2006: the Department of Communities and Local Government) published *Planning and Access for Disabled People: A Good Practice Guide*. The purpose of this guide was to ensure that the planning system in England successfully and consistently delivered an inclusive environment as an integral part of the development process. This guide implements good practice from the point of planning applications, suggesting measures such as the following: issue applicants with pre-application guidance notes, amend application forms to promote inclusive design, co-ordinate inclusive access policies with the local transport system, and share resources across local authorities, e.g. an access officer who can give professional advice or a planning officer trained in the inclusive environment. The guide advocates thinking beyond the design of buildings alone, and endorses consideration of the location of the building on a plot, the gradient of the plot and the relationship

of the adjoining buildings and transport infrastructure. The UK's housing design for mainstreaming is discussed more fully in the following chapter.

The Department of Communities and Local Government also published *Delivering Housing Adaptations for Disabled People: A Good Practice Guide* (June 2006) which is an excellent guide for initial assessment through to review, and includes a checklist for good practice (see Appendix 2). The UK's Chartered Institute of Housing published *Sheltered and Retirement Housing: A Good Practice Guide* in 2005, which is similarly useful in terms of providing protocols and preparations for the future. Although this publication is more specifically guided towards sheltered and retirement accommodation, some examples of innovation and good practice may prove useful in the Irish context of a National Housing Strategy for People with a Disability. For example, it is outlined how Peterborough City Council, Selby District Council and Manchester City Council reduced the waiting list for OT assessment by training other staff members in low-level assessments to provide simple adaptations such as grab bars or stair rails. The assessments would not require an OT, freeing up their time for more complex assessments, and staff could also be trained to install these simple enabling adaptations.

In February 2008, the Department of Communities and Local Government published the *Disabled Facilities Grant: The Package of Changes to Modernise the Programme*; this was a response to an evaluation carried out by the University of Bristol demonstrating where changes, in particular with regard to funding, should be met.<sup>11</sup> At that juncture, it was feasible to increase the funding (from £25,000 to £30,000), and to place a higher ceiling on the local authorities' contributions towards adaptations. In addition, applicants claiming council tax benefit, housing benefit and tax credits for those on low incomes no longer had to provide additional information for means testing. People claiming other

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<sup>11</sup> <http://www.communities.gov.uk/publications/housing/modernisationchangespackage> (accessed 14/4/09)



forms of tax credits no longer have these included as sources of income in their means testing. Restrictions on the allocation of monies were also lifted. This facilitates individual local authority discretion, speeds-up the process, especially for minor works, and allows for equipment such as stair lifts to be loaned and recycled.

A clawback was allowed on a discretionary case-by-case basis by local authority staff where the disabled facilities grant (DFG) exceeds £5,000, as opposed to having to appeal on a state level for this. A £10,000 limit could be imposed if a property was sold within ten years and fulfilled certain criteria of expenditure and would not cause hardship. The local authorities would no longer need to match the funding in a 60:40 ratio with central government; instead ring-fencing relaxation would enable the DFG to be used for moving to more accessible homes where a move would be more appropriate than adaptation, and this relaxation also allows for the purchase of portable extensions suitable for reuse through improved procurement models. Making it more straightforward to apply for funding through simplified eligibility criteria renders the process easier for both service provider and applicant.

Allowing local authorities to have a greater say in how these grants are administered based on individual needs is consistent with a person-centred approach, and this case study also demonstrates some innovation with regard to spreading scarce resources more widely, thus ensuring that the net benefit is shared by more households.

Box 3.1 below details a case study of supported living options and the UK's policies are further discussed in the following chapter with regard to the provision of information.

### **Box 3.1**

#### **Case study: supported living options, direct payments and self-directed service provision**

In 1983 the All Wales Strategy was released as an innovative response to community-based service provision for people with disabilities. Under this plan, responsibility for health and social support was transferred to the local authorities by means of their social services function. Local authorities were obliged to submit their plans for new community-based services, which included how liaison would take place with other service providers (health authorities, education authorities, housing authorities, voluntary bodies etc). Responsibility was not just to people already in the community, but also to people in hospital settings. Area/district groups, comprising local officers responsible for an array of services, were established to ensure seamless service delivery, and a local co-ordinator was also in place. Community-based provision was recommended for no more than four residents in one setting, but flexibility is allowed where appropriate.

The UK central government has placed emphasis on self-directed support options ([www.in-control.org.uk](http://www.in-control.org.uk)). There are two means by which this operates: direct payments and individual budgets. Direct payments are cash payments made directly to people with disabilities to purchase services (e.g. a personal assistant, care agency). Individual budgets are drawn up on the basis of how much is necessary to meet an individual's needs, and all eligible funding schemes are identified. Overall, health and social care are independently accessed.

It is likely that in the future the UK system will be dominated by supported living options, direct payments and self-directed service provision.

Source: In conversation with the National Disability Authority – information derived from site visits to Wales and England, July 2008

### 3.3 Disability and Ageing: An International Perspective

In their peer review *Integrated housing, support and care for people in later life*, Jones et al (2008) noted the different forms that housing with supports can take for older people in an international context. People can develop late-onset disabilities, and within a population of people with disabilities the largest cohort will tend to be in the more advanced age categories. In this review, Jones et al outline 'service housing' available in Sweden, Finland and the Netherlands – this is similar to sheltered housing in Ireland. The Humanitas Foundation, with centres in Rotterdam and Amsterdam and its 'apartments for life', demonstrates innovative thinking (see [www.humanitas.nu](http://www.humanitas.nu)), where the individual can remain in his/her own home and receive supports while ageing in place.

The Danish 'reinvention' of sheltered housing is also discussed in Jones et al (2008). In Denmark, care develops around the individual's needs. The authors consider the 'co-housing' models available in Denmark, the Netherlands and Germany, and on a smaller scale in the US and UK. In this model – individual dwellings with common facilities – residents can share daily activities while retaining privacy. These can be owned co-operatively, and can be intergenerational or exclusively for older people. Multigenerational models in Asia and Israel are discussed and may be culturally specific – ground floor apartments are available for older people while their families are accommodated on the other levels. Israel also provides collective home care – older people remain in their own homes but can purchase services and are entitled to have services delivered to them.

### 3.4 Conclusion

This chapter has considered some innovations and good practice as identified in other jurisdictions. The commonalities in relation to the future in each of these countries are to provide a more person-centred approach within a social context of disability, facilitating supports where necessary, in the individual's own home. In this, people with disabilities and older people are enabled to remain in their own homes through better design and streamlined access to adaptation grants. Within this, there are two key policies – facilitation of home ownership or security in rented accommodation, and universal design for liveability accompanied by individually-required adaptations. These measures are accompanied by supports, not strictly associated with housing, that enable independent living. As outlined, Australia operates various housing schemes for home ownership for people with disabilities and also appears to be rigorous in its inspections of rental properties. Canada's 'clawback' system and forgiveness period for loans is not unlike the Irish affordable homes scheme. Queensland's memorandums of understanding and New South Wales' HASI programme<sup>12</sup> are useful models of inter-agency co-operation protocols which are essential to ensuring that housing and support agencies work effectively in partnership when landlord and support functions are considered best separated.

Canada's FlexHousing™, the UK's Lifetime Homes and Sweden's move from visitability to useability are indicative of how housing design is becoming increasingly creative with the end goal of enabling independent living and ageing in place. Where people are in transition or may not be able or want to live independently, this chapter also discussed co-housing and co-operative living arrangements. In terms of supports, flexibility can be seen from these international examples to be at the core of a person-centred service delivery. Direct payments and individual budgets may be one method of enabling this flexibility, as the UK example shows.<sup>13</sup>

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<sup>12</sup> See Appendices of Carroll and Cotter (2010).

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<sup>13</sup> See NDA conference 2009 'Promoting Independent and Community Living for People with Intellectual Disabilities'; presentations by Lisa Gregg-Herrett of Choicesupport, and Naoise Cunningham of the Centre for Independent Living and Kevin Mallon of 24/7 Relief Care Ltd.

Ireland appears to be moving in the same direction as these other countries in terms of independent living and care in the community. The HSE's transformation programme is committed to developing an 'integrated health system' whereby health services are redirected from acute hospitals to primary and community care. This is in the context of recent forecasting that the proportion of older people in Ireland will go from the lowest in OECD countries to the highest. Similarly, the disability rate among people aged 65 and over in 2021 is predicted to climb to 18.6 per cent and there are expected to be 147,677 people with a 'severe disability' by this same year (Layte et al, 2009). However, the ESRI (Layte et al, 2009) warn that community care is not necessarily cheaper:

*Although analysis of factors influencing the mix between residential and community care is important in planning services, there may be little difference in cost between care in one setting or the other for people with severe levels of disability. While there are good quality of life reasons to favour care in the community, if a policy of de-institutionalisation is driven by cost-cutting, the evidence is that this will not improve quality of life or care. A major European study of the outcomes and costs of de-institutionalisation and community living concluded:*

*In a good care system, the costs of supporting people with substantial disabilities are usually high, wherever those people live. Policymakers must not expect costs to be low in community settings, even if the institutional services they are intended to replace appear to be inexpensive. (Mansell et al, 2007)*

(Layte et al, 2009:112)

The next chapter develops these themes identified in international practice, and outlined in domestic literature, to establish cornerstones for good practice.

## SECTION FOUR



## Cornerstones for Good Practice

### 4.1 Introduction

This chapter begins by setting a context regarding accommodation issues for people with disabilities in Ireland and then moves on to discuss what might be considered cornerstones for good practice in this area. International examples are cited where appropriate.

The current Irish situation is informed by research completed by the Citizens Information Board and the Disability Federation of Ireland in 2007. This provides information on what the shortcomings are in terms of housing and accommodation needs of people with disabilities. Problems have been shown to exist around eligibility criteria, delivery procedure, supports funding, and lack of housing options. The National Housing Strategy for People with a Disability will need to address these shortcomings in an innovative and cost-effective way.

## 4.2 Setting a Context

In 2007 the Citizens Information Board and Disability Federation of Ireland released their publication *The Right Living Space*. This research identified the housing and accommodation needs of people with disabilities in Ireland. This can serve as a framework in setting a context for developing and implementing good practice in the provision of accommodation for people with disabilities. The following are issues identified as being pertinent in progressing from the current experience at a grassroots level, of people with disabilities accessing housing and their associated needs:

- A core policy challenge is that there is a shortage of accommodation options for people with disabilities, particularly: social housing and community-based accommodation for people with disabilities, as well as accessible housing and scarcity of appropriate supports enabling people to live independently in their own homes. People with disabilities should wherever possible have access to the same range and choice of accommodation options open to others.
- Information, advice and advocacy are a key component to ensuring equality of access to housing services commensurate with need.
- Housing design needs to be more adaptable to allow for life changes so that people can continue living in their own communities for as long as possible.
- A lack of multi-annual funding and inter-agency co-operation inhibits the development of strategic service planning and delivery. One outcome of this is that there is an uneven geographical spread of services.
- People with disabilities need to be more central to service planning and delivery through tailored responses to assessed housing and related support needs. The diversity of the population of people with disabilities and the complexity of planning and delivering housing to meet these needs should be acknowledged.



- More focus needs to be given to innovation – its development and roll out.
- Meeting the housing and related support needs of people with disabilities requires a strategic framework to support the provision of tailored housing and housing supports generally for people with disabilities.

(For further discussion of these points see Browne, 2007)

### **4.3 Good practice in the area of housing and related supports for people with disabilities**

Based on the available literature, the following four elements have been identified as cornerstones for good practice, and each will be discussed in turn.

- Housing design
- Planned response to need
- Inter-agency co-operation
- Effective information provision.

### 4.3.1 Housing Design

In the past twenty years there has been an international move towards making the built environment, particularly public buildings and spaces, more accessible for people with disabilities. The National Disability Authority in its *Building for Everyone* (2002) report notes that it is the environment that disables, not the impairment. Through choosing to design our environment in a way that facilitates everyone to the greatest extent feasible, a variety of needs could be better catered for. However, it is not possible to accommodate all of the people all of the time.<sup>14</sup> *Building for Everyone*<sup>15</sup> provides examples of how universal design has already been accepted into our environment seamlessly and with added advantages across the population, e.g. dished crossings in kerbs with blistered paving which has equally served to assist people with buggies and people in wheelchairs, as well as people with visual impairments.

Currently, Irish housing standards state that private dwellings should be visitable. There is an impetus to extending this to making housing 'liveable'. This is the case for building regulations in, for example, Australia and Northern Ireland. In the Netherlands adaptable housing has been included in the national building code since 1997. The Canadian Human Rights Commission published *International Best Practices in Universal Design: A Global Perspective* (March 2006 – revised edition August 2007, available on [www.gaates.org](http://www.gaates.org)) which provides not only best practice technical guidance for buildings and environments generally, but also housing-specific guidance. In this publication, which was part-funded by the Irish NDA, best practice was based on expert opinion, but was not empirically tested.

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<sup>14</sup> See Richard Duncan's presentation to the NDA conference available in *Universal Design for the 21st century: Irish and International Perspectives* CEUD conference proceedings 2007.

<sup>15</sup> This document is currently being updated; publication forthcoming.

The Joseph Rowntree Foundation's standards for Lifetime Homes provide a starting point for 'liveable' homes to apply across the housing sector. However, further adaptations may be necessary based on individual requirements across the life course, but these adaptations could be less costly and disruptive than full retrofitting. The Joseph Rowntree Foundation's standards are accepted by stakeholders, and are recommended to be applied across the housing sector, with some amendments. In this vein, although Universal Housing Design/Lifetime Homes will be discussed here, there are other design issues that should also be considered, for example wheelchair accessible design. The Irish Wheelchair Association has released best practice access guidelines (2009, available on: [www.iwa.ie](http://www.iwa.ie)) which includes a section on housing design. These guidelines extend from the car to each room of the house including underground car parks, lifts and public areas in apartment complexes. It provides details on heights of amenities, positioning of sockets, turning circles, and recommended door and corridor widths for maximum wheelchair sizes plus assistants. However, flexibility can be incorporated into these recommendations. The IWA recommends that four per cent of dwellings in new developments should be fully wheelchair accessible. This percentage should be strategically planned in terms of location and positioning within a development. The IWA guidelines are for general application – adaptations may still need to be made on an individual basis. Box 4.1 provides further details and an approximate cost for adaptation with regard to wheelchair accessible design in Ireland. The London Plan (see Mayor of London, 2007) intends to make 10 per cent of all housing wheelchair accessible or easily adaptable for residents who are wheelchair users.

The Department for Social Development and the Northern Ireland Housing Executive's (2006) *Wheelchair User Housing Study: An evaluation of users' experience and the evolution of design standards* provides information on wheelchair users' experiences of different design features, identifies good practice and makes recommendations in this regard. In brief, this publication recommends establishing accurate computerised housing databases to identify the need for and the availability of wheelchair standard housing, inter-agency collaboration and planning, an inclusive design process for reviewing standards, training for housing

allocation staff, security measures (e.g. locks on windows) and environmentally-friendly housing design (e.g. radiator-free heating) combined with access guidelines; and good practice should be developed with regard to wet areas and water containment in bathrooms (2006:11). As mentioned, Box 4.1 below provides an overview of key features of a wheelchair accessible design and Box 4.2 outlines some design issues for people with dementia or complex support needs.

#### **Box 4.1**

##### **Wheelchair accessible design**

The following features are important in considering wheelchair accessibility:

- Wheelchair accessible dimensions should be clearly established.
- Living, kitchen, bathroom, sleeping facilities should all be on the same level with sufficient space for a user of a powered chair to move around the living space and access and use TV, music and computer stations.
- Access to windows and storage is also essential.
- The kitchen may need to be purpose designed, with appliances and presses at a reachable height.
- The bathroom and bedroom should allow space for a personal assistant, and also allow for the use of a mobile or tracking hoist if required. The bathroom sink should allow the user to comfortably have his/her legs underneath without experiencing burning.
- Level floor showers may need to accommodate a shower trolley rather than a shower chair.
- Environmental controls such as an electronic door opener, electronic light and curtain controls, communication between rooms etc. may also be required.
- Retrofitting a property for wheelchair accessibility has been estimated to cost €70,200 (ex. VAT) for the basics only.

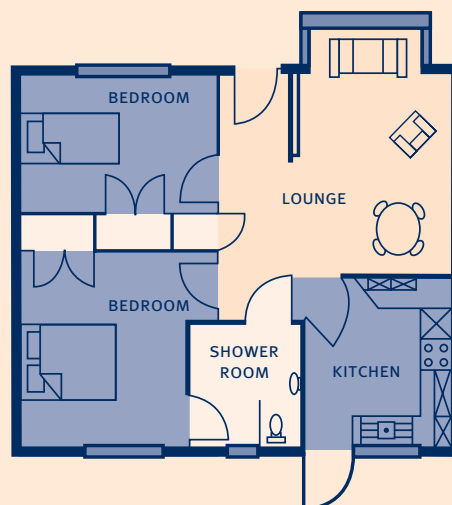
(In conversation with Irish Wheelchair Association representative; see also *Room to Manoeuvre* DVD produced by DCTV and Dublin Community Forum's Disability Focus Group)

## Box 4.2

### Housing for people with dementia

Praxis Care, among its other projects, operates a supported housing scheme in Lisburn, Co. Down, called St Paul's Court. This housing is available to people with dementia, people with complex needs and people who have a care package in place delivered by South Eastern Area Trust personnel. There are 15 two-bedroom bungalows with small back gardens looking onto a courtyard, and a separate block of eight ground-floor apartments based around an atrium. There is a separate resource centre and 24-hour assistance to hand. There is also assistive technology equipment available. Praxis Care aims to provide tailor-made solutions to maximise independent living at the St Paul's Court scheme. An evaluation is currently underway, but what is most interesting in the current context about this scheme is the dementia-specific design (see below). This reiterates the point that disability is a heterogeneous experience, and although universal design is enabling, and a move from visitability to liveability is desirable, there will frequently need to be additional adaptations made on an individual basis.

**The Bungalows: Phase 1;** The houses follow dementia friendly design principles, with all the rooms opening out from the front door entrance area. There are 2 good-sized bedrooms in each bungalow, an open plan lounge, a shower room with WC and a fully equipped kitchen with partially glass-fronted cupboards and back bedroom which looks out onto the back garden for each house. Garden furniture, washing lines, sheds and seats are provided for individual interests and tastes. Residents bring their own furniture because it is familiar and particular to them.



As the experience of disability is heterogeneous and can vary over the life cycle, there is no one-size-fits-all model. However, the principles of universal design, which could be modified as appropriate in Ireland, have the potential to ensure that housing is more favourable for all including people without disabilities, and that individual requirements over the life course could be more easily met than with retrofitting or the necessity to move house. In a Chartered Institute of Housing study (O'Brien et al, 2002) it was estimated that a Lifetime Home recoups its cost in 3-10 years based on costs of adaptations at the time of the study. This recouping was based not only on costs associated with retrofitting, but also on costs associated with re-housing, institutional care, cost of domestic accidents, savings associated with reduced heating bills and the cost of removing adaptations in non-Lifetime Homes. Through providing Lifetime Homes, and a percentage of wheelchair accessible homes, the current expenditure on housing adaptation grants could be reduced, as could the personal contribution.

The heterogeneity of the disability experience is highlighted in Dillenburg and McKerr's (2009) study of older people caring for their child/sibling with a disability. As the population is generally living longer, the parents of people with disabilities may require personal assistance, as well as people with disabilities themselves who are living longer. The physical strain, as well as the worry about what will happen after the parent becomes incapacitated/ passes away, is highlighted in this report. Although the report does not address universal design or housing adaptations, it does serve as a note that older people could require housing adaptations as well as their adult-children who may have more than one disability.<sup>16</sup>

Smith et al (2008) estimate that 21 per cent of American households will have at least one resident with (physical limitation) disabilities in 2050, and that seven per cent of households will have one resident with self-care limitations. Smith et al (2008) also estimate that there is a 60 per cent probability that a newly

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<sup>16</sup> This report focuses on the need for independent living skills and housing options for people with disabilities at an earlier age to avoid upheaval and a later crisis.

built single family detached unit in the US will house at least one resident with (physical limitation) disabilities during its expected lifetime, and this reduces to 25 per cent for people with self-care disabilities. This publication and the US organisation Concrete Change who assisted in the research, concur that there are three criteria for visitability of households for people with disabilities:

- A zero step entrance
- Doorways and halls wide enough for wheelchairs
- A bathroom or WC at entry level.

These authors conclude that the UK is considered to have the most extensive mandate of any country with regard to providing visitable/liveable housing, providing for accessible electrical outlets and controls alongside those listed above.

Habinteg Housing Association's ([www.lifetimehomes.org.uk](http://www.lifetimehomes.org.uk)) website on lifetime homes defines the concept of lifetime homes, and their construction, cost, design and planning. As well as providing diagrams of the internal space of a Lifetime Home (the IWA also does this for wheelchair accessible homes), this website describes the differing criteria between making a home visitable and liveable, based on the following 16 criteria, by demonstrating the difference between Lifetime Homes and the UK's Part M legislation:

- |                              |   |
|------------------------------|---|
| 1. Car parking width         | 10. Entrance-level WC and shower drainage |
| 2. Access from car parking   | 11. Bathroom and WC walls                 |
| 3. Approach gradients        | 12. Stair lift/through-floor lift         |
| 4. Entrances                 | 13. Tracking hoist route                  |
| 5. Communal stairs and lifts | 14. Bathroom layout                       |
| 6. Doorways and hallways     | 15. Window specification                  |
| 7. Wheelchair accessibility  | 16. Controls, fixtures and fittings.      |
| 8. Living room               |   |
| 9. Entrance-level bed space  |   |

For example, for criterion seven –

There should be space for turning a wheelchair in dining areas and living rooms and adequate circulation space for wheelchairs elsewhere. **Specification and dimensions which meet the Lifetime Home standards.** A turning circle of 1500mm diameter or a 1700mmx1400mm ellipse is required [in dining areas and living rooms]. **Comparison and comments in relation to relevant paragraphs of Approved Document M, 2004 (Part M).** The UK's Part M does not state the requirement for a turning circle or ellipse in dining areas and living rooms.

Using the definition of universal design from the Disability Act 2005, Erik Koornneef<sup>17</sup> of the NDA interprets universal design to mean that:

- The design and composition of an environment should appeal to everyone, should be easily understood and should not be unnecessarily complex
- The built environment should be able to be used comfortably and efficiently, with a minimum physical effort
- It applies to all sorts of different situations (e.g. heritage sites, outdoor facilities, road and street design)
- It does not preclude alternative means of accessibility where appropriate
- It should be equitable.

An international review of accessible housing policies and programmes (CRESA et al, 2007) notes there are three potential pathways through which the take-up of accessible design may be promoted: regulation, incentivisation, and market capacity development:

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<sup>17</sup> Centre for Excellence in Universal Design – Conference Proceedings 2007.



*Those countries most successful in promoting a market response are those that systematically combine regulatory, incentive and collaborative capacity building strategies. Regulation is not, in itself, sufficient. A 1996/97 survey of 18 countries in the European Union found enforcement of accessibility standards was generally poorly policed. The three countries that appear to have been most successful in engaging the private sector in providing accessible mainstream housing (Japan, Norway and USA) offer either financial incentives and/or strong legislative or regulatory frameworks. Financial incentives in Norway and Japan have been shown to encourage the incorporation of universal design into new buildings by private sector developers. Those two countries have also put considerable effort into countering consumer resistance.*

*Overall, the three most successful strategies for encouraging new mainstream accessible housing appear to be financial incentives sufficiently large to attract private sector housing developers, adoption of elements of universal design into planning and building codes, and strongly enforced building code regulations. The least successful strategies appear to be voluntary guidelines, branding of universal designs and information campaigns designed to encourage the incorporation of accessible features into homes. This is reflected in a clear trend for Governments to incrementally establish more prescriptive policy and regulatory frameworks, in order to increase the supply of mainstream accessible housing, services and urban environments. In societies where populations are ageing faster, regulations for new housing are more likely to be compulsory, apply to aspects of private as well as public sector housing, and to have been in place for a longer period of time. (CRESA et al, 2007:75)*

This same publication notes that people with disabilities move residence with the same regularity as other members of the same society – the push and pull factors do not differ. An over-arching concern was that adapted housing stock was not transferred between people with disabilities, and was therefore ‘lost’. This review noted Massachusetts’ Accessible Housing Registry (MassAccess) whereby accessible housing owners are legally required to allow information about their units to be made available to the public. Also, Norway has a Directorate of Public Construction and Property – a register of accessible and

universal design in public housing. Individuals are able to search this internet-based register for properties.<sup>18</sup> Housing New Zealand Corporation (McDermott Miller, 2005) estimates that 10 per cent of its stock is modified or is able to be adapted for physical disabilities. A further 5.4 per cent is capable of modification for people with ambulant or other disabilities. This same (2005) publication states that since 2003 modified homes are not distributed without regard for people with disabilities when there is a known demand. However, the later (CRESA, 2007) publication citing this as a concern perhaps shows a gap between policy and practice.

The New Zealand population has a similar percentage of people with disabilities. However, it is noted that for many they may have no housing need and that the significance of the population size in housing terms could be overstated (McDermott Miller, 2005). New Zealand research (CRESA, 2007) with people with disabilities found that funding could be complex and bureaucratic, and stipulations that people could receive just one modification did not account for, for example, young adults leaving the family home, a divorced couple with shared custody of a child with disabilities, or an amelioration of disabilities across the life cycle. The on-going costs of maintaining the modification, for example the cost of maintaining lifts or bathroom surfaces in wet shower areas, could also be problematic.

This research recommended: a one-stop shop for disability information; increased awareness and training for service providers (e.g. architects, builders, occupational therapists); a monitoring and auditing regime for ensuring modification standards; establishing an agency for co-ordination; clearer funding streams; a register of modified dwellings; and establishing universal design in building regulations.

As mentioned, the heterogeneity of the disability experience means that there is no one-size-fits-all in terms of housing design, although universal design/Lifetime Homes does offer a blueprint for more specific adaptations. Box 4.3 relates to housing design guidelines applicable to many different disability forms produced by occupational therapists in Ireland.

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<sup>18</sup> See examples in the US ([www.housingconnections.org](http://www.housingconnections.org)), and the UK ([www.mobilityfriendlyhomes.co.uk](http://www.mobilityfriendlyhomes.co.uk))

### Box 4.3

#### Good Practice Resource for Occupational Therapists

The Association of Occupational Therapists of Ireland released *Housing Design Guidelines for Occupational Therapists* in 2007 with extensive information, including specific guidelines for housing design for providing accommodation for adults and children with challenging behaviour, adults with cognitive impairment or dementia, people who are deaf/hard of hearing, and specific guidelines for people with a visual impairment.

### Universal Housing Design/Lifetime Homes

Implementing the concept of Lifetime Homes is regarded as a good method to ensure a supply of 'liveable' housing requiring some adaptation on an individual basis, thus ensuring the availability of housing appropriate to requirements across the life cycle. The Centre for Universal Design in North Carolina State University defines universal design in the following way:

*The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.*

Universal design in housing/the principle behind Lifetime Homes aims to ensure that housing can be accessible for all across the life course and for a range of disabilities, while accepting that additional adjustments will be required for many individuals – but it is hoped that, by incorporating the potential for adjustment within the design, individual needs can be met without great expense or disruption.

The NDA suggests that lifetime housing, which is similar in principle to the North Carolina State University definition of universal design, would go a step further than the current Part M's socially accessible buildings. Possible alterations at a later date could customise the building for the individual. Design principles include level access, turning circles, accommodating room for transfer from a wheelchair into a bed or for using sanitary facilities, light switches and sockets at accessible heights, adaptable kitchen cupboard space, and in the case of houses, provision for possible later insertion of lifts for access to above-ground storeys, as they are considered preferable to stair lifts, to name but a few. These 'ideal' designs accommodate the general populace as well as going far in accommodating people with physical disabilities through providing clear access and minimising strain and stretching.

As already mentioned, people with more than one disability, sensory disabilities or mental health issues will frequently need adaptations over and above the Lifetime Home. For example, Professor Julianne Hanson's (2005) *The Housing and Support Needs of Adults aged 18-55 with Impaired Vision: A Good Practice Guide* outlines how interior design can make a considerable difference to making accommodation more accessible for people with impaired vision. Standard high-gloss finishes on walls, flooring and surfaces can create a glare, and simple measures such as photo-luminescent paint on light switches can be of great assistance.

Percival et al (2006) argue that single people with visual impairments should not be offered one-bedroom accommodation, as much of their equipment may be bulky, warranting more storage space. Clutter can be hazardous in a visually impaired person's home. Additionally, the visually impaired person may be socially isolated and having an extra bedroom can facilitate an overnight guest or assistant. Percival et al (2006) also raise questions about offering visually impaired people accommodation in apartment blocks – visually impaired people may be refused a guide dog if there is no outdoor facility for the animal.

For visually impaired people with children, the provision of an outdoor space which can be used as a secure play area can make it easier to provide supervision in contrast to a park where supervision of a child is more difficult for a visually impaired person. For visually impaired people with other disabilities, e.g. an older person with impaired vision experiencing dementia, housing needs may become more complex.

There has been progress in Ireland in this regard, and examples will be outlined in the following chapter. At this juncture it is interesting to note that Dublin City Council's recent expansion of the minimum size requirement for apartments is appropriate for wheelchair use, but the internal layout would require alteration to allow for full 'usability'.

## **The Importance of Accommodation Setting**

Finally, in relation to design, a related issue is the importance of accommodation location or type. A recent literature review commissioned by the NDA focused on the findings from empirical research regarding dispersed and clustered housing for people with disabilities. Dispersed settings included village communities, residential campuses, homes on the edge of care facilities, hospital homes, specialised units on the site of previous intellectual disability hospitals. Dispersed housing included group homes and supported living, community-based residential accommodation, residential care homes in the community. Based on 10 studies (all focused on people with intellectual disabilities) the study concluded that *dispersed housing is superior to clustered housing on the majority of quality indicators studied* (Mansell et al, 2009:111).

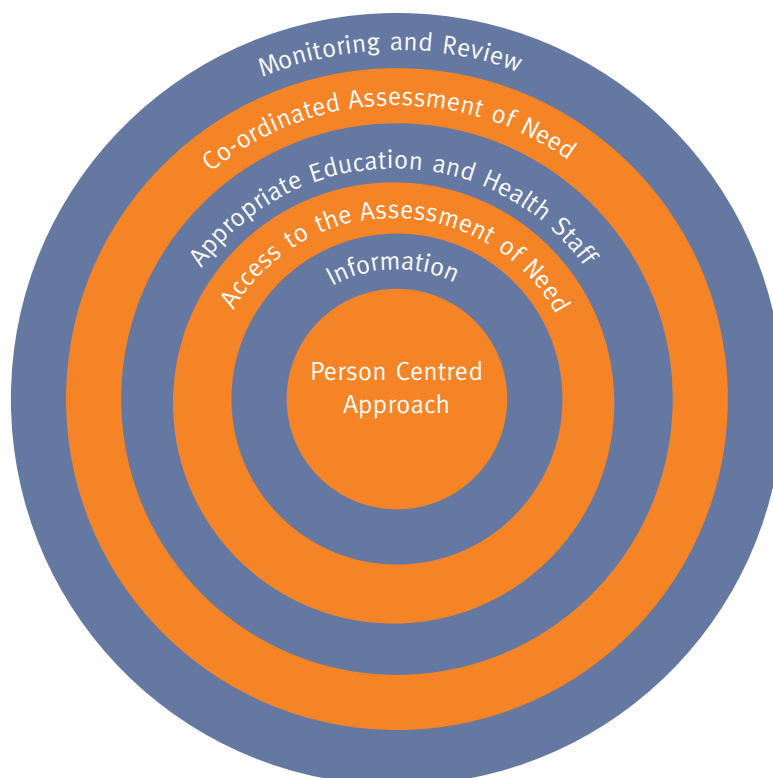
### 4.3.2 Planned Response to Need

Good design practice can be an important enabler in the participation of people with disabilities in society. A planned response to need is a second cornerstone for good practice in that not all needs will be addressed by good design alone. It includes two key areas – needs assessment and response.

#### Needs Assessment Standards – Irish example

The Health Information and Quality Authority (HIQA, 2007) published its standards for assessment of need determined under section 10 of the Disability Act, 2005. The development of these standards and their ongoing monitoring and evaluation principally use qualitative methods to determine effectiveness. HIQA's standards closely resemble elements of the good practice cornerstones found in the literature for this research. A person-centred holistic approach, with well-informed stakeholders, that is consistently monitored and evaluated should be considered as good practice in this area; see Figure 4.1 below.

**Figure 4.1: Standard for the Assessment of Need (HIQA, 2007:7)**



In the glossary of this same document, HIQA defines person-centredness as

*... 'seeking to put the person first'. A person-centred service is one which is provided, organised and designed around what is important to the service users from his/her own perspective. Person Centred Services direct effective supports to facilitate these individual choices.*

and defines a standard as

*the desired and achievable level of performance against which performance can be measured.*  
(HIQA, 2007:22-23)

Once needs have been assessed a planned response is required to address particular or complex needs, particularly where a multi-disciplinary team may be required. Care and Case Management is the process of service co-ordination and planning at management level (care management) and the delivery of individually tailored care plans (case management), with a person-centred and multi-disciplinary focus delivered through a Case Manager or Case Management team. A person's needs may change over a period of time; ongoing assessment and review are required to ensure that the most appropriate form of support is provided, and indeed it may not be necessary in all cases.

The distinction between Case Management and Care Management is highlighted as follows:

- Case Management is a process which is used to holistically provide multiple services to an individual/family, through the use of a detailed assessment and the development of a care plan relevant to the person's distinct needs. The Case Manager is responsible for the planning and management of individual cases within and across relevant organisations.
- Care Management is the support provided to the case management process through sector-wide planning, monitoring, evaluating and 'trouble-shooting'. The Care Manager is responsible for co-ordination, supporting case managers, and dealing with barriers and blockages across and between sectors.

In particular, care and case management has been found to be effective in the homelessness sector.<sup>19</sup> As mental health problems can co-occur with homelessness or the risk of homelessness, it could be considered in terms of the provision of housing and related supports for people with disabilities – and not just in the area of problematic mental health. Elements of the care and case management model could be adapted and be useful for provision of housing and related supports for people with disabilities. Key workers or advocates working on behalf of the service user could assist people with different forms of disability to access different services as appropriate in accordance with requirements. For example, a key worker or advocate could assist a person with intellectual disabilities to secure appropriate housing, and also ensure that services were in place for residency sustainment and necessary life skills training along a continuum of decreasing contact as appropriate.<sup>20</sup> Care and case management in the disability sector may operate differently from that in the homelessness sector. For example, case management of a rough sleeper with dual diagnosis could vary widely from an adult with mental health problems living with his/her parents and requiring independent living. In this latter case floating supports rather than intensive engagement of multiple key workers could be more effective.

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<sup>19</sup> In Victoria, Australia, a project called YP4 for young homeless jobseekers has been using a case management approach. The intent of this project is to demonstrate that joining up services and programmes will result in more sustainable employment and housing outcomes for young homeless job seekers. This particular project is unusual in that they are using a randomised control trial, and there are numerous evaluations available – [www.yp4.org.au](http://www.yp4.org.au)

<sup>20</sup> See *Supported Decision Making Guide* for a good practice short guide to assisting decision making for people with disabilities [www.paradigm-uk.org](http://www.paradigm-uk.org)



The Australian Housing and Urban Research Institute produced a peer reviewed report in January 2009 authored by Hellene Gronda – *What makes case management work for people experiencing homelessness? Evidence for practice*. In this, Gronda synthesises research and evaluations of the care and case management model in homelessness services. Gronda outlines how evaluations of best practice are difficult in the social sciences as context is removed and comparisons may not be valid. With the caveat that it is difficult to compare the multitude of practices in homelessness and other human services, Gronda identifies the following as being consistently identified as leading to effective outcomes for service users: persistence, reliability, intimacy, respect. In other words, what clients valued most was not only efficiency and an effective service, but also having a good and equitable relationship with their case manager. Cambridge's (2008) article on case management for people with learning disabilities cites that getting to know the individual is more effective than the constructed dependency of the client-professional relationship. For this to work in a practical sense, the caseload must be controlled. Gronda outlines four phases for the case management process:

1. Assessment – of eligibility and needs
2. Planning
3. Access, co-ordination and monitoring of services. Resources may include direct delivery and practical assistance
4. Review and evaluate leading to case closure or a return to assessment.

The Homeless Agency has encouraged the development of a care and case management approach to homeless services in the Dublin region, which is outlined in Box 4.4 below.

## Box 4.4

### Case study: The Homeless Agency, Dublin<sup>21</sup>

Since 2004, the Homeless Agency has committed to introducing a care and case management system across the homelessness sector in order to improve outcomes for homeless people. Pilot schemes have been progressing – targeting some of the most complex cases – and evaluations have been positive. The one-year pilot has been reviewed on a bi-monthly basis and a full evaluation began in June 2009. In essence, there are three elements of this care and case management approach that are potentially relevant to the National Housing Strategy for People with a Disability. These are: holistic needs assessment, the services manual, and accredited training.

The Homeless Agency has designed a holistic needs assessment form which the case manager completes with the client. This form stays with the client as the person moves between services. The form is not a diagnostic tool, but can ‘flag’ the requirement for other professional service assessments. The services manual, which is currently in a final drafting stage, provides clear guidance for the case manager with regard to protocols, roles and contingencies. For example, it outlines how a case manager should investigate if a presenting client is already being case managed elsewhere, and how the response to this should be handled. It also outlines how meetings should be held between service providers (with the client present, or having given permission) to determine who is best placed to case manage for the individual’s needs. The services manual is akin to a social care handbook and provides inter-agency protocols, grievance procedures, confidentiality and data protection protocols, positive case closure and disengagement protocols. It provides a full up-to-date services listing, and will be available on-line. Dublin City University provides accredited training for front-line workers as well as line managers in care and case management.

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<sup>21</sup> The Homeless Agency’s (2009) publication *Pathway to Home* may also prove useful more generally with regard to the provision of housing for people with disabilities.

## Floating Supports<sup>22</sup>

Floating support is an arrangement whereby individuals have/are provided with permanent accommodation and have an agreed level of support to help them adapt to independent living. The level of support varies according to individual need and can be withdrawn when no longer required and passed on to another person who may require it. Floating support is flexible and there are numerous models available. Funding arrangements can be complicated so it is considered essential to separate the support costs from the basic housing management costs.

Under the UK's 'Supporting People' initiative, floating supports have been researched in terms of their effectiveness (Civis Consulting Research, April 2008) and were identified as being cost-effective for the following reasons:

- They can reduce rent arrears
- They can prevent tenancy breakdown and resulting costs
- They can reduce costs of hospital admissions and facilitate timely discharge
- They can reduce re-offending rates and address anti-social behaviour.

Aside from being cost effective, authorities have stated, floating supports could be closely aligned with their strategic aims, could enable provision of more services to more people which happens to be more cost effective due to flexibility and streamlining. Floating supports can also help create sustainable communities and promote social cohesion.

This research gives an estimate of an average hourly rate of £22.46 for all floating support services (median £19.78), but variations by client group and region were noted. These variations demonstrate how the costs cannot be crudely transferred into an Irish context for comparative purposes, but can provide us with a rough guide.

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<sup>22</sup> See also Carroll and Cotter, 2010.

Box 4.5 gives an example of a project which promotes the importance of mutual help for people with disabilities.

#### **Box 4.5**

##### **Mutual support**

KeyRing Networks enable people with learning disabilities to live independently in their own tenancies. Since 1991 KeyRing has successfully pioneered networks, each of which support nine people who live within walking distance of their community-living worker and of each other. This innovative system provides multiple layers of support, which are flexible and responsive to individuals. A key element is mutual support: people are encouraged to support each other by recognising what each person can offer, with the long-term aim of becoming more self-reliant.

Source: *Good Practice Briefing Issue: Housing and Services for People with Support Needs*  
Chartered Institute of Housing, 16 December 1999

### **4.3.3 Inter-agency Co-operation**

Inter-agency collaboration and co-operation has been a policy priority for a considerable duration and is well-established as the cornerstone to success in the area of provision of accommodation and supports, bringing together statutory bodies, government departments and voluntary agencies to name but a few. With the intent of an inter-agency framework in the future, challenges are raised beyond the inherent resource implications; creative thinking and capacity building within and between stakeholders is essential and actions on the ground need to keep pace with policy aspirations and emerging needs.

## Current Context

The current service delivery context is a mix of public, voluntary and private sectors providing financing and services, frequently on a partnership basis. This can result in fragmented service delivery where it is unclear who is responsible, or to what extent an agent is responsible. The State's role has increasingly become that of planning, financing and quality control while voluntary or community organisations and private providers deliver frontline services. This system is characterised by a myriad of agencies, associations, support groups and institutions duplicating service provision. Such a complex system of provision presents major challenges for integrated service delivery. The recent OECD Report on the Irish public service (*Ireland: Towards an Integrated Public Service*, 2008) referred to a relatively low focus on performance criteria and targets and concluded that the proliferation of agencies adds to the fragmentation of the availability of performance indicators.

For service users, disjointed delivery of services can result in confusion and missed opportunities. The service user must be kept central to the processes of inter-agency co-operation and collaboration. With this in mind, it must be remembered that different types of disability require different housing and service responses, as already outlined, and both accommodation and services may require a continuum of delivery and intensity. The key components of good practice in service delivery – quality, choice, customer focus, user participation in planning and delivery, accessibility, timely availability – require strong inter-agency collaboration.

## What is Inter-agency Collaboration?

Terms such as networking, co-ordination, co-operation, partnership, integration and collaboration are often used and understood as being interchangeable. However, there is a substantial difference between organisations coming together to exchange information and to network on an informal basis and organisations that are involved in joint planning and in the provision of integrated, co-ordinated services. To demonstrate this point, Box 4.6 below outlines a continuum from informal to more formal ways of working.

Research shows that organisational relationships deepen both over time and as organisations move through the continuum of inter-agency working. It can sometimes take many years for organisations to work through the various stages, from informal networking to more structured collaboration.

Ideally, the delivery of housing and related supports to people with disabilities should progress through these phases towards collaboration.

## Box 4.6

### Matrix\* of coalition strategies for working together

Definition	Networking	Co-ordinating	Co-operating	Collaborating
	Exchanging information for mutual benefit	Exchanging information for mutual benefit, and altering activities to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose	Exchanging information for mutual benefit, and altering activities, sharing resources, and enhancing the capacity of another to achieve a common purpose
Relationship	Informal	Formal	Formal	Formal
Characteristics	Minimal time commitments, limited levels of trust, and no necessity to share turf; information exchange is the primary focus	Moderate time commitments, moderate levels of trust, and no necessity to share turf; making access to services or resources more user-friendly is the primary focus	Substantial time commitments, high levels of trust, and significant access to each other's turf; sharing of resources to achieve a common purpose is the primary focus	Extensive time commitments, very high levels of trust and extensive areas of common turf; enhancing each other's capacity to achieve a common purpose is the primary focus
Resources	No mutual sharing of resources necessary	No or minimal mutual sharing of resources necessary	Moderate to extensive mutual sharing of resources and some sharing of risks, responsibilities, and rewards	Full sharing of resources, and full sharing of risks, responsibilities, and rewards

Source: Himmelman (2004)

\* Himmelman states that in reviewing this chart, it should be borne in mind that these definitions are developmental and, therefore, when moving to the next strategy, the previous strategy is included within it. None is superior; rather, each may be more or less appropriate.

## Inter-agency Collaboration: Blockages

While the value of inter-agency co-operation and collaboration has been recognised in this country, the general picture that emerges is that inter-agency collaboration in Ireland is still at a fairly basic and fundamental level and, in many cases, has not moved much beyond the lowest level of Himmelman's continuum of collaboration (i.e. networking and information exchange). People from different agencies come together to talk about joint projects and individual clients but this has not yet evolved into a situation where there is a strong and solid framework within which frontline staff and managers as a matter of common practice work closely together on a regular basis, and where co-operation and co-ordination are part of the institutional or organisational culture of Government Departments, statutory agencies and voluntary/community organisations (Rourke, 2007). Individual workers' arrangements and relationships, though worthwhile, mean that co-operation and co-ordination are ad hoc and unsustainable due to changing personnel within organisations.

Barriers to effective inter-organisational working are outlined in Box 4.7.



## Box 4.7

### Organisational and individual barriers to effective inter-organisational working

	Organisational
Trust	<p>Lack of inter-organisational trust is a well documented barrier to effective inter-organisational working. There are many definitions of trust though a common feature is reference to vulnerability or risk. Inter-organisational trust arises when an organisation is willing to make itself vulnerable to the actions of another organisation. Effectively, without trust there is no possibility that an organisation will take risks and risk taking is a feature of effective inter-organisational working. Without risk-taking organisations behave within their organisational boundaries and stick to tested and respected intra-organisational ways of working.</p>
Turf	<p>Turf barriers typically concern the perception (real or otherwise) of an imbalance in the benefits of collaboration between the collaborating organisations. In practice they can arise when:</p> <ul style="list-style-type: none"><li>■ An organisation perceives another organisation as a competitor for resources</li><li>■ An organisation considers the costs of working with other organisations as greater than the benefits it is likely to receive</li><li>■ An organisation perceives another organisation as threatening its raison d'être/trying to take over its functions.</li></ul>
Resources: Time, Finance, Human Resources	<p>Time as a barrier to inter-organisational working essentially arises when insufficient time is allowed for establishing an effective inter-organisational process (e.g. developing collaborative relationships) and when the timescales for achieving the objectives of inter-organisational working are too short. Financial and human resources are also common barriers to inter-organisational working. They arise when there is insufficient recognition of the costs of working together and of the specific costs associated with inter-organisational working (e.g. joint investigations, planning and review meetings, collective evaluation etc). It should also be noted that while generating economic efficiencies is often seen as a goal or benefit of inter-organisational working, there are costs arising in supporting the processes that may generate such efficiencies.</p>

Source: Ronanyne, T. (2007), *Working Together for the Public Good*, Paper presented to Disability Federation of Ireland Conference, November, 2007.

Tomlinson (2003), in a review of the research and evaluations of inter-agency initiatives, identifies the following factors as impacting positively and negatively on partnership:

- Full strategic and operational commitment to collaboration
- An awareness of agencies' differing aims and values, with a commitment to working towards a common goal
- Involvement of all relevant people, often including clients and their carers
- Clear roles and responsibilities for individuals and agencies involved in collaboration
- Supportive and committed management of staff in partnerships
- Flexible and innovative funding mechanisms
- Systems for inter-agency collecting, sharing and analysis of data
- Joint training, with accreditation where appropriate
- Strategies to encourage team commitment beyond the personal interests of key individuals
- Effective and appropriate communication between agencies and professionals
- A suitable, and sometimes altered, location for the delivery of services.

Box 4.8 provides a case study of how one area has moved towards a more integrated service delivery model and Box 4.9 outlines the key components of effective collaboration in relation to housing for people with disabilities.

## Box 4.8

### Development of an integrated service

The Donegal Integrated Service Delivery Project (ISD) is a partnership of public service agencies, inaugurated in 2001 to advance the inter-agency collaboration required to deliver on the evolving vision of integrating service delivery around the needs of the customer. The partner agencies in the project are Donegal County Council, FÁS, the HSE North West, the Citizens Information Board and the Department of Social and Family Affairs. The working vision of the project is: *to deliver a seamless, quality public service to customers and communities in Donegal through a choice of access channels*. An evaluation of the project concluded that the five area-based public service centres, established as part of the project, have made a difference to the customer by bringing the services closer (physically) and making them more accountable through the localisation of the decision-makers. However, the ISD was faced with the post-evaluation challenge of progressing from co-location to integration.

In essence, the project established five buildings in various locations in Donegal and services were co-located; these varied but principally included motor tax payment, housing, roads, sanitary services and planning. MABS, FÁS clinics, Community Welfare Offices and libraries were also located in some of these sites. The CICs maintained the independence of their services within this context. A front desk operated by corporate services was able to provide basic information and redirect clients to appropriate service providers. Front desk could also offer advocacy services, and the evaluators suggested as front desk staff jobs were interchangeable a single job description and a single incremental pay scale would be beneficial. In the period 2004-2005 over 40,000 people availed of the information services; housing-related queries accounted for one in ten visits. Respondents liked the service as it is easily accessible and face-to-face contact was possible. The ability to cross-check information on site facilitated immediate resolution of many queries. Opening through lunchtime, in the evenings and on weekends attracted strong customer support – and some frustration was exhibited around differing opening times for different services.

Although co-location has been successful, and cross-service access to information databases has worked well without compromising client trust, the principal challenge identified in the evaluation process was progressing the development of common information systems.

**Box 4.8** *continued.*

The evaluators suggested that a Customer Service Initiative should be progressed to enable staff to access other services on behalf of customers or provide background information about the service to the customer if they are unclear. To facilitate this, it was suggested that a series of presentations from each service should be held detailing activities, 'fact sheets' should be distributed and possibly staff should be allowed to spend a short amount of time either working or shadowing activity in other centres. Common training across services could also assist this – topics could include customer service, health and safety and personal development.

**Resource Investment:**

The main partner organisations contribute a quarter of the running costs for a common information service being provided by Donegal's CIS. Other funding has been forthcoming on a fixed term or project basis from the Information Society Fund, Reach Agency and the HSE. Partner organisations also provide considerable staff resources to ensure staff-cover, housekeeping meetings and management participation on the project board and on other working groups. DSFA seconded an employee to act as a project coordinator.

Reference: Fitzpatrick Associates (2006), *Evaluation of Donegal Integrated Service Delivery Project*, Donegal County Council.

## Box 4.9

### Housing and people with disabilities: components of effective collaboration

Component	Elements
Ethos of joint working arrangements facilitating co-ordination	National, regional and local administrative institutional
A shared understanding of the task	Interdependence rather than separate functional responsibilities; a problem-solving rather than a bargaining approach to decision-making
Favourable organisational arrangements	Clarity about primary responsibility and shared responsibility; clear administrative structures and protocols
Adequate resources	Financial resources commensurate with the task; financial investment to promote co-ordination
Joint planning to facilitate joint working	Joint planning of housing and related support and welfare services as opposed to joint discussion of separate plans; joint budgetary provision
Partnership	All key actors involved – statutory, NGO, private sector and service users
Inter-disciplinary team approach	Consensus as to what responsibilities different professionals and administrators have; continuity of team members; training in inter-disciplinary working
Key Worker/ Case Manager exchange of information	Key worker/case manager to facilitate exploration of available options across services and to facilitate
Integrated Needs Assessment	All relevant agencies to be involved
Budgetary control should be devolved to an appropriate level	Responsibility for managing packages of funding devolved to local agencies
Overall responsibility for support located at the lowest level possible	Maximum decision-making by front-line workers
Designated lead agency	Clarity about which agency has overall responsibility for ‘managing’ the case and the associated budgets
Designated person within lead agency	Clarity about the accountable person within the lead agency and appropriate reporting protocols

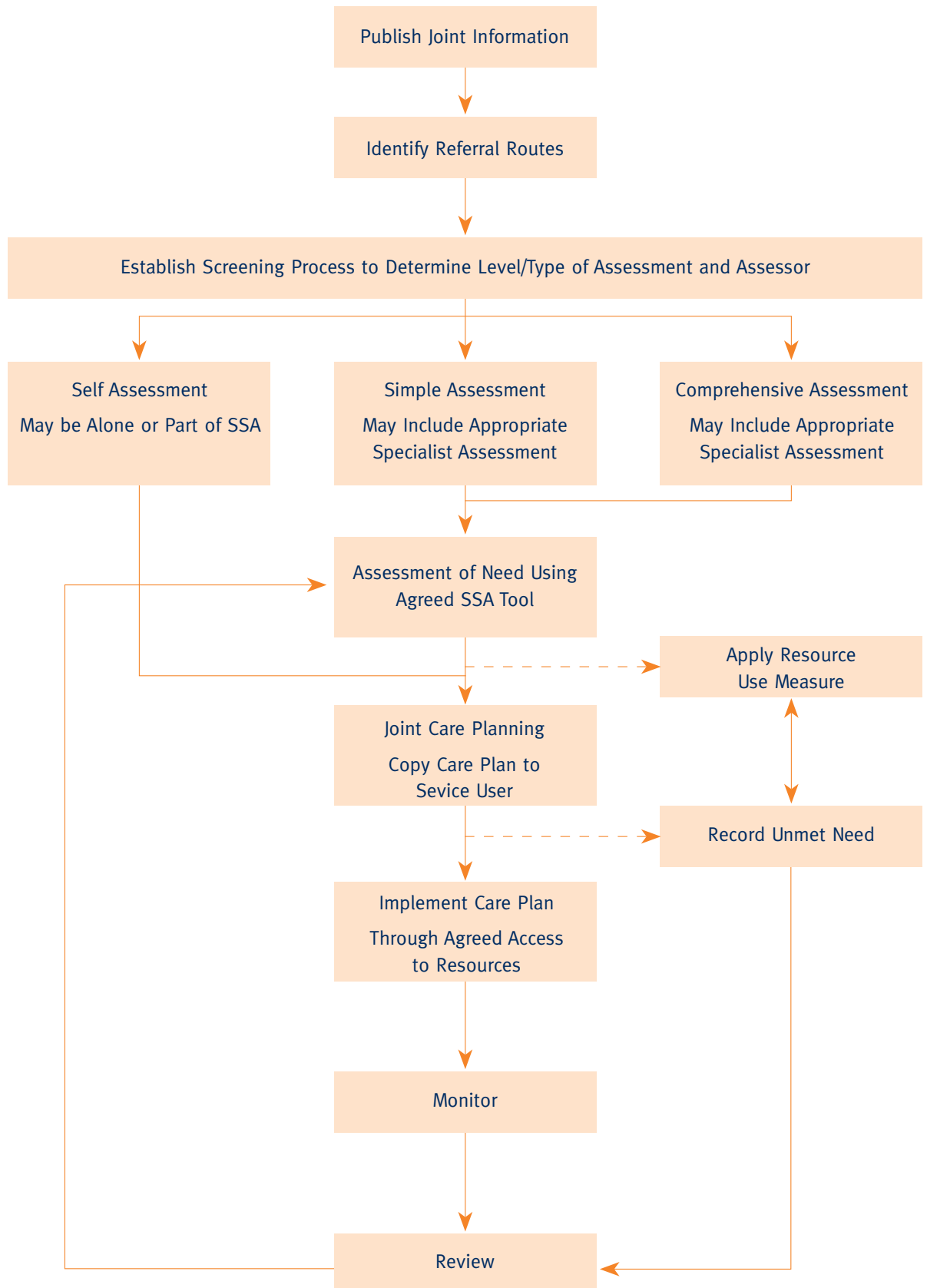
If inter-agency collaboration is to be encouraged, the following points should be noted:

- Joint working and inter-agency collaboration needs to be prioritised, at both national and organisational levels, with related targets.
- Its value should be monitored, measured and reported on. In particular, does it lead to better user outcomes and greater efficiencies?
- The development and implementation of integrated packages of housing and related supports is complex and will take time to plan for each individual.
- This way of working will require training and capacity building for all partners involved in the joint working and is required at the outset.
- Inter-organisational action requires the identification of common goals and agreed targets between the participating organisations. Related to this is the necessity to develop and implement systems to assess individual and collective performance in relation to targets.
- Inter-agency collaboration would be enhanced by the appointment of a person whose role it is to support the development, implementation and review of inter-organisational policies and their associated procedures and practices.

New models of assessments will need to be prioritised to provide a more holistic approach to the financing, management and delivery of services. The Scottish Executive uses a single shared assessment method, which is outlined in Figure 4.2 and Box 4.10. This provides a 'how-to' resource for inter-agency collaboration in needs assessment. See Appendix 3 for a summary for Scotland's Minimum Standards Checklists for the Single, Shared Assessment Process.

**Figure 4.2**

**Single, shared assessment pathway**



## Box 4.10

### Main components of single shared assessment

Joint working	Single, shared assessment process	Information sharing
Involve stakeholders	Map and agree the process	Agree information requirements
Agree purpose and results	Agree the Single, Shared Assessment tool	Agree the protocol for sharing (consent, collection, transmission, storage, access)
Agree underpinning values	Agree the use of the assessment tool	Agree systems and technologies
Agree roles, responsibilities and accountabilities	Agree the links to other assessment inputs and intensive care management	
Agree a plan for joint staff training and development	Agree access to community care services	
Agree common terminology	Agree application of Resource Use Measure (RUM)*	
Identify change leaders		

Source: *Guidance on single shared assessment of community care needs* Scottish Executive, Health Department, Directorate of Health Policy

\* The Resource Use Measure is a standardised means of translating the outcome of an assessment into an indication of the resources required to meet a person's needs and to bring about greater equity of provision for a given level of need.



#### **4.3.4 Effective Information Provision**

The Quality Customer Service (QCS) Initiative, launched by Government in 1997, requires civil service departments and public services offices to underpin their Customer Action Plans (CAPs) with a number of guiding principles. Statutory bodies are expected to:

- Take a pro-active approach in providing information that is clear, timely and accurate, is available at all points of contact and meets the requirements of people with specific needs
- Ensure that the potential offered by Information Technology is fully exploited
- Continue to drive for simplification of rules, regulations, forms, information leaflets and procedures
- Maintain a well-publicised, accessible, transparent and simple-to-use system of dealing with complaints about the quality of service provided
- Maintain a formalised, well-publicised, accessible, transparent and simple-to-use system of appeal/review for customers who are dissatisfied with decisions in relation to services.

These principles constitute an important building block in respect of enhancing access to information.

The housing and related supports information needs of people with disabilities and their carers are wide-ranging. Information is needed about:

- Housing options and choices
- What services and supports are available, where they can be found, who can avail of them, and for how long
- Basic housing rights and entitlements
- Needs assessment criteria
- Progress on applications for housing and support services.

People with disabilities and their carers also frequently need advocacy support – a ‘champion’ who accompanies them through needs assessment and provision to ensure an appropriate housing outcome. Those consulted in Browne’s (2007) research reported a broad consensus that there was a lack of comprehensive and easily accessible information in relation to housing and related support entitlements for people with disabilities.

Information is not only a commodity to which some people have more access than others, it is also an exchange process which enables people to interact more fully with the social services delivery system. The concept ‘information capability’ can be contrasted with ‘information poverty’ in that it focuses attention on a capacity that people have that can be developed. Information exchange, therefore, becomes an interactive process of development as distinct from a once-off response to a perceived deprivation.

Information is an essential prerequisite for active citizen involvement. Without good quality, accessible information, it is not possible for citizens to vindicate their rights or to make valuable contributions to the policy-making processes.

Access to information is an essential component in accessing the wide and disparate range of Government services and myriad of social provisions. It is also an important element in developing collaborative ways of working (see above). In practice, individual statutory agencies tend to have complex sets of rules and procedures which may leave the individual in a weak and vulnerable position vis-a-vis the ‘system’ as a whole.

Providing access to information is much broader than physical access to buildings, publications and databases, important as these are – it also means dealing with barriers to access including technological, educational and geographical factors.

## People with Disabilities and Information Access

Some people with disabilities require particular assistance in getting their rights and entitlements, particularly when faced with new challenges, e.g. onset of a disability. They may not have the time, resources or skills necessary to identify, locate and exploit information that is not immediately available to them or to engage in ongoing negotiation with statutory agencies. They may be fearful and overwhelmed and need another person to steer them in the right direction. People's stamina can at times be worn down by the complexity of the system and by inadequate responses from statutory organisations. The efforts to obtain information and related services sometimes undermine the confidence of the individual which results in an inability to sustain the required momentum in, for example, tracking progress on an application or making an appeal and a consequent need for outside help from voluntary/community organisations such as Citizens Information Services.

The role of information providers in such instances is to provide people with a language and context to enable them to pursue matters relevant to their situation. This usually involves clarifying information and negotiating with statutory agencies with and/or on behalf of people.

In the provision of information services to people with disabilities, there is a long tradition of engaging people with disabilities themselves as providers and managers of these services, because of their greater understanding of the issues involved and also as a means of empowering them to take responsibility for their own lives. This principle should underpin all information policies.

The NGO sector plays a key role in the provision of information to people with disabilities either as part of a service delivery role or as a specific function. For example, almost six per cent of users of Citizens Information Services have a declared disability.

Information Technology (IT) has the potential to play an increasingly important role in terms of providing access to information, services, social networks and educational opportunities for people with disabilities in the comfort of their own homes. However, significant numbers of people either cannot reap the benefits of IT because of access or the costs involved, or are effectively cut off from using it because of attitudinal, educational or physical barriers. This 'digital divide' factor needs to be addressed fully so as to maximise the potential role of IT in delivering information to people with disabilities.

Box 4.11 gives one example of the application of IT to provide information.

#### **Box 4.11**

##### **The virtual tenancy agreement – Metropolitan Housing Trust**

The virtual tenancy is an interactive computer programme designed to help people with learning disabilities understand their rights and responsibilities as tenants. It was developed with Nottingham University's virtual reality research team and funded through Housing Corporation and lottery grant support.

The action takes place in a virtual house and the programme contains a wide range of situations and outcomes depending on the user's choice of actions and decisions.

Source: *Good Practice Briefing Issue: Housing and Services for People with Support Needs*  
Chartered Institute of Housing, 16 December 1999

## Effective Information Provision: Key Components

Effective information provision will have the following three components:

- Awareness – making sure that those who may need services are aware of the range of services available to them is an important first step.
- Access – information needs to be user-friendly and person-centred.
- Exploiting Information – attention needs to be given to the conversion and use of information in different settings. Local networks are fundamental to promoting awareness, access and the exploitation of information within communities.

## Blockages to Access to Information

The lack of integration within and between services, both statutory and independent, can be a source of confusion to people trying to access services. The complementary roles of dedicated information services and services providing information as part of a broader service delivery remit, need to be fully recognised. A good system of communication between staff in each of the agencies providing services in a local area, for example, with regard to when is the best time to attend and names of relevant contact persons, is essential. This may require regular meetings between agencies at local level to address problems that may have arisen over a period of time and to identify ways of improving co-ordination and cross-referrals. Such an approach would be likely to lessen the need for people with disabilities to have to move between numerous different offices.

## Responsive Information

The key to more responsive information systems is a better understanding of information users and the environment in which they function. Thus, it may not be sufficient merely to make information resources available centrally, e.g. in centres, offices or websites. Rather, it may be more useful to employ more proactive techniques, such as bringing information to target groups, rather than waiting for requests.

The housing information needs of people with disabilities would be best addressed within the overall context of general principles of information provision which are set out below:

- Information provision for people with disabilities should be based on principles of quality service delivery.<sup>23</sup>
- The diversity of the population of people with disabilities needs to be fully recognised.
- Information provision should reflect and promote a mainstreaming philosophy, avoid negative assumptions and help to empower those people who want to expand rather than limit their options.
- Information providers should take note of *Access to Information for All: Guidelines on Removing Barriers and Improving Access to Information for Everyone* (Comhairle, 2005).<sup>24</sup>
- Information on which services are actually available to individuals at local level would be particularly useful.

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<sup>23</sup> See Principles of Quality Customer Service for Customers and Clients of the Public Service.

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<sup>24</sup> This provides a checklist on how to make information accessible, under headings such as, 'Information in Alternative Formats', 'Telephone Services', 'Online Information', 'Face-to-Face Information' and 'Making Offices Physically Accessible'.

- People with disabilities should be consulted on an ongoing basis. This consultation should include all categories of the older population.
- People involved in frontline service delivery should receive training<sup>25</sup> in:
  - developing an anti-ageist approach
  - dealing with older people who have hearing/sight difficulties
  - dealing with older people living in difficult or abusive situations

Box 4.12 details a code of practice developed by the NDA on accessibility of services and information by public bodies.

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<sup>25</sup> This training may be available within the agency or accessed from other sources.

## Box 4.12

### NDA Code of Practice on accessibility of services and information provided by public bodies

This Code of Practice includes guidelines for public bodies in respect of implementing the requirements of Section 28 of Part 3 of the Disability Act 2005.

- Each public body is required to ensure, as far as practicable, that information which is orally provided to the public is provided in an accessible format, where so requested by persons with hearing impairments
- Each public body is required to ensure, as far as practicable, that written information and communications which it provides to the public is communicated in an accessible format, where so requested by persons with visual impairments
- Each public body must ensure that, as far as practicable, the information it publishes which is directly relevant to persons with intellectual disabilities, is made available to them in clear language that they easily understand. This is often referred to as the 'easy to read' format, but generally involves producing information in:
  - Plain English (clear and simple language) format
  - Short sentences, avoiding jargon, complicated phrases and words; and, or
  - Easy to read summaries which make use of illustrations to aid comprehension

Source: National Disability Authority, *Code of Practice on Accessibility of Services and Information provided by Public Bodies*, October 2005. For additional information see also Citizens Information Board *Access to Information for All: Guidelines on Removing Barriers and Improving Access to Information for Everyone*.



Sweden's Handisam ([www.handisam.se](http://www.handisam.se)) – Sweden's agency for disability policy coordination – has produced a report *Guidelines for Accessibility: Break the Barriers* (2003, update) which outlines how information can be provided for people with disabilities in an accessible format.

## **Strengthening Information, Advice and Advocacy**

- As a first step all statutory agencies should adopt a stronger proactive approach to information provision based on the principles of quality service delivery (see above).
- The Local Authority Housing Advice Centres proposed in *Delivering Homes, Sustaining Communities* could play a key role in providing people with disabilities with relevant information and assisting them in identifying options and progressing applications. They should be developed in a manner which complements established existing information, advice and advocacy services. A potential template for this is available on the website [www.housingoptions.org](http://www.housingoptions.org) which is a UK-based housing advisory service for people with learning disabilities.
- The proposed housing advice centres should be familiar with the range of housing options relevant to the diverse needs of people with disabilities. They should be able to explain the pathways and options to appropriate accommodation and related support services and should adopt clear referral protocols. Easy phone access needs to be in place to maximise use by people with disabilities.

- Local authorities should provide comprehensive information on voluntary housing association provision within their area as well as other types of housing provision. Trained staff should work collaboratively with disability organisations in disseminating information about housing options.
- All persons with disabilities should have easy access to advocacy support to help them to negotiate through the housing process.
- Organisational stakeholders and people with disabilities should be consulted in relation to how best to structure the proposed housing advice centres.
- *Including Everybody in the Information Society* requires a much stronger resource commitment to developing structured and sustainable programmes to support engagement with IT among disadvantaged groups and individuals. Community-based programmes should build on existing local development structures and be aligned closely with wider social inclusion objectives.

## 4.4 Conclusion

This section has focused on what might be considered necessary for provision of housing and related supports for people with disabilities. Four interrelated cornerstones for good practice have been identified and discussed, namely:

- Housing design
- Planned response to need
- Inter-agency co-operation
- Effective information provision.

## SECTION FIVE



## **Towards a Housing Strategy for People with a Disability: Conclusions and Recommendations**

### **5.1 Introduction**

This Section draws together key points emerging from this review and outlines some of the factors that need to be taken into account in developing the National Housing Strategy for People with a Disability.

### **5.2 Setting a Context**

As already discussed, the DEHLG Sectoral Plan contained a number of key objectives with the overall intent of promoting and proactively encouraging equal opportunities for persons with disabilities to participate in the economic, social and cultural life of their communities.

The overarching commitments in the Sectoral Plan relate to:

- Promotion of universal access, good building and environmental design
- Access to information regarding services
- Involvement of people with disabilities in decision-making
- Staff awareness regarding the requirements of persons with disabilities
- Encouragement and the facilitation of access to appropriate housing and accommodation for persons with disabilities
- Inter-agency co-operation and co-ordination in relation to cross-cutting issues and service provision.

In developing proposals to address these commitments, the following four policy cornerstones should be prominent:

- The Strategy will need to develop from the core objective of housing policy *to enable households to have available an affordable dwelling of good quality, suited to its needs, in a good environment and, as far as possible, at the tenure of its choice.*
- The commitment to building sustainable communities – where people want to live and work; resident’s diverse needs are met; sensitivity to the environment is achieved; the quality of planning, maintenance, and life is high; safety is a priority; good services are offered; and equality of opportunity is supported (see Box 2.1 above for some possibilities in this regard).
- The concept of ‘life cycle approach’ where social services are tailored to meet needs as they change over a person’s lifestyle, which underpins the social partnership agreement *Towards 2016.*
- The commitment to developing a more customer-centred and integrated public service as outlined in the OECD report (2008).

## 5.3 Housing Strategy – Priority Actions

Section 4 identified four elements for good practice, namely:

- Housing design
- Planned response to need
- Inter-agency co-operation
- Effective information provision.

The lack of empirical information on the outcomes of current practice, however, hampers the development of robust conclusions as to what is good and best practice in the Irish situation. Addressing this lack of systematic evidence concerning what works well for service users should be an important element of the new Strategy. Each of these four elements is now discussed in more detail.

### 5.3.1 Housing Design

Implementing the concept of universal design in housing is regarded as the best method to ensure a supply of ‘liveable’ housing, requiring some adaptation on an individual basis, thus ensuring the availability of housing appropriate to a variety of requirements across the life cycle (although not all requirements will be met under this type of design, further alterations are inevitable across the life cycle; there is no one-size-fits-all model). There should be a general target for fully accessible social and affordable housing development based on the population of people with disabilities as a proportion of the total population, with a percentage within this for housing for wheelchair users. South Australia’s housing plan has a target of 75 per cent for all newly constructed public housing to meet accessible and flexible housing design criteria, for example.

The Strategy should include developments on the following actions:

- Consideration should be given to the development and implementation of lifetime adaptable housing, and how best these could be implemented (for example on a voluntary basis or by regulation, or a mix of both) and the costs involved. These standards also need to consider the necessity to have certain elements in place outside of the home, e.g. the gradient approach to the home, access to public transport, etc.
- Consideration should also be given to how to encourage an increase in the supply of fully accessible housing on the basis that it would be likely to be more cost effective than retrofitting or making adaptations later.
- Consideration should be given to providing incentives to landlords to adapt their properties for people with disabilities under a RAS-type agreement (for example, that the property would be locked-in for a tenant with disabilities in return for a guaranteed rent).
- The use of new and emerging technologies, such as alarm and communications systems, particularly for people who depend on others for physical assistance, should be encouraged.
- Sufficient resources should be provided to ensure the strict enforcement of Part M of the Building Regulations following the introduction of the revised regulations and the strengthening of enforcement mechanisms under the Building Control Act 2007.



### **5.3.2 Planned Response to Need**

Needs assessment should be a central component of the new Housing Strategy for People with a Disability. It is important that service planning and delivery is based on good quality information at both the population/community level and the individual level.

#### **At the Population Level**

From Section Two it is clear that while information regarding the housing circumstances of people with disabilities has improved, more detailed information would be useful for planning purposes, for example:

- The triennial housing needs assessment does not include a breakdown of information by type or broad category of disability – this information would be useful for better planning of housing and service provision.
- The Housing Strategy could prioritise the collection of more detailed information on how well the housing stock addresses the accommodation needs of people with disabilities.

#### **At the Individual Level**

Section Four of this report discussed the importance of needs assessment at the individual level for a strategic response to the planning and delivery of services to respond to needs. The Housing Strategy will need to prioritise this area if the Strategy is to realise the Sectoral Plan's commitment to encourage and facilitate access to appropriate housing and accommodation for persons with disabilities. Actions the strategy should consider include the following:

- Comprehensive training in needs assessment should be provided for frontline statutory agency personnel involved, both in the HSE and in local authorities.

- Assessment of housing need should be comprehensive. It should include provision for individual choice, address both the housing and supports needs of a person and, where necessary, housing design issues and should involve, wherever possible, people with disabilities (or their advocates) in decision-making.
- Protocols (June 2007) put in place for collaboration between the HSE, local authorities and voluntary/community organisations on identifying and responding to accommodation needs and related supports should be implemented systematically and their implementation monitored and reviewed.
- A mechanism should be put in place whereby local authorities would give a person with a disability a housing services statement setting out the type of housing and the supports the person requires and the timeline for their delivery.
- The Care and Case Management approach is being effectively implemented in other areas of social policy, and is being monitored and evaluated. This approach could also prove effective for some people with disabilities to ensure a comprehensive response to identified needs.

Overall, a planned response to need could be seen to govern all other identified cornerstones for good practice: planning accessibility and adaptability within housing design and integrating it into sustainable community models was discussed in Section 4 and above, and a person-centred approach for needs assessment and a clear line of responsibility throughout service provision (including access to information), while still being flexible enough to allow inter-agency co-operation and collaboration. However, a planned response to need is being extrapolated here to particularly refer to the immediate relationship between housing and supports for people with disabilities. A comprehensive holistic needs assessment, addressing not only medical requirements, but also personal requirements (e.g. access to educational facilities) needs to be followed by an organised route through service provision (where necessary, not all people with disabilities would require a care and case management approach). A care and

case management approach could ensure that required services provided by different agencies are co-ordinated, supplied when necessary, withdrawn when not, and consistently monitored. For a system like care and case management to work, inter-agency collaboration is essential.

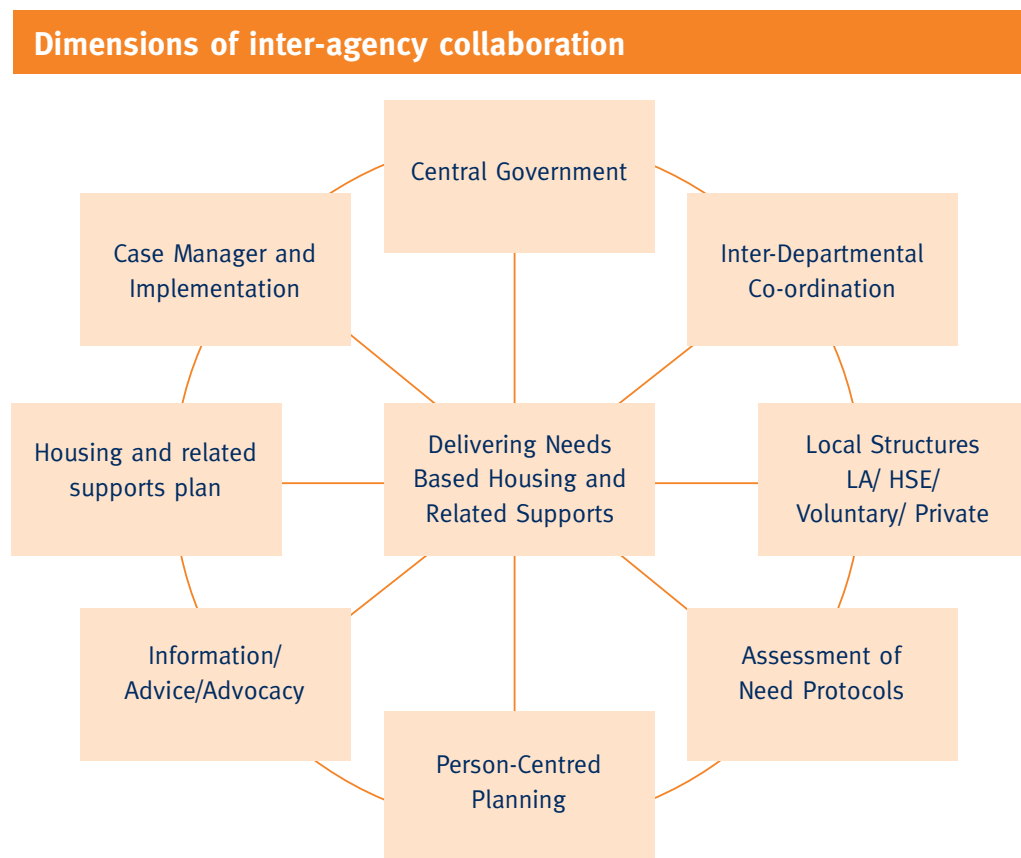
### **5.3.3 Inter-agency Co-operation**

In a general way, it must be acknowledged that inter-agency co-operation in the provision of housing and related supports to people with disabilities would be enhanced by the development of a more integrated public service, as recommended by the OECD (2008) which stated that achieving an integrated public service will require targeted actions in a number of areas.

*It should be noted that these action areas are interdependent: this is not a suite of options where only a few need to be advanced. Improved dialogue is needed to address fragmentation and disconnects between departments, their Offices and agencies, and other Public Service actors; the use of networks to bring together relevant players from across the Public Service needs to be expanded; performance measures need to look at outcomes rather than inputs and processes, and increased flexibility is needed to allow managers to achieve those outcomes; budget frameworks are needed to facilitate prioritisation and reallocation of spending; a renewed emphasis is needed on the role of ICT and e-government in strengthening information sharing and integrated service delivery. (OECD 2008:6-7)*

Figure 5.1 shows the various dimensions of comprehensive and effective inter-agency collaboration as it would apply to the provision of housing and related supports to people with disabilities. These range from the need to provide person-centred housing and related support packages for specific individuals to the need for an articulation of national policy on inter-agency collaboration. The articulation of a national policy on inter-agency collaboration would inevitably have to include clear and formalised protocols for:

**Figure 5.1**



1. Collaboration between local authorities and the HSE at local level
2. Maximising the respective roles of the public, voluntary/community and private sectors in each local authority functional area
3. Ensuring that the input from each sector is complementary in terms of delivering an optimum service
4. Clear referral systems between hospital/residential services and community-based services.

The challenge for agencies wishing to engage in effective joint working is to take the already stated commitment to working together a step further by identifying processes that can deliver concrete results. The development of ways to facilitate inter-agency collaboration should be a central action of the new Strategy.

This report recommends that a local authority functional area be identified, along with a range of relevant actors and interfaces for inter-agency co-operation, and thus provide a good practice template.

### **5.3.4 Information Provision**

#### **The Role of the Proposed Local Authority Housing Advice Centres**

Good practice in information provision requires that as a first step all statutory agencies involved in the provision of housing and related supports to people with disabilities should adopt a strong, proactive approach to information provision based on the principles of quality service delivery.<sup>26</sup>

The proposed local authority housing advice centres could have a key role to play in providing people with disabilities with relevant information and assisting them in identifying options and progressing applications. They should be developed in a manner which complements and works in collaboration with established existing independent information, advice and advocacy services provided by Citizens Information Services and voluntary disability organisations and maximise other sources of information, published and web-based.

The housing advice centres should: be familiar with the range of options available to meet the diverse housing and related support

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<sup>26</sup> Under the SMI Principles for Service Delivery, government agencies are required to take a proactive approach in providing information that is clear, timely and accurate, is available at all points of contact and meets the requirements of people with specific needs and continue to drive for simplification of rules, regulations, forms, information leaflets and procedures.

needs of people with disabilities; be able to explain the pathways and options to appropriate accommodation and related support services; and adopt clear referral protocols. A variety of access methods need to be in place – in person, by phone, electronic – to maximise use by people with disabilities.

All persons with disabilities should have access to advocacy support to help them to negotiate through the housing process, and the housing advice centres need to be able to provide such support directly or make appropriate referrals. Voluntary/community disability advocacy projects<sup>27</sup> could play a role in this regard.

The Housing Strategy for People with a Disability is an ideal opportunity to ensure that housing advice for people with disabilities is embodied as a core element of the new housing advice centres.

## **5.4 Development of an Evidence-Based Approach**

As outlined in this report, the lack of detailed information on what approaches achieve the best outcomes in meeting the accommodation needs of people with disabilities in Ireland is a key gap that should be addressed in the Strategy. While some pointers as to the way forward can be gleaned from the domestic and international literature, there would be considerable value in developing a pilot or demonstration programme to test ‘good practice’ in sustainable communities for people with disabilities, focusing on the four key themes identified above – design, planned response to need, inter-agency co-operation and information. The programme could be further broken down as follows:

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<sup>27</sup> Currently, there are 46 voluntary/community organisations around the country providing advocacy services to people with disabilities. These are funded by the Citizens Information Board. The Citizens Information Act 2007 also provides for the provision of the Personal Advocacy Service but this is contingent on the allocation of resources by Government for this purpose which has not been possible to date.

## **Design**

- testing approaches to universal design for accessibility
- demonstrating the impact good design can have on quality of life
- good practice in retrofitting accommodation to improve accessibility
- use of IT to support independent living.

## **Planned Response to Need**

- piloting of different approaches to needs assessment at community and individual level
- demonstration of impact of protocols on service outcomes
- meaningful involvement of people with disabilities in decision-making.

## **Inter-agency Co-operation**

- development and implementation of a good practice protocols template in a local authority area
- measuring the impact and outcomes of floating supports.

## Information

- local authority housing advice centres to include proactive information provision for people with disabilities
- development of an accessibility rating system and database of accessible properties
- disability awareness staff training.

The pilot programme should include existing initiatives where possible, drawing on resources which are already allocated, while recognising that in some areas it may be necessary to establish new projects to test innovative approaches. The main advantage to participation or inclusion in the demonstration programme should be the supports provided in documentation and informative evaluation of practice, establishment of standards and measurement of outcome indicators, advice, sharing of experience, networking with other practitioners.

## 5.5 Focus on Value for Money

Given that this strategy will be developed during a period of economic uncertainty it is particularly important that it be tested to ensure that the commitments made are financially possible. It is also important that a focus on value for money – best use of resources for the best outcomes – be a core element of the strategy.



## **5.6 Meeting the Diversity of Housing Need**

The housing and related support needs of people with disabilities are diverse depending on the type and degree of disability. Responding to these needs involves providing a wide range of possible options, thereby ensuring greater individual choice. The provision of 'appropriate housing' must include provision for whatever supports are appropriate and necessary to ensure that a person can sustain as independent a life as possible. The challenge is to put in place a strategy to maximise the potential to provide such housing; the prize for doing so is getting one step closer to more sustainable communities and better quality of life for people with disabilities and their families.

## Appendices



## Appendix 1

### Local Authorities – number of people assessed to be in housing need by selected category of need

	People with disabilities	Older People	Medical/Compassionate	Homeless
<b>County Councils</b>				
Carlow	1	19	42	2
Cavan	6	15	40	0
Clare	17	84	186	2
Cork (N)	3	39	79	0
Cork (S)	12	23	62	0
Cork (W)	17	53	211	11
Donegal	22	117	675	1
Dun Laoghaire - Rathdown	40	105	444	116
Fingal	30	70	295	17
Galway	48	89	111	7
Kerry	5	46	106	4
Kildare	128	53	47	44
Kilkenny	7	28	101	8
Laois	1	12	20	0
Leitrim	3	41	55	0
Limerick	48	24	144	26
Longford	12	30	125	2
Louth	208	31	51	0
Mayo	12	47	234	4
Meath	25	23	180	6
Monaghan	1	5	47	4
Nth Tipperary	2	10	51	12
Offaly	1	7	8	7

## Appendix 1 *continued*

	People with disabilities	Older People	Medical/Compassionate	Homeless
Roscommon	22	20	134	0
Sligo	124	14	104	1
South Dublin	8	5	52	50
South Tipperary	1	10	123	0
Waterford	22	56	20	2
Westmeath	2	36	41	1
Wexford	22	63	132	6
Wicklow	17	19	122	14
Total (1)	867	1,194	4,042	347

### City Councils

Cork	13	83	1,198	167
Dublin	15	389	159	526
Galway	14	40	155	35
Limerick	9	114	29	169
Waterford	7	51	72	4
Total (2)	58	677	1,613	901

### Borough Councils

Clonmel	0	2	45	0
Drogheda	5	30	87	19
Kilkenny	0	3	5	0
Sligo	64	8	143	15
Wexford	6	93	20	2
Total (3)	75	136	300	36

### Town Councils

Arklow	2	8	9	1
Athlone	0	17	104	1
Athy	0	6	3	3
Ballina	19	14	23	1
Ballinasloe	4	5	23	0
Birr	5	4	16	0
Bray	6	13	98	24
Buncrana	2	7	128	0
Bundoran	1	4	25	1
Carlow	0	2	18	3
Carrickmacross	13	4	12	0
Carrick-on-Suir	0	2	25	0

	People with disabilities	Older People	Medical/Compassionate	Homeless
Cashel	16	1	15	0
Castlebar	1	4	43	0
Castleblayney	1	1	33	0
Cavan	0	2	5	0
Clonakilty	0	2	7	0
Clones	9	5	13	0
Cobh	0	9	60	1
Dundalk	9	45	57	23
Dungarvan	4	28	11	2
Ennis	0	10	121	3
Enniscorthy	22	30	24	0
Fermoy	0	7	36	1
Kells	1	1	7	1
Killarney	0	34	103	6
Kilrush	3	4	5	1
Kinsale	1	22	20	0
Letterkenny	0	20	344	0
Listowel	1	9	23	1
Longford	0	4	33	0
Macroom	3	1	8	0
Mallow	1	7	40	0
Middleton	0	8	7	0
Monaghan	1	11	107	8
Naas	0	5	7	3
Navan	1	6	22	1
Nenagh	0	4	20	1
New Ross	1	15	10	0
Skibbereen	0	3	25	0
Templemore	0	2	0	0
Thurles	2	13	36	0
Tipperary	0	8	7	0
Tralee	9	53	212	9
Trim	0	0	9	1
Tullamore	10	10	73	11
Westport	4	12	21	0
Wicklow	1	8	44	2
Youghal	2	2	12	1
Total (4)	155	492	2,104	110
<b>TOTAL (1+2+3+4)</b>	<b>1,155</b>	<b>2,499</b>	<b>8,059</b>	<b>1,394</b>

## Appendix 2:

Taken from the UK's Department of Communities and Local Government (June 2006) *Delivering Housing Adaptations for Disabled People: A good practice guide*.

The following is a good practice system review checklist for partner agencies in a locality working together to deliver an effective adaptation service. It is aimed at planners and service providers, service users and their advocates.

### A. Values and General Approach

1. Are there agreed and written procedures for dealing with requests for housing adaptations?
2. Do we have a clear statement of our values in relation to meeting the needs of disabled people and their carers and do our policies and practices reflect this?
  - Does that policy reflect the social, rather than the medical model of disability?
  - Have we provided adequate training for staff in disability awareness, disability equality and the influence of the social model upon the delivery of service?
3. Do we have the ability to gauge the level and nature of need for adaptations in the area for which we are responsible?
  - Have we carried out surveys of need?
  - Are there opportunities to include questions about need in routine surveys carried out by the local authority?
  - Have we consulted with organisations of disabled people and with partner organisations that provide services to disabled people in our area?

- Do we record the needs of those who approach us with needs for which we do not provide a service?

## **B. Organisation**

4. Are housing and social services working together to deliver an effective, timely and sensitive adaptation service to persons in need in our area?
  - Are there any other potential partners in the locality who could add value to our service system?
  - Are the roles of partners clearly defined and understood by all?
  - Are there clearly agreed policies and protocols between partner agencies that specify: service entitlements, service coverage and service process?
  - Have we optimised staff co-location?
  - Have we optimised pooled budgeting?
  - How effective are our information exchanges?
  - Have we provided for training, e.g. senior managers?
5. Is there a written policy in dealing with complex or very expensive adaptations?
6. Do we have common recording systems between partner agencies that ensure the information required to meet the needs of applicants for adaptations speedily and sensitively can be transferred or shared on a need-to-know basis?
7. What role do those with experience as end users of the adaptation process have in monitoring and evaluating our organisation and system design?
  - How can end users be used more effectively in the monitoring of our system, improving the system design and service delivery?
8. What scope exists for further integration?

## C. Access to Service

9. Is access to the adaptations process clearly signposted? And information easily accessible?
10. Are details in plain English and available in appropriate languages and formats?
  - Is their penetration and effectiveness regularly reviewed?
11. Are staff at all access points supplied with appropriate information and supported/trained to handle enquiries sensitively and effectively?
  - Do they note communication needs?
12. Has a one-stop shop for channelling the majority of enquiries been considered?
13. Do all agencies use a jointly agreed initial enquiry form that allows basic information to be collected without redirecting the enquirer?
  - Are these processed/screened at a single intake point?
14. Do initial screening mechanisms provide appropriate information and decisions enabling:
  - Staff to fast track urgent need?
  - Staff to refer appropriately for:
    - Further assessment?
    - Alternative service?
  - Enquirers to be informed promptly of:
    - Future service involvement including any charges or tests of resources?



Timescales for further service and their priority in the system?

Their rights of appeal or complaint?

15. Do we have a Home Improvement Agency or a Disabled Persons Housing Service within our area?
  - Have we recently reviewed the role it can play in delivering an adaptations service?
  - Does the agency have the appropriate mix of skills, staff and resources to help the delivery of adaptations?
  - If there is no such service what can we do to encourage one?

## **D. Assessment**

16. Is there joint agreement between agencies on minimising the number of professionals engaged in the assessment process consistent with best service to the end user?
  - Is it written down?
17. Do we have clear criteria for deciding who should carry out an assessment in each case?
  - Are those criteria set down in a working document jointly endorsed by all partner organisations?
  - Who has responsibility for applying the criteria and ensuring that they are accurately applied?
  - Are there means by which decisions can be reviewed and cases passed to a higher level of assessment where this seems appropriate?

18. Have we considered the role of self-assessment in our procedures? (A crucial element of a needs-led approach)
  - As a means of direct access to service in the case of requests for minor adaptations where the risk arising from inappropriate provision is small?
  - As a means of strengthening the voice of the disabled person and carer in the assessment process?
  - As a test of appropriateness and accuracy in gauging the quality of professional assessments?
19. Are the roles of those engaged in assessment clearly defined?
  - Are these clearly understood by the service user?
  - What are the mechanisms for conflict resolution in the event of difference of opinion on assessment?
20. Is the assessment documentation designed to capture the identified need including the aspirations of the user, and where appropriate those of the carer on the desired service outcome?
21. Does the assessment process maximise the opportunity for an assess and fix service for minor adaptations or equipment consistent with Best Value?
22. Is the disabled person being kept informed of progress with the assessment?
  - Do we make contact regularly and unprompted to update them?
  - Do we warn them of impending problems before they arise?
  - Are we realistic in the information we give, especially in relation to timescales?

23. Is each client given a keyworker who has oversight of the process for them?
- Is that person clearly identified?
  - Do all those engaged in delivering the service understand the role of this person?
  - Have we ensured that disabled people, their carers and advocates understand this persons' role and how they can be contacted?
24. Is our service sufficiently sensitive to the needs of client groups with specific needs? In particular are there clearly defined policies for assisting:
- Families with disabled children;
  - Children cared for by the local authority;
  - Persons with multiple impairments;
  - Persons with sensory impairments;
  - Persons with learning disabilities;
  - Persons with mental health problems;
  - Persons from minority ethnic communities;
  - Persons with deteriorating illness;
  - Persons discharged from hospital; and
  - Households with two or more disabled people.

## **E. Post Assessment**

25. Is the process clear to all who use it, including expected time scale for each stage?
26. What mechanisms exist for joint meetings of staff from health, housing and social care to determine:

- The best overall use of scarce resources?
- The resolution of cases of complex adaptation and those with costs above the mandatory disabled facilities grant ceiling?
- A consistency of service response?
- Are these the best use of scarce staff resources?
- How often do we review their effectiveness?

## **F. Process to Outcome**

27. Are there clear guidelines for deciding which funding source to use in particular cases? For example:
  - Disabled Facilities Grant
  - Single Capital Pot
  - Community Care Funding
  - Other regeneration funds
  
28. Do we have clear time targets for completion of each stage of our response to a need? For adaptation?
  - Do they reflect clear criteria for setting priorities?
  - Have we published these targets in an accessible form?
  - Do we receive reports on performance against the targets?
  
29. At what stage in the service response are alternatives to adaptation considered?
  - Who makes the decision?
  - Have we examined the scope for increasing service outputs by using pooled resources?
  - Has this been discussed with the service user and what weight is given to his/her views?

30. Do we have a register of adapted properties?
- Does it include properties in all tenures?
  - Are there mechanisms for ensuring the register is routinely kept up-to-date?
  - Have we considered the implications for housing management performance of matching disabled people to properties with existing adaptations?
31. What are our arrangements for administering the Test of Resources in relation to Disabled Facilities Grant and other funding from statutory sources?
- Do we use a preliminary test of resources and have we considered where it should come in the process?
  - Do we have an efficient means of collecting and validating the information needed to carry out the test of resources?
  - Do we ensure the grant applicants are advised in a timely way of the likely level of contribution they will be required to make?
  - Where other funds, such as social service funding, is likely to be accessed have we integrated our collection of financial information to avoid duplication of assessment?
32. Does our system allow service users, who are able and willing to self-fund, to access technical advice on the selection and engagement of contractors and equipment supply?
33. Do we have arrangements in place to assist disabled people in finding alternative or additional funding?
- Who has the information?
  - Whose responsibility would it be?
34. Are joint site visits of OTs and technical officers of the grant section the norm in our system?

- Where this is not possible is there a jointly agreed system to determine when joint site visits are essential?
  - Is the current system of joint site visits the most effective use of resources?
  - Do we have written protocols on the level of staff required throughout the process?
35. Is our commissioning process efficient?
- Is there further scope for bulk purchasing using pooled resources and joint commissioning systems?
  - Do we optimise the use of schedules of rates?
36. Do we have clear procedures for ensuring adequate site liaison and supervision?
- Is the required frequency of site visits by technical staff clearly set out?
  - Are the circumstances under which technical officers and OTs will undertake joint visits whilst work is progressing clearly set out?
  - Are the means of ensuring that the disabled person and their carer are fully consulted in place?
37. What scope exists within our system for making an interim response in the interests of the service user in advance of a full service response against assessed need?
- What time limit is put on those arrangements?
  - Do we have systems to meet urgent need effectively, flexibly and sensitively?

38. What are the emergency breakdown and maintenance arrangements for equipment installed as part of an adaptation?
- Have we considered how the cost of these may be rolled up in initial funding?
  - Do we understand where responsibility will lie when the initial agreement has expired and have we made this plain to the disabled person and carers?
39. Do we have a training and after-care service for the end users of an adaptation?
- How do we ensure that adaptations supplied continue to be safe and fit for purpose?

## **G. Monitoring the System**

40. Do we have systems in place that allow us to monitor:
- The performance of partner agencies?
  - The effectiveness of joint agreements and protocols?
  - The measurement of outcomes against assessed need?
  - Consumer satisfaction?
  - Do these systems feedback into our planning and system design?
  - Are service users engaged and influential in these monitoring processes?
41. Have we benchmarked our services and systems?
- Who are our comparators?
42. Do we have effective feedback loops at all points in our system?

## Appendix 3:

### **Minimum Standards Checklists for the Single, Shared Assessment**

**Process: A Synopsis** (Scottish Executive) (Health Department, Directorate of Health Policy) (2001) *Shared Assessment of Community Care Needs* available at: <http://www.scotland.gov.uk/Resource/Doc/1095/0001765.pdf>)

The Checklists provide a framework for agencies to jointly assess their systems and tools against the minimum standards and draw up an analysis that identifies:

- What standards are and are not met
- Steps to achieve standards not met
- Evidence of how the consensus of all stakeholders is secured.

### **Criterion 1: Be applicable across health, social care and housing:**

How to measure

- Are all parts of the Single, Shared Assessment process (as set out in the Guidance) agreed and in place?
- Do local protocols include mechanisms for sharing and accessing relevant information as quickly and fully as possible?
- Do local protocols contain clear agreement about accessing services?
- Does the Single, Shared Assessment process prevent duplication of assessment across and within agencies?
- Does the Single, Shared Assessment process recognise housing/accommodation needs as integral?
- Are housing and accommodation needs identified, prioritised and met within the Single, Shared Assessment process?



## **Criterion 2: Enable the full range of needs to be assessed, including Rehabilitation and specialist involvement**

How to measure

- Does local guidance facilitate different levels/types of assessment?
- Are arrangements in place to allow for the integration of relevant single agency/professional assessments within the Single, Shared Assessment framework?
- Does the Single, Shared Assessment process encompass all areas of need?
- Are arrangements in place to measure and monitor progress towards better outcomes for people?
- Are joint systems in place that will ensure the quality of the Single, Shared Assessment process e.g. standards, joint training and joint review mechanisms?
- What triggers are in place to initiate rehabilitation services and specialist assessment?
- What arrangements have been made to ensure that accommodation needs will be addressed as an integral part of the process?

## **Criterion 3: Be based on evidence that the Single, Shared Assessment process works effectively at the local level:**

How to measure

- Does the Single, Shared Assessment process enable speedier responses to referrals?
- Does the Single, Shared Assessment process enable speedier assessment (without compromising the quality of the assessment)?
- Does the Single, Shared Assessment allow speedier access to services?

- Have performance standards been set for response times?
- Are people using services, including carers, being given the opportunity and enabled to comment on their experience of Single, Shared Assessment?

#### **Criterion 4: Be applicable to all agency settings:**

How to measure

- Have the views of assessors in all settings been asked for and taken account of?
- Have assessors taken part in relevant joint training?
- Are assessors competent and confident with their part in the assessment and are there mechanisms in place locally for assisting them e.g. professional supervision and/or joint peer group reviews?
- Do people being assessed and their carers find the process appropriate and acceptable?

#### **Criterion 5: Be facilitating, in which assessments of need are carried out as sensitively as possible, relevant, recorded in plain language and shared with the person**

How to measure

- Is the Single, Shared Assessment process culturally and ethnically responsive?
- Is the Single, Shared Assessment process flexible and responsive to the person and their needs?
- Does the Single, Shared Assessment process allow for self assessment where appropriate?

## **Criterion 6: Be enabling, in which the person's views are clearly expressed, listened to and taken into account in determining the outcome of the assessment**

How to measure

- Are the person's views and wishes paramount during assessment and care planning?
- Are the people who receive services given a copy of their care plan which how their health, social care and housing needs will be met?
- Is a summary of the assessment of their needs, agreed by the person, made available to everyone who undergoes single shared assessment?

## **Criterion 7: Involve an independent advocate where appropriate**

How to measure

- Are local advocacy services available, appropriate to the needs of different care groups?
- Does the local guidance for assessors describe when it may be appropriate to involve an independent specialist or advocate?
- Does the local guidance inform the assessor of the availability and use of advocacy services?

## **Criterion 8: Collect and document core data only once, with the assessment tool linking to the Resource Use Measure**

How to measure

- Does the process allow for the collection and updating of the personal information core data set (as set out in the Scottish Executive Guidance) and ensure that it is shared between agencies with the person's consent?
- Does the process allow for the collection of information about components of need (as set out in the Scottish Executive guidance)?
- Are the characteristics required for the Resource Use Measure captured in the assessment process?

## **Criterion 9: Incorporate review mechanisms which accept and identify changes in need**

How to measure

- Does the Single, Shared Assessment process automatically trigger regular review dates identified by the assessor?
- Does the local guidance identify who should be responsible for carrying out reviews?

## **Criterion 10: Record needs that cannot be met at the time of assessment together with the recording of likely consequences**

How to measure

- What systems have been established to allow individual unmet needs to be prioritised and addressed?
- Is information about unmet needs recorded and fed into the joint planning process?

### **Minimum Standards**

Minimum Standards for the Assessment Tool are also included in the Guidelines. The following measures are included:

- Be used easily by practitioners across health, social care and housing
- Collect personal core data
- Collect information on the full range of needs
- Capture the characteristics required for the Resource Use Measure
- Incorporate the signature/consent of the person consenting to the assessment
- Incorporate the signature/consent of the person consenting to data being shared across agencies
- Incorporate the views of the person's carer
- Prompt the practitioner to consider the involvement of an advocate
- Record the dates set for reviews
- Capable of recording unmet need
- Inform a comprehensive care plan as detailed in the core data set

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