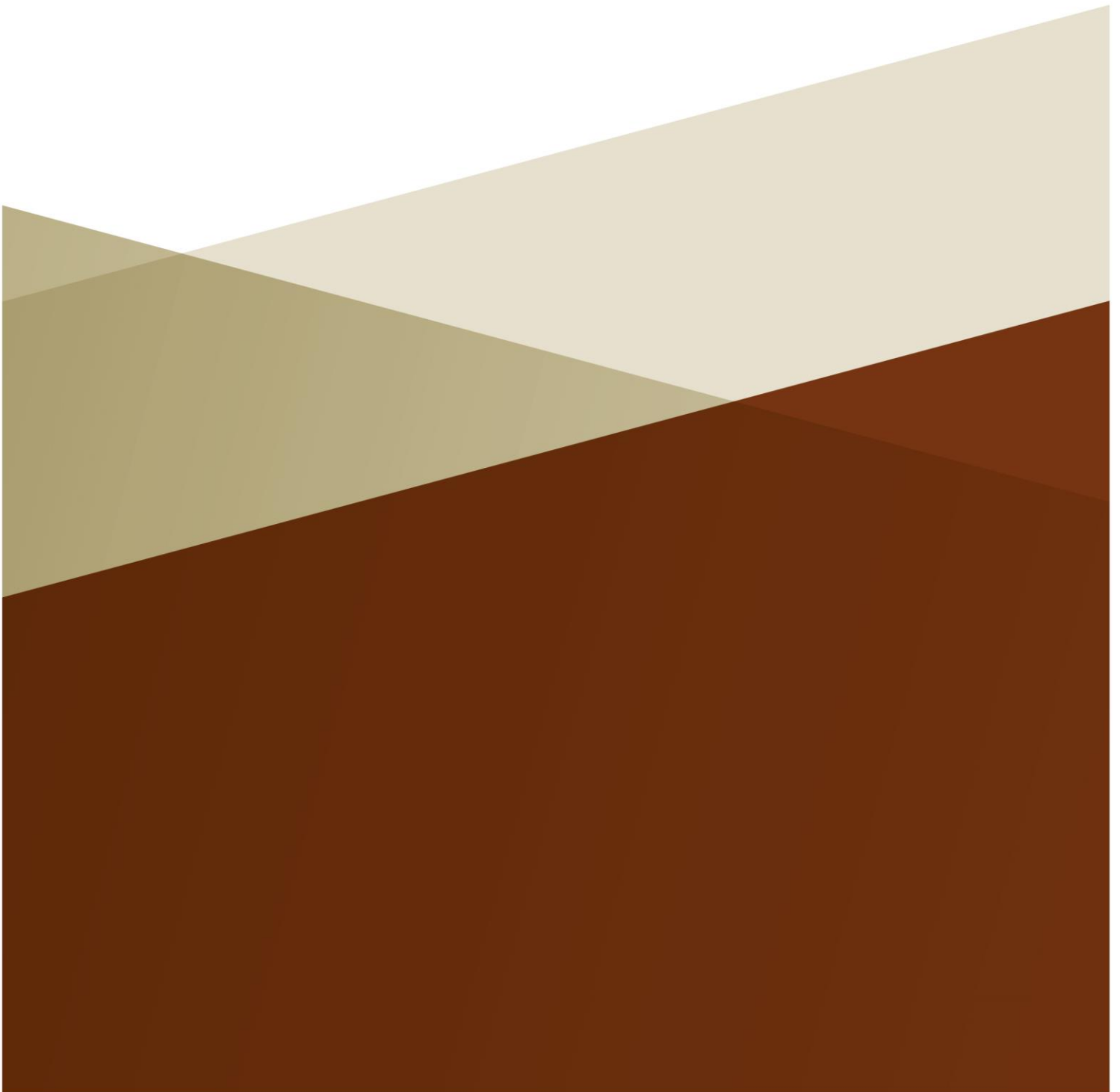




**An Ghníomhaireacht
Tithíochta**
The Housing Agency

National Housing Strategy for Disabled People 2022–2027

Consultation Report



Acknowledgements

The Housing Agency would like to thank the following for their contributions to the consultation process:

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- The National Federation of Voluntary Service Providers for organising and facilitating consultation sessions.
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Contents

Acknowledgements.....	2
Introduction	4
Section 1: Round 1 Consultation	6
Section 2: Organisation Submissions.....	131
Section 3: Local Strategic Plans	156
Section 4: Round 2 Consultations	169
Section 5. Conclusion.....	236

Introduction

The National Housing Strategy for Disabled People 2022-2027 was developed through two rounds of consultation with a broad range of stakeholders. As part of the development of the strategy, the Housing Agency was tasked with overseeing and managing this consultation process.

In line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the consultation process was conducted in an accessible and participative way and aimed to be reflective of disabled people's input. Due to the Covid-19 pandemic, in-person consultative events were not possible, but the pandemic did provide an opportunity for the Housing Agency to connect with people through the online questionnaire and by hosting online meetings with stakeholders across the country.

This document is a record of the consultation carried out. It consists of four sections and is an overview, and collation of, the entire consultation process. These sections are:

- [Section 1: Round 1 Online Questionnaire Consultation](#)
- [Section 2: Organisation Submissions](#)
- [Section 3: Local Strategic Plans](#)
- [Section 4: Round 2 Consultations](#)

Round 1 Consultation

The first round of consultations aimed to get as broad a view as possible as to what the issues were for disabled people accessing housing. It consisted of three strands outlined in Sections 1, 2 and 3 of this document. These included:

- an online questionnaire completed by people with lived experience of disability, family members of a disabled person, and people who had experience of working with persons with disabilities.
- submissions from various organisations who are stakeholders to the strategy.
- Local Strategic Plans developed and submitted by many Housing and Disability Steering Groups.

The Housing Agency's Research Team collated and reported on the feedback to the online questionnaire and the Local Authority Services Team collated the remaining feedback submitted. Nine draft Themes emerged from this analysis.

Round 2 Consultation

Round 2 of the consultation explored in more detail, the nine draft Themes which evolved from Round 1, and to develop outcomes and initial actions to assist in the delivery of the strategy. This stage is outlined in Section 4 of this document and consisted of multiple online focus groups, with a range of stakeholders. These stakeholders were as follows:

- The Disability Participation and Consultation Network (DPCN).
- Local authorities, Approved Housing Bodies, the Irish Council for Social Housing and the HSE.
- The National Federation of Voluntary Service Providers.

The Local Authority Services Team within The Housing Agency collated the feedback from this round of consultations.

Section 1: Round 1 Consultation

Contents

Figures and Tables.....	9
Executive Summary	10
Chapter One: Introduction and Methodology	13
1.1 Purpose of Report	13
1.2 Background	13
1.3 Online Consultation Process	13
1.4 Respondent Profiles	16
1.5 Report Structure	20
Chapter Two: Awareness of the Strategy and Ranking of Initiatives	21
2.1 Strategy, Plans, HDSGs and Interagency Co-operation	21
2.2 Awareness of Detailed Initiatives in the Strategy	22
2.3 Ranking of Strategic Priorities	24
Chapter Three: Housing Access	26
3.1 Access to Housing, Strategy Awareness and Experience of Disability	26
3.2 Comments on ‘Improved Greatly’	29
3.3 Comments on ‘Improved Somewhat’ and ‘Stayed the Same’	30
3.4 Comments on ‘Unsure’	34
Chapter Four: Housing Options.....	37
4.1 Awareness of Housing Options	37
4.2 Communication of Housing Options	38
4.3 Improvements to Communicating Housing Options	39
4.4 Pathways to Accessing Housing Options	43
Chapter Five: Strategic Initiatives.....	48
5.1 Accessible Housing	48
5.2 Housing Application Process	49
5.3 Independent Living	49
5.4 Engagement, Information and Communication	49
5.5 Strategy and Policy	50
5.6 Supports	51
5.7 Financial Supports for Disabled People	51
5.8 Interagency Co-operation	51
5.9 Mental Health Difficulties and Intellectual Disabilities	51
Chapter Six: Interagency Co-operation.....	53
6.1 Approach	53

6.2	Organisational Models	54
6.3	Strategy and Plans	55
6.4	Funding	56
6.5	Data, Protocols, and ICT	56
6.6	Engagement and Information	57
6.7	Communication	58
6.8	Needs Assessment	59
6.9	Housing Supply	59
6.10	Support Services Development	60
6.11	Staffing	61
Chapter Seven: Challenges to Accessing Mainstream Housing		63
7.1	Accessible Housing	63
7.2	Funding	63
7.3	Access to Supports, Facilities and Transport	63
7.4	Housing Application Process	64
7.5	Housing Availability	64
7.6	Information, Communication and Engagement	65
7.7	Location and Proximity to Services and Family	65
7.8	Interagency Co-operation	65
7.10	Training in Independent Living	66
7.11	Social Inclusion	66
7.12	Discrimination	67
7.13	Private Rented Sector	67
Chapter Eight: Independent Living Opportunities		68
8.1	Housing Issues	68
8.2	Preparation for Independent Living	72
8.3	Communication, Respect, and Empathy	73
8.4	Support	73
8.5	Funding	74
8.6	Organisational Models	74
8.7	Interagency Co-operation	75
8.8	Strategy and Policy	75
8.9	Data and Research	76
Chapter Nine: Further Considerations		78
9.1	Housing as a Right and UNCRPD	78
9.2	Strategy and Policy	79
9.3	Housing Supply	83
9.4	Housing and Support Needs	85
9.5	Funding	86
9.6	Engagement	87
9.7	Communication and Information	88
9.8	Independent Living	88

9.9	Interagency Co-operation	89
9.10	Housing Application Processes	89
9.11	Research and Programme Evaluation	90
9.12	Empathy and Respect	90
Chapter Ten: Proposed Actions for the New Strategy.....		92
10.1	Provide More Accessible Housing	92
10.2	Plan to Meet the Housing Needs of People with a Disability	92
10.3	Engage, Inform and Communicate	92
10.4	Streamline the Housing Application Process	93
10.5	Provide More Supports	93
10.6	Fund and Resource	93
10.7	Increase Interagency Co-operation	94
10.8	Increase Social Inclusion of Disabled People	94
10.9	Establish a Right to Housing	94
Appendices.....		95
	Appendix 1: Print Questionnaire in English (Main)	95
	Appendix 2: Print Easy-To-Read Questionnaire	101
	Appendix 3: Comparison of the Main, Print English and Easy-to-read Print Questionnaires	123
	Appendix 4: Number of Responses by Question	128
	Appendix 5: National Advisory Group Members	129
Glossary.....		130

Figures and Tables

Figure 1.1:	Profile of respondents to the main questionnaire	22
Figure 1.2:	Profile of respondents to the easy-to-read questionnaire	24
Figure 2.1:	Awareness levels of National Housing Strategy (Q6), LA Local Strategic Plans (Q10), Housing & Disability Steering Groups (Q11), and LA and HSE working together (Q12)	26
Figure 2.2:	Main questionnaire, Q9: 'Are you aware of the detailed initiatives under this strategy?' (N=849)	27
Figure 2.3:	Easy-to-read questionnaire, Q9: 'Do you know about what the housing strategy is supposed to do?'	28
Figure 2.4:	Main questionnaire, Q8: Ranking of strategy priorities by average scores	29
Figure 2.5:	Easy-to-read questionnaire, Q8: Percentage indicating most important issue for housing	30
Figure 3.1:	Q7: Do you think that access to housing for people with a disability has improved over the lifetime of the National Housing Strategy for People with a Disability (2011–2016 (extended to 2020))?	32
Figure 3.2:	Housing access perception by awareness of national strategy	33
Figure 3.3:	Disabled, family and carer by housing access perception	33
Figure 3.4:	Housing access perception by disability category (lived experience or working in the sector)	34
Figure 4.1:	Q13: Awareness of housing options, 1	42
Figure 4.2:	Q13: Awareness of housing options, 2	43
Figure 4.3:	Q14: Perception that available housing options are communicated effectively to the public	43
Figure 5.1:	Main questionnaire, Q19: Initiatives to include or expand in the new strategy	53
Table 1.1:	Questionnaire responses	18
Table 1.2:	Q1: Please tell us who you are? Respondents by role/employer	20
Table A1:	Comparison of the main, print English and easy-to-read print questionnaires	111
Table A2:	Number of Responses by Question, Questionnaire; and Question Type	116

Executive Summary

This report summarises the responses to the Housing Agency’s consultation on the development of the National Housing Strategy for Disabled People (NHSPWD), 2022–2027. The purpose of the consultation was to capture a wide range of views on the effectiveness of the 2011–2020 strategy, as well as suggestions for the development of the new strategy. To this purpose, respondents were asked to provide their views on the challenges faced by disabled people in securing housing, as well as actions and initiatives that should be included in the new strategy to better enable housing allocations and facilitate independent living.

For the consultation, the Housing Agency developed online, print and easy-to-read questionnaires. The Housing Agency also advertised its existence in the national press and through social media, The National Advisory Group (set up to input into the development of the new strategy) also circulated the advertisement throughout their organisations and associated networks. The consultation was conducted in spring 2021, with more than 1,600 people participating.

The report details responses to the consultation about:

- awareness levels of:
 - the NHSPWD 2011–2016
 - local authority local strategic plans
 - Housing and Disability Steering Groups (HDSG)
 - interagency working between local authorities and the HSE
- awareness of detailed initiatives in the strategy
- ranking of initiatives in the strategy
- access to mainstream housing
- housing options
- awareness levels and perceptions about communication of housing options
- pathways to accessing housing
- NHSPWD strategic initiatives to continue in the new strategy
- interagency co-operation
- challenges for disabled people in accessing mainstream housing
- independent living opportunities
- further considerations in the development of the strategy
- actions for the new strategy

Awareness levels among respondents about national and local strategies were low. More than two fifths were aware of the national strategy and local authority Local Strategic Plans. Awareness levels of initiatives varied more, with just over one third aware of Housing and Disability Steering Groups (HDSG), and more than half were aware that local authorities and the HSE co-operate to support people with a disability to live independently.

The top three ranking National Housing Strategy for People with a Disability 2011 – 2016 (extended to 2020) (NHSPWD) strategic initiatives were, firstly, to provide housing and supports for people moving out of mental health facilities; secondly, to access advice and information about housing needs; and thirdly, to provide housing and supports for people moving out of congregated settings.

Nearly one third of respondents thought that housing access had improved to a certain extent over the lifetime of the NHSPWD. Prior levels of strategy awareness correlated with an overall positive view on its effects. The majority of people unfamiliar with the strategy were more likely to be ‘unsure’ about whether access to housing for people with a disability had improved, while almost half of those who were aware of the strategy believed that access to housing had improved ‘somewhat’ or ‘greatly’. Conversely, there did not seem to be a clear link between roles and lived experiences of disability with evaluations of strategy impact on housing access.

Awareness of different housing options varied from medium awareness of some options to very low, or minimal, for others. More than half of respondents stated that they were aware of local authority housing, the housing assistance payment (HAP) and housing adaptation grants for older or disabled people, two fifths were aware of Approved Housing Bodies (AHBs), while one in twenty indicated that they were not aware of any of the housing options. There was minimal awareness of social leasing, mobility aids grants scheme, the Rebuilding Ireland home loan scheme and the help-to-buy scheme. Most respondents did not think that housing options were communicated effectively to the public.

Suggested improvements to communicating housing options are organised into the following themes: general outreach; targeted and direct communication; clarity and accessibility of information on housing options; and interagency co-operation in communication. Themes that emerged from the consultation about providing pathways to accessing housing options were information and communication; resourcing; process improvements; interagency co-operation; engagement; policy recommendations; and facilitation of independent living.

Nearly half of respondents indicated that housing and steering groups should be included in the new strategy, with just over two fifths indicating that local strategic plans and easy-to-

read/plain English documentation should be included. One third stated that initiatives to increase the number of mental health tenancy sustainment officers should be included.

Other NHSPWD initiatives to continue or expand in the new strategy were concerned with accessible housing; the housing application process; independent living; engagement, information and communication; strategy and policy; supports; funding; interagency co-operation; and mental health difficulties and intellectual disabilities.

Interagency co-operation aspects addressed encompassed the approach to co-operation; organisational models; strategy and planning; financial supports for disabled people; data, protocols and ICT; engagement and information; communication; needs assessment; housing supply; support services development; and staffing.

Disabled people face challenges in accessing mainstream housing. Themes that emerged from the consultation included: the scarcity of accessible housing; the need for funding and supports to facilitate access to mainstream housing; challenges related to the housing application process; and information and communication of available housing options.

Independent living opportunities emerging from the consultation were concerned with housing issues such as: supply; quotas; the housing application process; accessibility; and housing models. Other concerns encompassed: preparation for independent living; communication, respect and empathy; support; funding; organisational models; interagency co-operation; strategy and policy; and data and research.

Further considerations in the development of the new strategy communicated by consultation participants comprised: housing as a right and UNCRPD; strategy and policy, with subthemes about urgency and implementation; previous policies; a person-centred approach; national and local strategies; organisational models; financial autonomy and employment of disabled people; and land transfer. Other themes to emerge were housing supply; housing and support needs; financial autonomy for disabled people; engagement; communication and information; independent living; interagency co-operation; the housing application processes; research and programme evaluation; and empathy and respect.

Participants recommended actions for the new strategy: provide more accessible housing; plan to meet the housing needs of people with a disability; engage, inform and communicate with disabled people, their families and carers; streamline the housing application process; provide more supports; fund and resource; increase interagency co-operation; and establish a right to housing.

Chapter One: Introduction and Methodology

1.1 Purpose of Report

This report is an analysis of responses from the Housing Agency’s online consultation about the development of the National Housing Strategy for Disabled People, 2022–2027.

1.2 Background

The National Housing Strategy for People with a Disability (NHSPWD) was initially deployed for 2011–2016 and extended to 2021. A new national strategy, the National Housing Strategy for Disabled People for the 2022–2027 period is now being developed. The programme of work to develop the new strategy involved a consultation with stakeholders, which was conducted using online and print questionnaires in spring 2021.

1.3 Online Consultation Process

The aim of the consultation was to seek views about the effectiveness of the previous strategy and to identify what should be brought forward into the new strategy.

Questionnaires asked respondents to consider the challenges faced by disabled people in accessing housing, and to review and evaluate current initiatives. They were also asked to put forward ideas for new actions and initiatives, and to consider opportunities for independent living. The questionnaires were devised by Local Authority Services in the Housing Agency to identify and explore responses to the strategy.

1.3.1 QUESTIONNAIRE DESIGN

The Housing Agency developed five questionnaires in total: an online questionnaire in English, an online questionnaire in Irish, a print questionnaire in English (Appendix 1), an online easy-to-read questionnaire in English (Appendix 2) and a print easy-to-read questionnaire, also in English (Appendix 2). The online main questionnaire took 10–15 minutes to complete and was anonymous and confidential. The easy-to-read online and print questionnaires were devised to ensure the consultation was accessible by disabled people. An ‘explainer’ video was developed and made available, and the online versions of the questionnaires were enabled to allow the use of text-to-speech software.

The questionnaires used demographic questions to segment the audience and asked respondents about their housing experience, awareness and knowledge of housing options and the 2011–2016 strategy. The overall purpose was to ascertain awareness levels of the

2011–2016 strategy and statutory housing options, to elicit views on independent living and interagency co-operation, and to identify challenges and actions that respondents believed should be included in the new strategy.

1.3.2 DATA COLLECTION

The main method of data collection was through community sampling. Members of the National Advisory Group – Housing Strategy for People with a Disability (Appendix 5), which was set up to input into the development of the new strategy, circulated the questionnaires throughout their organisations and their associated networks. This included networks associated with government bodies, disability service providers, people with lived experience of disability, as well as carers and family members of disabled people. The Housing Agency developed a landing page on its website and promoted the consultation through its social media platforms. The various organisations associated with the strategy were asked to include a link to this landing page on their websites and to promote the questionnaire through their various social media platforms. Additionally, an advertisement was placed in newspapers over Easter 2021 to further increase the reach of the questionnaire.

The online consultation was conducted from 1 March to 23 April 2021 using SurveyMonkey. A total of 1,608 respondents completed the online and print questionnaires. Table 1.1 shows the summary of respondents by questionnaire version.

Table 1.1: Questionnaire responses

Questionnaire	N
English online (main)	1,456
Irish online (main)	2
English print (main)	3
Easy-to-read online	141
Easy-to-read print	6
Total	1,608

1.3.3 DATA ANALYSIS

The data collected from the online and print questionnaires was collated into Excel workbooks and supplied to the Research Team for analysis. The five questionnaires were devised to be consistent with each other, however, there were some differences between them that required a detailed comparison to be conducted to enable analysis of the data.

The English and Irish online questionnaires did not differ from each other and are referred to as the main questionnaire throughout the report. The main questionnaire consisted of 21 questions, 11 of which were closed questions, three were a combination of a closed question

with an open-ended probe, and seven questions were open-ended, inviting a text response (see Appendix 1 for the full text of the questions). The English print questionnaire differed in a minor way from the online version and is included with the analysis of the main questionnaires.

There were differences in response options between the online main and print English questionnaires in two questions. Question 9 in the main online questionnaire asked respondents to rate their awareness using a 0–100 scale, while the print version provided three options: ‘not aware’, ‘somewhat aware’ and ‘very aware’. Question 13 asked the same question in the main questionnaires and the print English, but the response measures differed: the main version provided eight categories, while there were four categories in the print English version.

The online and print easy-to-read questionnaires did not differ from each other and had 22 questions (Appendix 2). The main and the easy-to-read questionnaires differed slightly in question wording, running order and numbering of questions, and in response options. A detailed comparison of the five questionnaires and the data analysis plan is provided in Appendix 3. Where minor differences (for instance in question wording) existed between the main and easy-to-read questionnaires, but the response options were the same across the questionnaires, the data was analysed together. Where response options differed, the analysis was conducted, and is reported, separately.

The data from all five questionnaires was organised into a quantitative dataset comprising the closed questions and qualitative text files for the open-ended questions. The Excel quantitative dataset was prepared for analysis and descriptive statistics were compiled using IBM SPSS 27 software. The open-ended questions generated a large text file of 200,000 words. The text was organised and analysed by question, with a file for each question prepared for coding. Within each question, analysis was conducted using the principles of thematic analysis, with the intention to capture all views, attitudes and perceptions expressed by participants. An overall cohesive response emerged in the analysis: many respondents were consistent in communicating what was important to them, with repetition of views and themes across questions emerging. However, in reporting the diversity of views expressed, there are inherent differences in some views and attitudes, which are reflected in the analysis of the open-ended questions.

A total of 1,608 questionnaires were returned; however, not every respondent completed every question (see Appendix 4 for the exact number of answers recorded for each question). The analysis reports the results of the main and easy-to-read questionnaires.

1.4 Respondent Profiles

Audience screening was carried out by asking respondents to identify with one or more roles, as shown in Table 1.2, which presents the breakdown of responses to Question 1. The main and easy-to-read questionnaires differed in the number of response categories offered: the main questionnaire had ten, whereas the easy-to-read questionnaire offered four (the full questionnaires are provided in Appendices 1–3). As 1,313 respondents to the main questionnaire identified one or more roles (148 people did not answer the question), the total for the main questionnaire in Table 1.2 sums up to more than 100%. All 147 respondents in the easy-to-read questionnaire selected one role only, and there was no overlap of categories. The profile of respondents to the main and easy-to-read questionnaires differed in terms of age, disability and role, as described in sections 1.4.1 and 1.4.2.

Table 1.2: Q1. 'Please tell us who you are' Respondents by role/employer

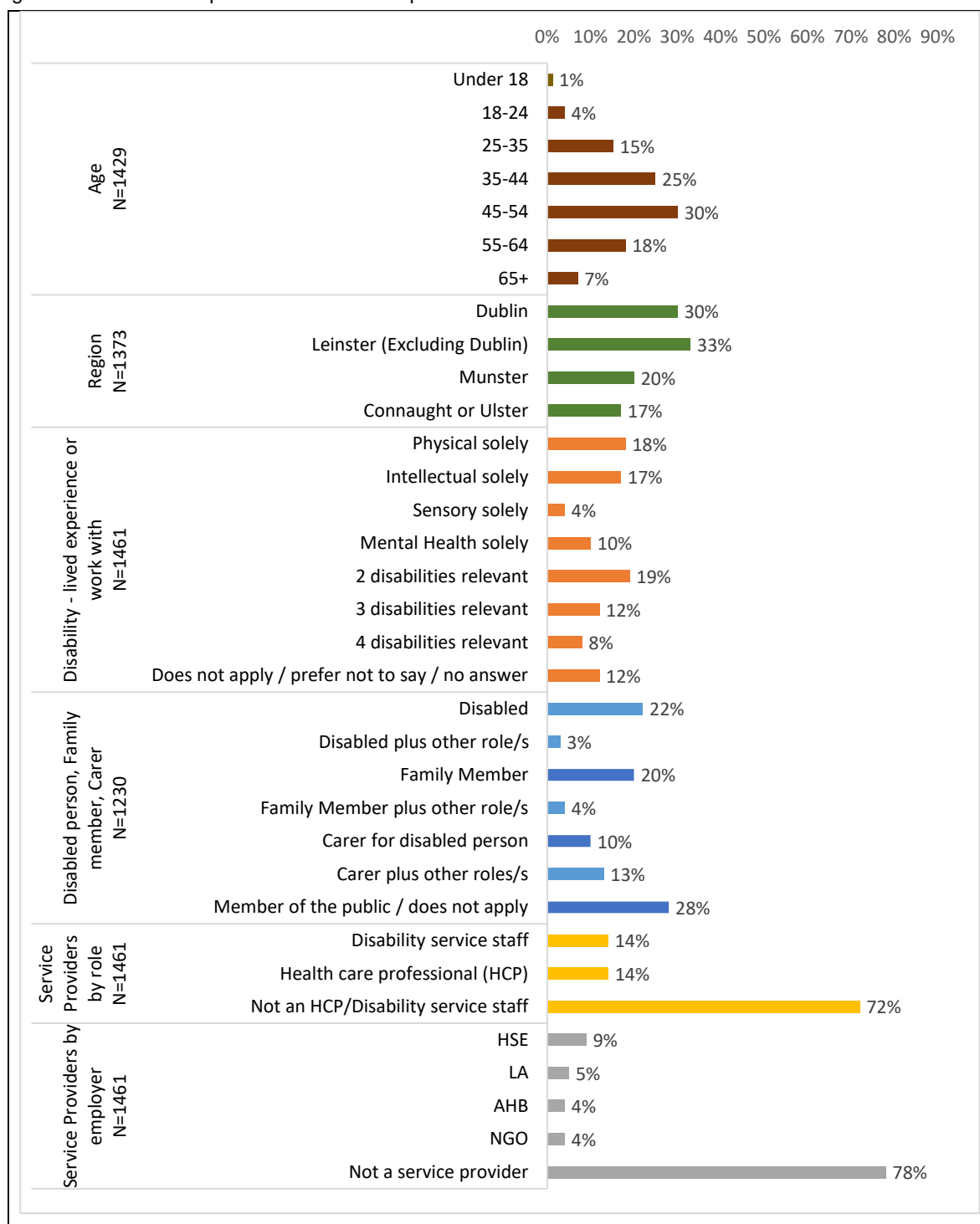
	Main N=1461	Easy to Read N=147
Disabled person	25%	51%
Family member of a disabled person	24%	14%
Carer for a disabled person	23%	20%
Healthcare professional	14%	–
Disability Service staff member	14%	–
Local authority employee	5%	–
HSE employee	9%	–
AHB employee	4%	–
NGO employee	4%	–
Member of the public	8%	15%
No role indicated	8%	–

1.4.1 PROFILE OF MAIN QUESTIONNAIRE RESPONDENTS

1,461 participants completed the main questionnaire. As outlined in Figure 1.1, 54% were between 35 and 54 years old, while younger (under 35 years old) and older respondents (over 55 years old) made up 20% and 25% of the sample, respectively. 63% of respondents lived in Leinster, of whom 30% were resident in Dublin. 37% lived in Munster, Connaught or Ulster. 88% of respondents had lived experience of, or worked with, one or more of the four categories of disability as defined in the NHSPWD. 18% had lived experience or worked solely with physical disability, 17% solely with intellectual disability and 10% solely with mental health. 39% of respondents had lived experience of, or worked with, two or more disabilities. 25% of respondents to the main questionnaire were disabled, 24% were family members of a disabled person and 23% were carers. 14% of respondents were healthcare

professionals and 14% worked in a disability service. 22% worked in either the HSE, a local authority, an AHB or a non-government organisation (NGO).

Figure 1.1: Profile of respondents to the main questionnaire¹

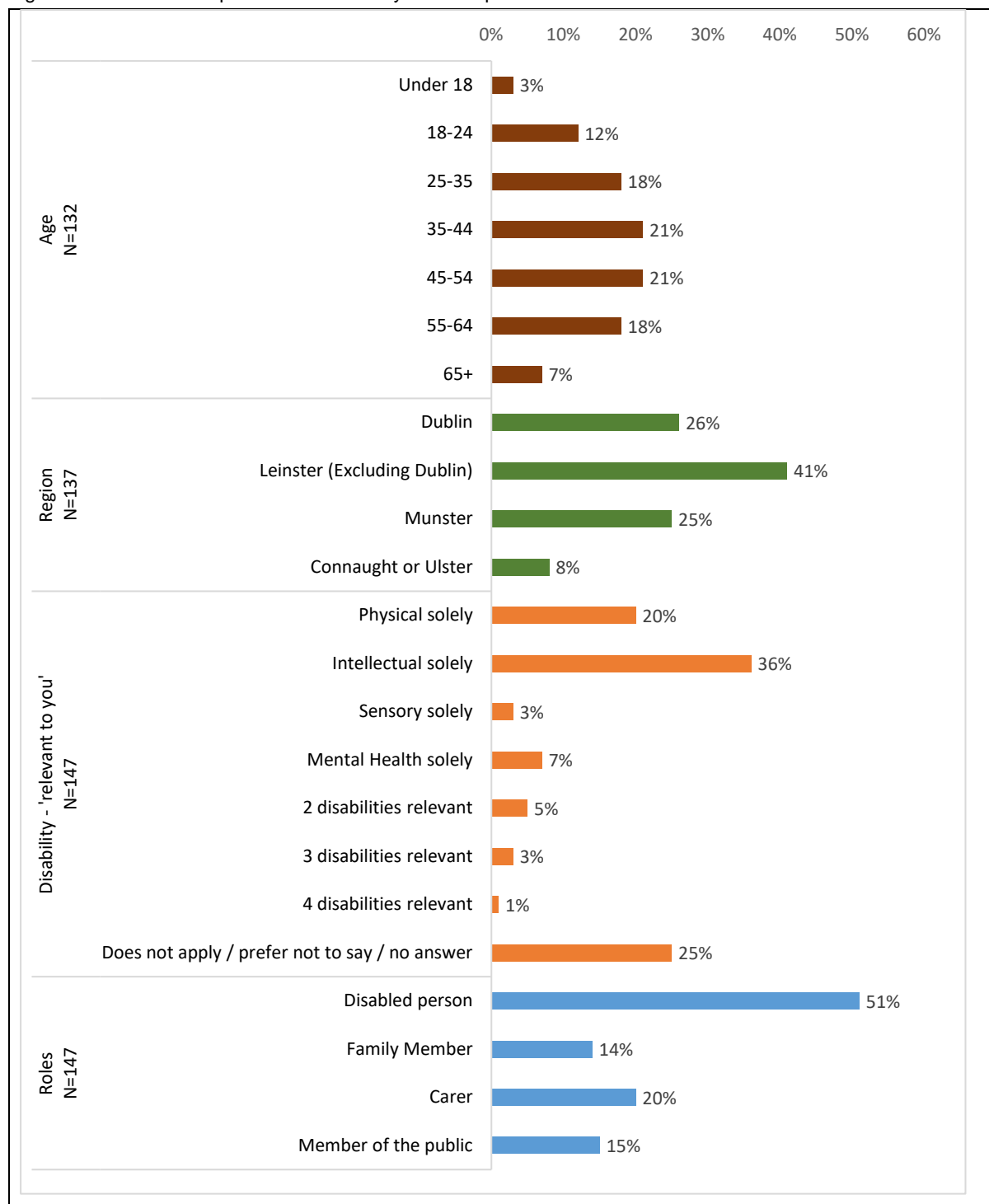


¹ Not all respondents completed the demographic questions.

1.4.2 PROFILE OF EASY-TO-READ QUESTIONNAIRE RESPONDENTS

147 participants completed the easy-to-read questionnaire. 42% were between 35 and 54 years old, 33% were 35 years or younger, while 25% were over 55 years, as shown in Figure 1.2. 67% of respondents lived in Leinster, 30% of whom were resident in Dublin. 33% lived in Munster, Connaught or Ulster. 75% of respondents indicated that one or more of the four categories of disability, as defined in the NHSPWD, were relevant to them. 20% indicated that solely physical disability was relevant to them, 36% indicated solely intellectual disability and 7% solely for mental health. 9% of respondents indicated that two or more disabilities were relevant to them. 51% of respondents to the easy-to-read questionnaire were disabled, 24% were family members of a disabled person and 23% were carers. These categories were mutually exclusive in the easy-to-read questionnaire, so there was no overlap between categories.

Figure 1.2: Profile of respondents to the easy-to-read questionnaire²



² Not all respondents completed the demographic questions.

1.5 Report Structure

The following chapters report the responses to the consultation questionnaires. Chapter Two begins with an analysis of awareness of the NHSPWD 2011–2016 (Question 6); local authority local strategic plans (Question 10); Housing and Disability Steering Groups (HDSGs) (Question 11); and interagency working between local authorities and the HSE (Question 12); continuing with an analysis of awareness of detailed initiatives in the strategy; (Question 9) and ranking by respondents of initiatives in the 2011 strategy (Question 8).

Chapter Three reports on housing access, providing an analysis of Question 7. Chapter Four first focuses on housing options, investigating awareness levels and perceptions about communication of housing options. It continues with suggested improvements to pathways to accessing housing (Question 13). Chapter Five considers strategic initiatives in the NHSPWD to continue in the new strategy (Question 19) and Chapter Six reports on interagency co-operation (Question 17). Next, Chapter Seven addresses challenges for disabled people in accessing mainstream housing (Question 18) and is followed in Chapter Eight with a summary of responses about independent living opportunities (Question 16). The report continues with a review of further considerations in the development of the strategy (Question 21) in Chapter Nine and concludes with proposed actions for the new strategy in Chapter Ten (Question 20).

The following chapters broadly reflect the sequencing in the questionnaires, with some exceptions to aid clarity. Within each chapter, the findings are organised by emergent themes from each of the open-ended questions. Question numbers are provided throughout the report to further aid clarity.

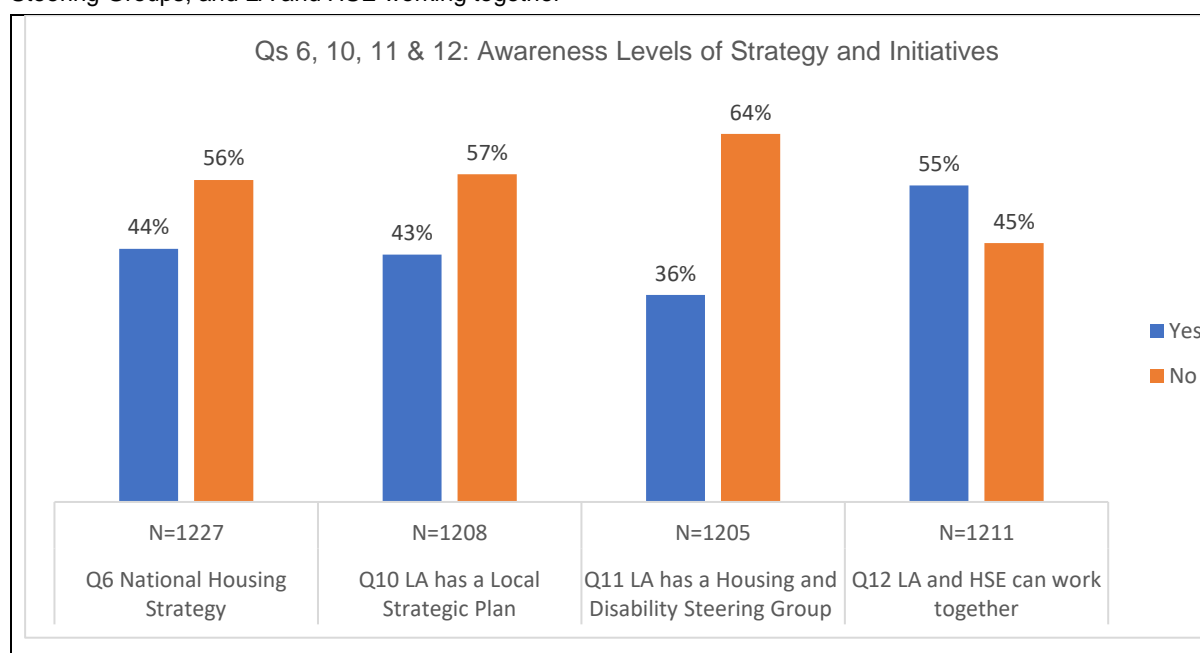
Chapter Two: Awareness of the Strategy and Ranking of Initiatives

This chapter provides an analysis of Questions 6, 8, 9, 10, 11, and 12, which asked respondents about their awareness of the strategy, and to rank its initiatives. It begins in section 2.1 with an analysis of awareness of the NHSPWD 2011–2016; local authority local strategic plans; Housing and Disability Steering Groups (HDSGs); and interagency working between local authorities and the HSE. Section 2.2 continues with an analysis of awareness of detailed initiatives in the strategy, and section 2.3 concludes the chapter with ranking by respondents of initiatives in the 2011 strategy.

2.1 Strategy, Plans, HDSGs and Interagency Co-operation

Awareness levels among respondents of national and local strategies were low. 44% of respondents were aware of the national strategy, while 43% were aware ‘that each local authority has a local strategic plan in their area, which sets delivery targets to meet the housing needs for people with a disability’. Awareness levels of initiatives varied more, with 36% of respondents aware that each local authority has an HDSG to assist with the implementation of the strategy in their area. 55% of respondents were aware that the ‘local authority and the HSE can work together to support people with a disability to live independently or stay in their home’ (Figure 2.1).

Figure 2.1: Awareness levels of National Housing Strategy, LA Local Strategic Plans, Housing & Disability Steering Groups, and LA and HSE working together

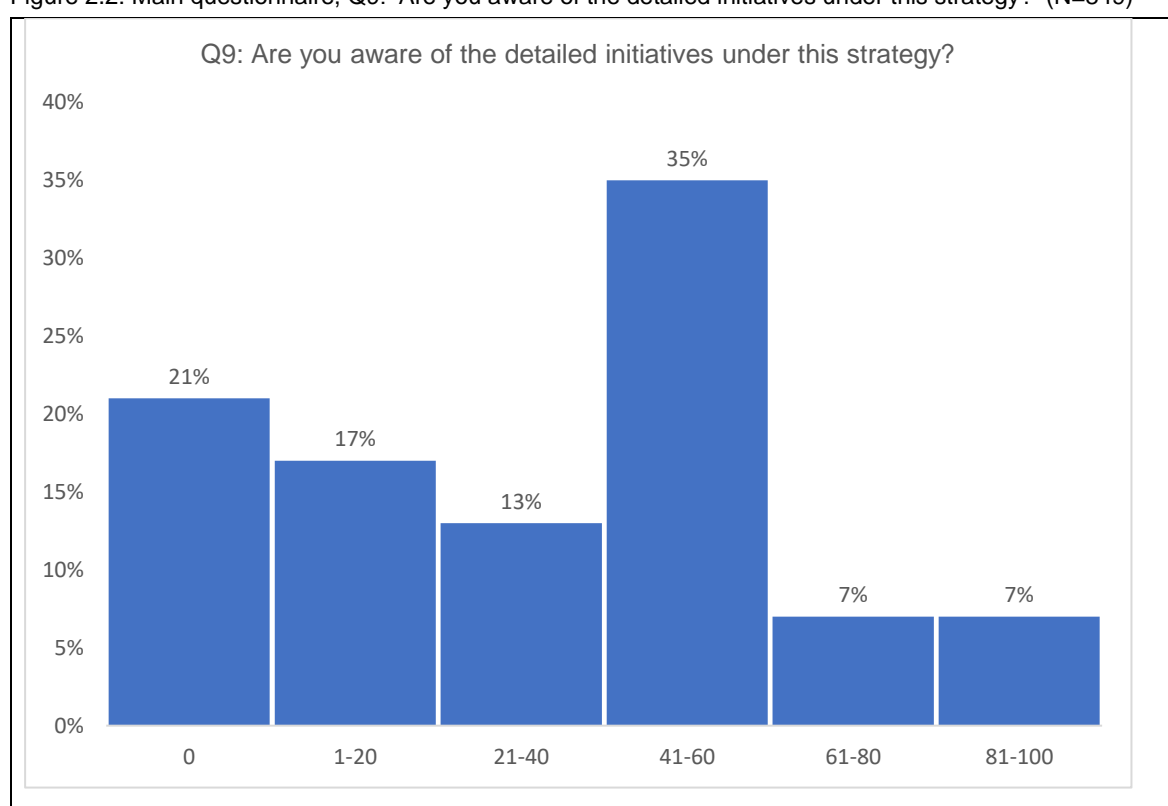


2.2 Awareness of Detailed Initiatives in the Strategy

The main and easy-to-read questionnaires differed in how they measured awareness levels in Question 9, and the results are presented separately in this section.

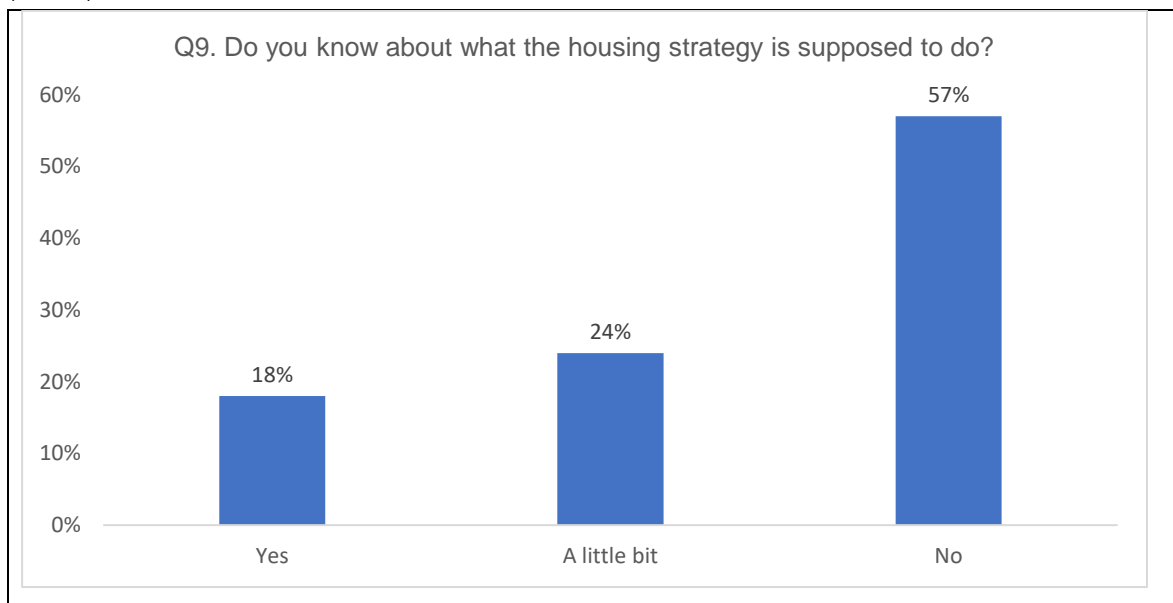
Awareness levels of detailed initiatives of the strategy were also low. Respondents to the main questionnaire were asked to self-rate their awareness of the detailed initiatives in the strategy on a scale from 0 to 100. The average rating for awareness of detailed initiatives was 35.4 (SD 27.6). 21% (N=178) of respondents indicated that they had no awareness of the detailed initiatives, while the modal response was a self-rating of 41–60, with 35% (N=300) of respondents indicating this level of awareness, as shown in Figure 2.2.

Figure 2.2: Main questionnaire, Q9: ‘Are you aware of the detailed initiatives under this strategy?’ (N=849)



As shown in Figure 2.3, 18.3% of respondents to the easy-to-read questionnaire indicated ‘yes’, 24.3% indicated ‘a little bit’ and 57.4% stated ‘no’ when asked if they knew ‘about what the housing strategy is supposed to do’.

Figure 2.3: Easy-to-read questionnaire, Q9: ‘Do you know about what the housing strategy is supposed to do?’ (N=115)

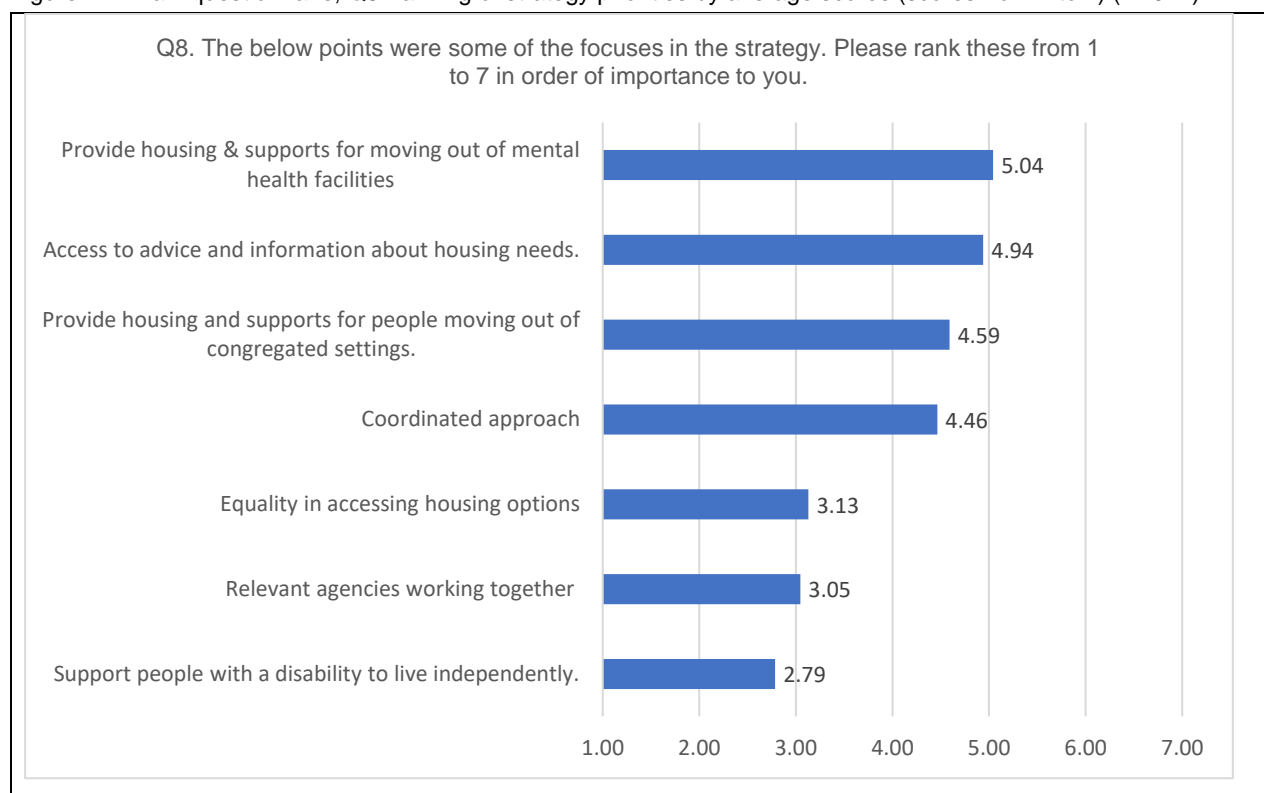


2.3 Ranking of Strategic Priorities

The main and the easy-to-read questionnaires differed in wording and measures used in Question 8, which asked about the strategic priorities of the NHSPWD 2011–2016 (extended to 2020). The analysis for each is reported separately.

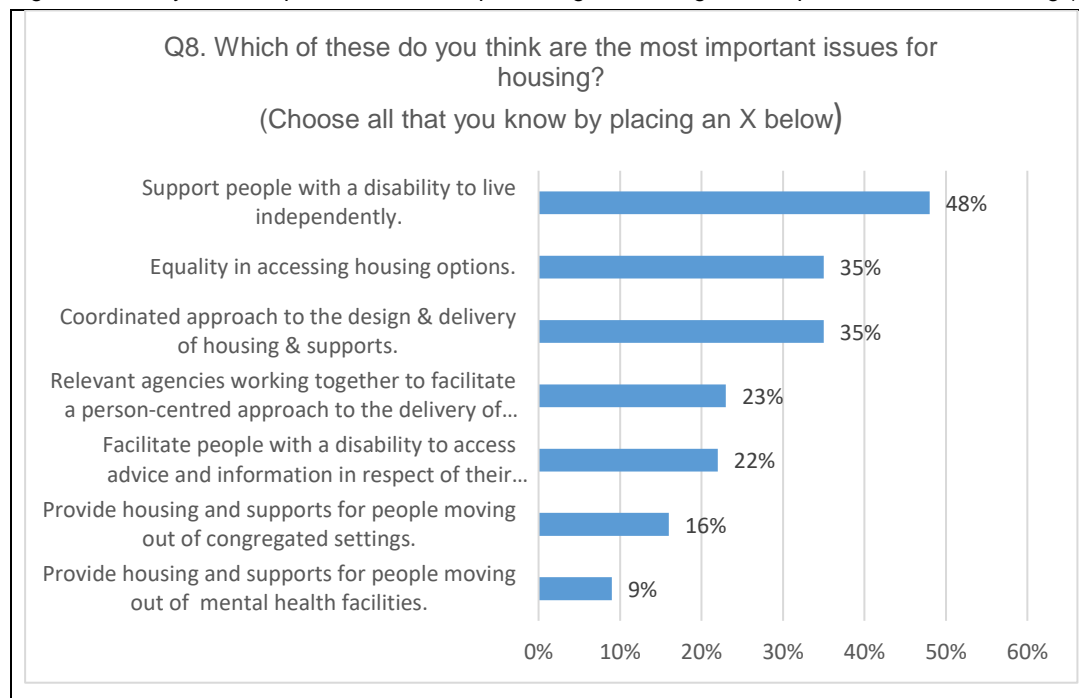
Respondents to the main questionnaire were asked to rank ‘some of the focuses in the strategy’ in order of importance from 1 to 7. ‘Provide housing and supports for people moving out of mental health facilities’ was the highest-ranked priority, with an average score of 5.04 out of a possible 7, as shown in Figure 2.4. The second-highest score was ‘to facilitate people with a disability to access advice and information in respect of their housing needs’, scoring 4.94 out of 7.

Figure 2.4: Main questionnaire, Q8: ranking of strategy priorities by average scores (scores from 1 to 7) (N=972)



Respondents to the easy-to-read questionnaire were asked ‘Which of these do you think are the most important issues for housing?’ and could select as many options as they believed applied. The top three most important issues were ‘Support people with a disability to live independently’ (48%), ‘Equality in accessing housing options’ (35%) and a ‘Co-ordinated approach to the design and delivery of housing & supports’ (35%), as shown in Figure 2.5.

Figure 2.5: Easy-to-read questionnaire, Q8: percentage indicating most important issue for housing (N=147)



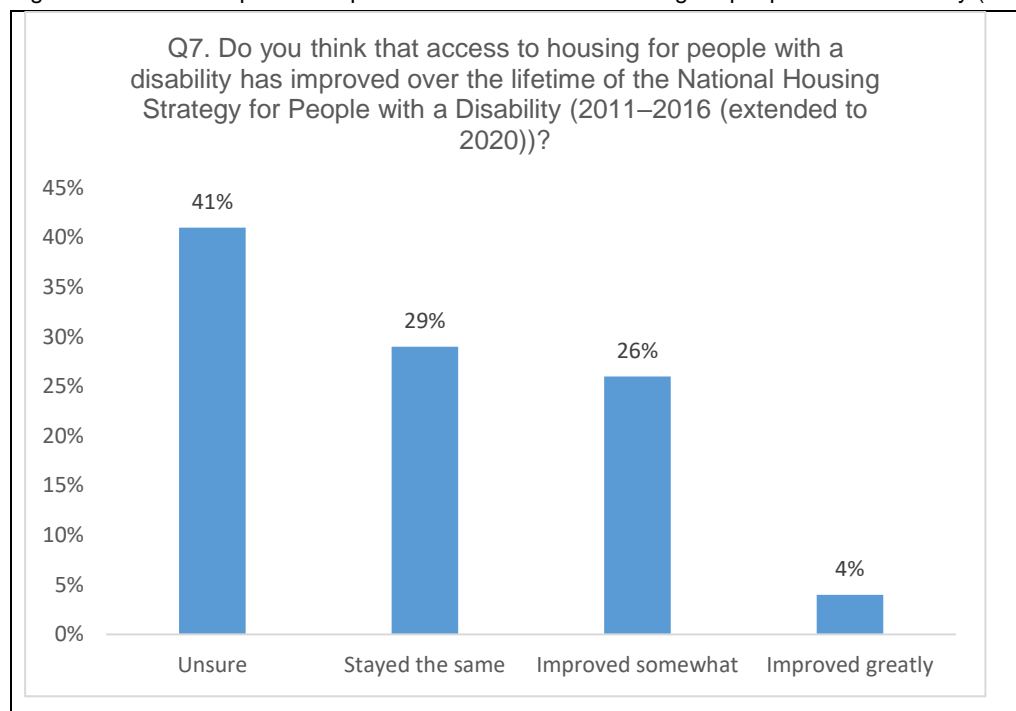
Chapter Three: Housing Access

This chapter analyses answers to Question 7, which asked participants to evaluate the extent to which housing access for people with a disability had improved over the lifetime of the National Housing Strategy for People with a Disability (2011–2020). First, the chapter presents the quantitative results to this question and investigates whether answers to this question correlate with prior levels of strategy awareness or with the roles that participants fulfil as family or carers to disabled persons, or with the type of disability experienced. The results indicate that almost one third of respondents (30%) believe that housing access has improved to a certain extent, and that prior levels of strategy awareness correlate with a more or less positive view on its effects. The majority of people unfamiliar with the strategy were also more likely to be ‘unsure’ about whether access to housing for people with a disability improved, while almost half of those who were aware of the strategy believed that access to housing has improved ‘somewhat’ or ‘greatly’. Conversely, there does not seem to be a clear link between roles and lived experiences of disability and evaluations of strategy impact on housing access.

3.1 Access to Housing, Strategy Awareness and Experience of Disability

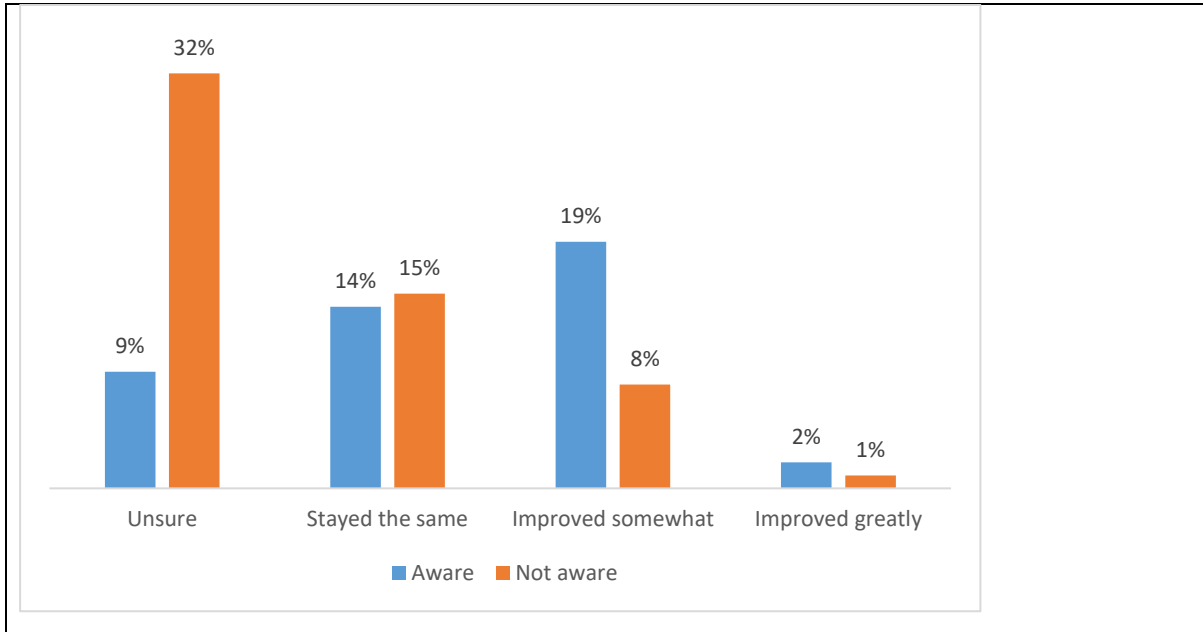
Asked whether access to housing for people with a disability has improved since 2011, when the National Housing Strategy was launched, a majority of respondents expressed neutral views. As the data in Figure 3.1 shows, nearly one third (29%) reported that they thought that access had ‘stayed the same’, with 26% stating it had ‘improved somewhat’ and 4% stating it had ‘improved greatly’ over the lifetime of the strategy. As discussed below, respondents who chose the ‘unsure’ option seem to have a rather negative appreciation of progress being made in disabled people’s access to mainstream housing.

Figure 3.1: Q7: Perception of improvement in access to housing for people with a disability (N=1178)



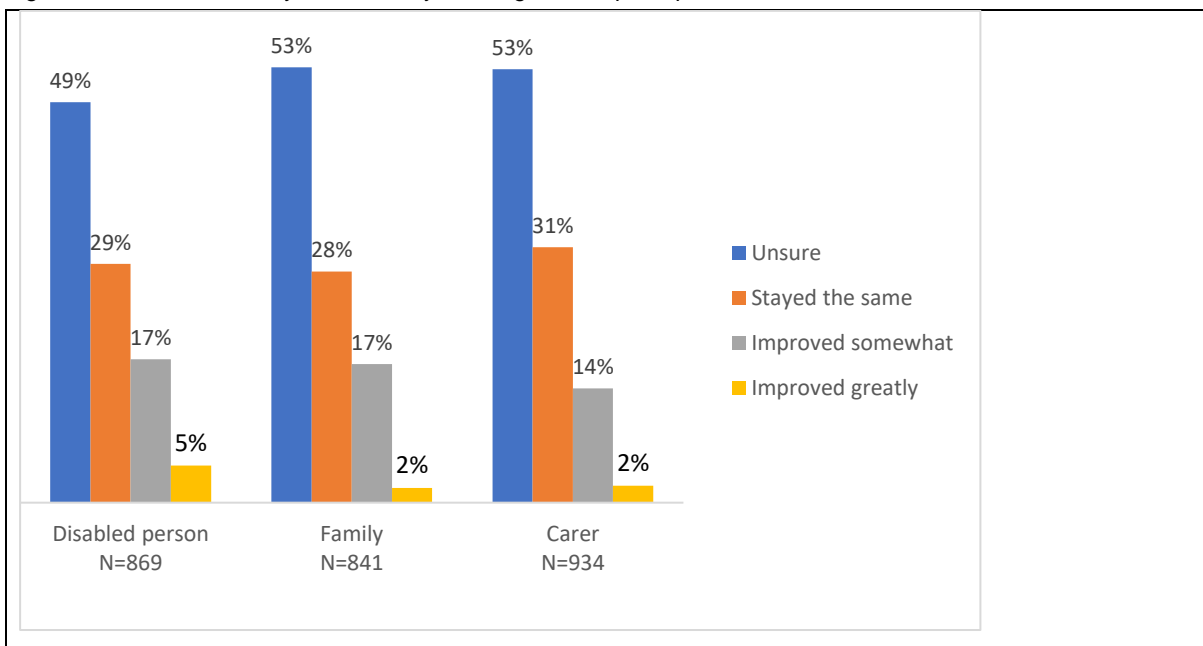
As views on the effects of the housing strategy may be affected by one's knowledge and experience, it is worth investigating further whether awareness of the national housing strategy correlates with different levels of appreciation of its effects. To test this relationship, Figure 3.2 combines responses from Questions 6 and 7. The data confirms that the majority of people unfamiliar with the strategy were also more likely to be 'unsure' about its impact on housing access. Specifically, 57% of respondents who indicated they were unaware of the NHSPWD were also 'unsure' about whether access to housing for people with a disability improved. Conversely, almost half (47%) of the respondents who had been aware of the strategy prior to taking the consultation questionnaire believed that access to housing has improved 'somewhat' or 'greatly'.

Figure 3.2: Housing access perception by awareness of national strategy (N=1173)



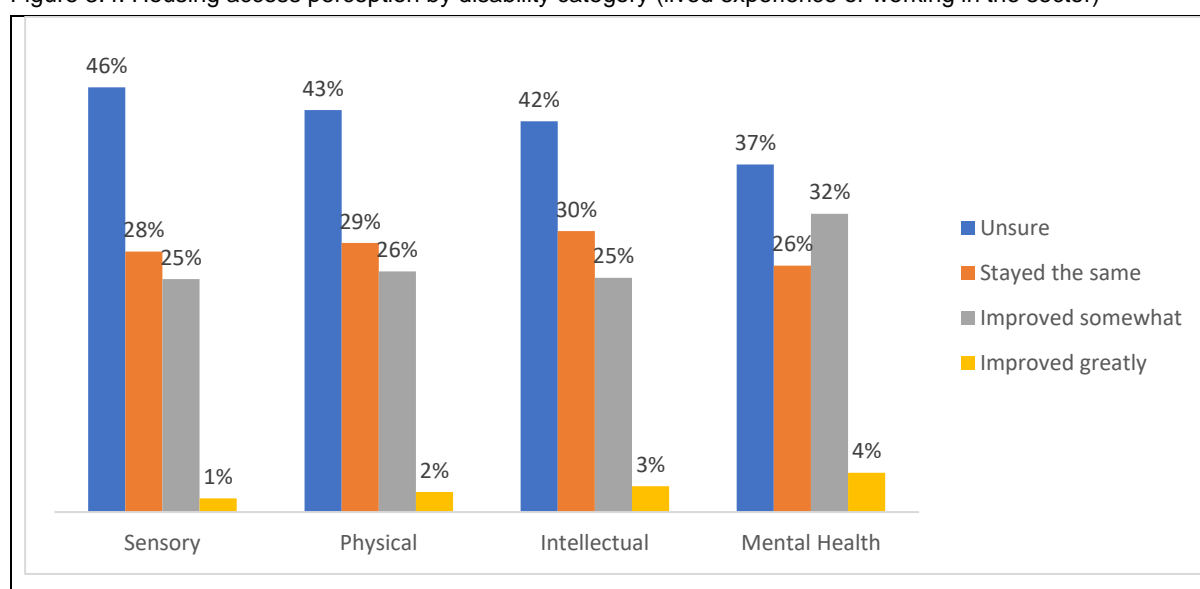
Lived experiences of disability may also affect views on housing access. To test the existence of this link, Figure 3.3, presents the distribution of views on housing access across three groups of respondents who have direct experience with disabilities: disabled persons, their families and carers. There are no significant differences across the three groups as far as their views on housing access is concerned. About half of respondents in each group are ‘unsure’ about changes in housing access, one third have indicated that housing access had ‘stayed the same’ over the duration of the strategy, and around one fifth believe that access to housing had improved to a certain extent.

Figure 3.3: Disabled, family and carer by housing access perception



The type of disability experienced may also influence perceptions of housing access. To verify if this is the case for the current consultation, Figure 3.4 shows the perceptions of housing access across the four disability categories that respondents to the main questionnaire identified with (each category includes disabled persons, family and carers). Only small differences can be observed across the four groups. The highest proportion within the four disability groups who indicated housing access had improved was for those with lived experience of mental health difficulties or working in the sector, with over one third indicating that housing access had ‘improved somewhat’ (32%) or ‘improved greatly’ (4%). In comparison, only about one quarter of the remaining three groups with lived experience of, or working with sensory, physical or intellectual disabilities indicated that housing access had ‘improved somewhat’ or ‘greatly’ over the lifetime of the strategy.

Figure 3.4: Housing access perception by disability category (lived experience or working in the sector)



The questionnaire followed up with an open-ended question asking respondents to provide reasons for why they thought access to housing for people with a disability had improved over the lifetime of the strategy. The remainder of this chapter provides a detailed account of the respondents’ contributions under each of the four possible options.

3.2 Comments on ‘Improved Greatly’

3.2.1 POSITIVE EVALUATIONS

Respondents who selected ‘improved greatly’ provided reasons for choosing this option when asked if access to housing had improved for people with a disability.

‘The idea of supporting people to have a home – not just a house – is game changing. ... I think we’re moving in the right direction.’

They mentioned more housing being available, improved rent rates, increased awareness of types of disability amongst the public and better understanding of mental health difficulties within local authorities, less discrimination and improvement to quality of life. Respondents had observed a move for disabled people from congregated settings to living independently, or with two to three other people in their community, with more supports and opportunities for those with intellectual disabilities and mental health difficulties noted.

Other reasons included having a specific target group/category in the allocation of units, with care taken by local authorities when allocating housing based on having a disability; improved engagement with local authorities and improved partnership working between the HSE, NGOs and local authorities, as well as other key initiatives, such as the introduction of the tenancy sustainment officer (AHBs) and housing co-ordinator roles (HSE) to support mental health service users in community houses. The implementation of Part M building regulations was another reason given for thinking housing had ‘improved greatly’.

3.2.2 CAVEATS

Although respondents perceived that housing had improved greatly, they expressed caveats such as the difficulty in obtaining single-level housing, the small size of some HAP tenancies and long housing waiting lists. Concerns were also expressed about a perceived lack of strategic engagement from service providers to explore options available and unfairness in decision-making by local authorities. Lastly, it was highlighted that parents who care for their disabled children are asked to sign a contract stating they must leave their home if their child dies. This condition forces parents to face the prospect of losing their home following a bereavement, which was perceived as discriminatory. To avoid such situations, the option to buy their house should be available.

3.3 Comments on ‘Improved Somewhat’ and ‘Stayed the Same’

3.3.1 POSITIVE EVALUATIONS

Respondents who opted for ‘improved somewhat’ or ‘stayed the same’ gave reasons for their choice (see Appendix 4 for how many respondents answered the open-ended part of Question 7).

Local strategies

Positive evaluations mentioned that the NHSPWD had increased awareness and provided more accessible housing for disabled people. In the respondents' view, local authorities had developed increased awareness of the housing needs and rights of disabled people, and there was greater recognition that assisted or independent living options were needed. Additionally, the NHSPWD seemed to have improved the opportunity for information-sharing and co-operation between disability service providers and local authorities. With the establishment of local authority Housing and Disability Steering Groups (HDSGs) and disability strategies, local authorities, the HSE and NGOs had started to work collaboratively both with each other and with persons with disabilities to try to address housing and support needs.

House adaptations

Respondents also praised programmes that provided tenancies with appropriate supports by bringing together local authorities, mental health services and housing providers. As a result of this collaborative work, more individuals had been able to access new and good-quality one-bed apartments, and more disabled people had been housed in suitable purpose-built units. The increased supply of adapted housing was also noted and attributed to local authorities' efforts to request and build accessible housing, and to prioritise persons with disability for housing provision. Local authorities were also praised for their work in adapting houses to make them more accessible. Notable measures included fitting lower kitchen worktops and electric sockets and requiring that all new houses have wheelchair-accessible bathrooms downstairs.

Regulations

Building regulations, particularly Part M, as well as Health Information and Quality Authority (HIQA) regulations and the Capital Assistance Scheme (CAS), were mentioned as key measures that have contributed to increasing accessible housing and improving the quality and safety of residential facilities. Respondents also noted the increase and expansion of grant schemes for homes, which supported those with physical and sensory challenges, and allowed them to remain in their home for longer.

Application process

As far as process improvements are concerned, respondents appreciated that the local authority housing needs application allowed people to self-declare disability. As a result, applicants could be assessed and considered for specifically adapted housing based on their self-identified needs. Moreover, disabled people were increasingly aware that they can

report their housing needs via a housing application to the local authority, although access to local authority housing lists by disabled people had not automatically resulted in increased access to housing. Overall, while improvements in the provision of housing for people with disability had been noted, progress had been much slower than expected, and there were inconsistencies in the delivery of accessible housing. That said, although the pathways of access remained complicated and unclear, information on housing options was more readily available to disabled people, and engagement with local authorities had improved.

Mental health

Improvements in housing access for people with mental health difficulties were also noted. The transfer of HSE mental health facilities to local authorities/AHBs, in line with the recommendations of the government's Vision for Change 2006 report, was seen as a major step towards improving access to housing and promoting independent living where appropriate. The START programme, as well as mental health housing support projects such as Creating Foundations (Community Health Organisation (CHO) 7), My Home project (CHO 2), START (CHO 5), the North Tip Project (CHO 3), Slán Abhaile (CHO 9) and Wicklow Mental Health Tenancy Support Worker (CHO 6), were mentioned as well. That said, some caveats were: that HSE accommodation for those with mental health difficulties could be substandard or not meet the individual's needs; that disabled people had been placed far away from family, support networks or professional supports; and that for people with sight loss, accessibility of the locality was an issue that had not been addressed.

3.3.2 CAVEATS

Less positive aspects noted by respondents included some local authorities' failure to establish their HDSGs, their lack of awareness of the housing standards that need to be implemented, and the variation in housing provision and support across different local authorities. Several examples were provided about local authorities in a Community Healthcare Organisation (CHO) having differing policies of providing ceiling-track hoists, as some routinely install them and cover the cost, while others do not.

Accessibility

Although housing programmes are being developed and implemented to increase access, generic houses were still built without being tailored to specific needs. Moreover, the increase in apartment building appeared to have decreased accessibility, new one-off houses were not accessible, while in the private rental sector, the availability of housing with an accessible ground floor was very limited. Additional accessibility issues highlighted for wheelchair users were the need for wider halls, doors and ramps. For example, purpose-

built houses were based on an average wheelchair, but wheelchairs vary in shape and size. As a result, doors were not wide enough for some users to fit through. The lack of accessible light switches and beds that were not accessible-friendly and required transfer aids were also noted.

Application process

Process-wise, respondents indicated that the housing application process remained onerous for potential applicants; information about how to apply for housing and support was hard to access; local authorities had poor awareness or knowledge about the housing and support needs of disabled people; and disabled people were not included in planning for housing.

Housing needs

Situations where housing needs were not easily recognised were also highlighted. For example, housing access on grounds of invisible disabilities, such as sensory issues for children on the autism spectrum, needed rapid improvement. While an abusive home situation that is adversely affecting a person's mental health is considered a housing need by local authorities, individuals in HSE-mental-health-provided accommodation were not registered with the local authority as having a housing need. Offers of inaccessible accommodation, as assessed by independent assessors for specific applicants, continued to be recorded as housing offers by local authorities.

Housing provision

Despite increased provision, the national shortage of housing supply has led to a challenging public/private rental market and a dependency on HAP in the provision of social housing. This has impacted the overall success of the strategy in terms of the provision and suitability of housing for disabled people. As a result, access to housing for people with disabilities has remained fraught with difficulties. Although some respondents had direct experience of being housed or knew of a disabled person who had been offered accommodation, they noted instances where disabled people had not been housed or where no new social housing for disabled people had been built within their local areas. Some noted from personal experience that disabled people were typically waiting for suitable housing for many years. Others mentioned the lack of available affordable rental properties and insufficiency of HAP to cover rents. Consequently, large numbers of disabled people continue to live in unsuitable accommodation, such as young adults with physical disabilities living in nursing homes or other congregated settings, while many others are living with ageing parents and find it difficult to secure appropriate accommodation near a support network.

Funding

Respondents also remarked that government funding cuts have resulted in a failure to de-institutionalise disabled people and a persistence in institutional accommodation; limited funding mechanisms for care packages; and lack of dedicated funding streams for floating social care or mental health tenancy support. They noted that the house adaptation grant had not increased, and the application process remained difficult and slow to navigate. In particular, the income threshold made it difficult to access disability grants for home adaptation, and the costs associated with housing for those who acquired a disability or with special needs were inadequately supported by the grant system. Overall, the supports available to disabled people were seen as inadequate. Unless there was a service provider supporting individuals to ease their pathway to housing, those who needed a care and support package found it more difficult, as they could not access housing to sustain the tenancy without a guaranteed funding package for support, and the level of funding available was very limited.

Housing needs data

There were also calls to improve accuracy about the number of housing units required and strategic allocation of housing to meet targets by collecting data on housing needs. Better data, respondents noted, should be used as evidence for the need to increase access to housing for disabled people funded by local authorities or other providers.

3.4 Comments on ‘Unsure’

Respondents who opted for ‘unsure’ gave reasons for their choice. Many respondents felt unable to determine whether housing access had improved for disabled people because they were new to housing or had young children who had yet to apply for housing and supports.

‘There have been some improvements for persons with disabilities through strategies in some areas, however this is not universal. Furthermore, housing strategies for people with a disability is very broad as the differences in needs for people with intellectual vs other disabilities is vast.’

The wide variation in housing provisions for different groups across local authority areas was another reason why people could not decide whether access to housing for disabled persons had improved. Others chose this option for lack of an alternative that indicated worsening of housing provision over the strategy’s lifetime.

3.4.1 STRATEGY AWARENESS

Some respondents stated that they were not aware of the NHSPWD before completing the questionnaire, which meant they felt they could not evaluate the impact of this strategy on housing access. Others noted that despite being aware of the NHSPWD, they could not link it to their own experience of seeking housing and support.

3.4.2 LACK OF OPTIONS

According to some respondents, housing access might have improved for people with severe disabilities, but they felt there was hardly anything available for moderately disabled people who are being supported by parents, with little or nothing being done for disabled people who required full-time care for their lifetime, and who would never live independently. Moreover, people with intellectual disabilities and autism continued to live in congregated shared homes or with their elderly parents, as supports such as personal assistants were difficult to access, thus perpetuating a shared care model.

'The strategy is very unclear and as a member of the public and a parent of someone with severe disabilities I get no clarity on what my child is entitled to, nor indeed do I get clarity on what input we can give as to their preferences and needs. It appears to be a strategy that applies the same requirements/solutions to everyone no matter what their needs are. Our concerns are that our child requires 24x7x365 constant care. There is no clarity how that will be provided'.

Respondents also pointed to personal experiences of encountering a lack of knowledge by local authority staff about the needs of persons with a disability; an absence of taking medical, occupational therapy or mental health assessments into account in housing applications; and the sense of not being believed by local authority staff when applying for housing on disability grounds.

3.4.3 HSE SUPPORT

Additional reasons justifying this choice included the limited housing options available for people supported by HSE-funded services and minimal external support to secure housing independently of funding organisations; the HSE guidelines that prioritise emergency situations in their management of residential placements and which do not consider all disabled people; and the fact that many disabled people were not connected with these services.

3.4.4 PRIVATE RENTED MARKET

Respondents pointed to a deterioration in the availability of suitable accommodation for disabled people due to the collapse of the private rented sector and the difficulty of sourcing appropriate rented housing. For example, new developments consisting of three-storey houses that are impractical for wheelchair users and the costs of adapting properties that lack wet rooms or have steps up to the property are prohibitively high.

'I haven't seen any provision of independent living accommodation for disabled people anywhere. Everyone seems to be bundled together in care homes.'

Others noted that they only knew of people who, like themselves, had been on the housing list for years. Additionally, they were unaware of improvements in provisions for independent living.

3.4.5 HOUSING DATA

Some respondents pointed to the lack of data they needed to be able to assess whether housing access had improved or not. While the baseline data against which to monitor progress was required and should be published, they were unaware if data on the number of disabled people housing during the lifetime of the strategy was available, or the extent to which collaboration across the agencies, supply, appropriateness of locations and accessible services had improved over the strategy's lifetime.

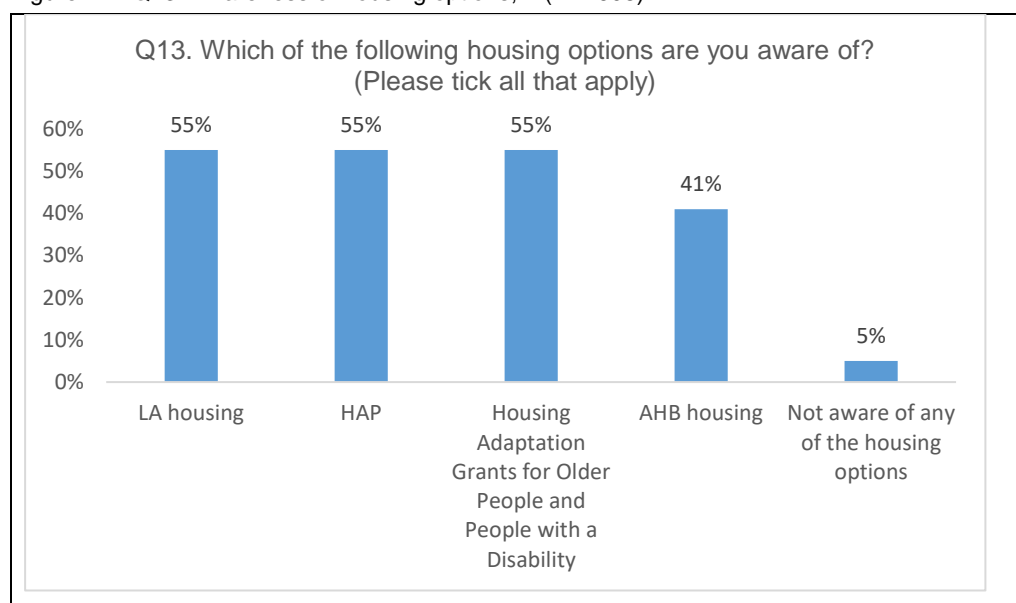
Chapter Four: Housing Options

This chapter provides an analysis of Question 13, which asked respondents about their awareness of housing options, and of Question 14, which asked about perceptions of the effectiveness of communication about housing options to the public.

4.1 Awareness of Housing Options

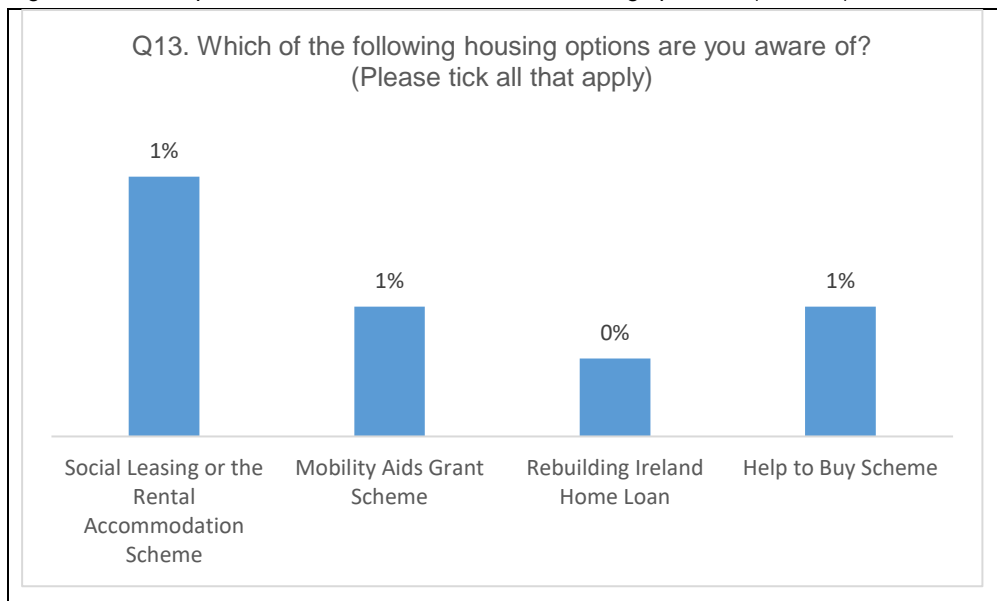
Awareness of different housing options varied from medium levels of awareness of some options to very low, or minimal for others. Respondents were asked in Question 13 to indicate ‘Which of the following housing options are you aware of?’ More than half of respondents stated that they were aware of local authority housing (55%), the housing assistance payment (HAP) (55%) and housing adaptation grants for older people and disabled people (55%), as shown in Figure 4.1. 40% were aware of Approved Housing Bodies (AHBs), while 5% indicated that they were not aware of any of the housing options.

Figure 4.1: Q13: Awareness of housing options, 1 (N=1608)



Respondents to the main online questionnaire were presented with four further housing options. There was minimal awareness of these further options, with 1% aware of social leasing, and less than 1% indicating they were aware of the mobility aids grants scheme (0.5%), the Rebuilding Ireland home loan scheme (0.3%) and the help-to-buy scheme (0.5%), as shown in Figure 4.2.

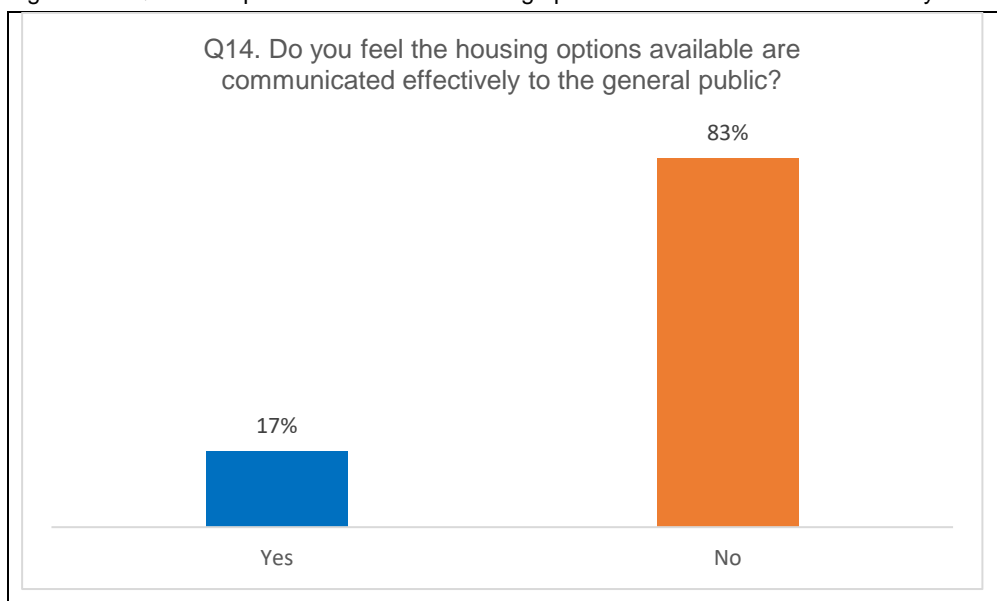
Figure 4.2: Main questionnaire, Q13: Awareness of housing options 2 (N=1459)



4.2 Communication of Housing Options

Most respondents (83%) do not feel that housing options are communicated effectively to the public, as shown in Figure 4.3.

Figure 4.3: Q14 Perception that available housing options are communicated effectively to the public (N=1173)



4.3 Improvements to Communicating Housing Options

Respondents to the main questionnaire who replied 'no' to Question 14 were asked a follow-up question: 'How can this [communication of housing options] be improved?'

4.3.1 GENERAL OUTREACH

Respondents indicated the need for a national advertising campaign across traditional media, such as national and local TV, radio and newspapers, as well as social media including Facebook, Instagram, Spotify and TikTok, to reach a younger demographic. Other suggested means of casting a wide net included advertisements in public places, such as GP practices, vehicle registration centres, colleges and Further Education and Training (FET) noticeboards. Wide-reaching campaigns were considered necessary to educate the public about the realities of living with a disability. For this reason, it was suggested that education campaigns could be initiated in schools. In discussing the need to change the perception of disabled people, one respondent noted that the messaging and medical model approach to disabled people needed to change.

Respondents also emphasised the importance of initiating local campaigns to raise awareness of needs in each area, involving local communities, garnering support from families and organisations and developing case studies of disabled people's stories as part of awareness building, including positive and negative aspects. There was also a view that local authorities could engage more with people when they seek information about housing options and could provide regular updates after applications are submitted. Transparency, online portals, nominated persons to contact in each local authority, open days, newsletters and downloadable fact sheets with information on housing options were among the potential actions associated with local authorities.

Other suggested means of ensuring that information is widely available to the public included a central mailing system with designated employees in charge of communication and dissemination in each county; a dedicated helpline; information days; partnership with Citizens' Information Centres; as well as the facilitation of lived experiences communication.

4.3.2 TARGETED AND DIRECT COMMUNICATION

Direct communication with the target audience of disabled people who are in need of housing with supports was recommended. Respondents indicated the need for a communication strategy to reach disabled people who are not linked with a service provider. For effective communication of housing options available, direct contact and active engagement with disabled people, as well as with their families and carers, was deemed

essential. An often-expressed view was that all households registered for housing assistance should be given updates and information leaflets with details about available supports. Similarly, all persons with a disability should be given a relevant information package to enable them to make an informed choice about their living arrangements. This communication could take place via GP services or be automatically sent to people in receipt of disability allowance. It was also suggested that certain government departments may be able to automatically send information to disabled people registered in their databases. Information should also be automatically sent to people who indicated any kind of disability on their original housing application. Local schools could also facilitate meetings with parents of children in transition from children to adult supports.

The existence of information and communication officers for disabled people and their families in every local authority was also deemed essential, as was the appointment of housing co-ordinators to source accommodation, who can meet the individual needs of disabled people. Respondents highlighted the need for real-time information that should be offered regularly, such as progress on housing lists, rather than putting the onus on people to find the information they need.

Future housing needs could be anticipated, respondents noted, and preparation for the needs of disabled people to move out of the family home should start well before an individual's eighteenth birthday. An example of proactive communication suggested was for every family to receive an 'options' communication package at key milestones in the life of the family member with a disability, for example, when they reach age 18, 25, 35 and so on.

Other suggestions included partnerships with special needs schools to distribute information to parents; a direct contact available for people to discuss housing options with; individual plans put in place with one accountable person overseeing it; housing officers or well-informed social workers who should visit disabled people in their homes to assess their current situation and needs.

4.3.3 CLARITY ON HOUSING OPTIONS

An often-encountered view was that disabled people are required to put effort into seeking out information on housing options instead of being able to access this information easily on local authority websites or having their options properly explained by designated officers and social workers. Moreover, not everyone is aware that they need to register with the local authority for housing.

Other recommendations were for information campaigns to focus on the housing options available to disabled people, explain what can and cannot be provided through the advertised schemes, what supports are available for each option, and how to access grants. There was a distinct emphasis on the need to inform people about what they are entitled to, and to help them apply for relevant services. For example, respondents noted their lack of awareness regarding the need to be registered on the social housing waiting list, or that they qualified for social housing. Others would like to see more explanations about the pros and cons of switching from social housing waiting lists to HAP or RAS. More information is also needed about house adaptation grants, what they cover and who can access them. Additionally, there was an expectation that GPs should play a greater role in informing disabled people about their options for education, employment, housing, social supports, disability allowance and other allowances they may qualify for.

Other suggestions included: distribution of guides with clearly outlined options on how to access housing; an easy way for disabled people to register their interest in housing options; information on targets and expected time of delivery for each housing option; more information at application stage; clarity and transparency in relation to the allocation process and to the allocations by disability type; clear details of different types of AHBs and how they differ with respect to the type of housing they offer; publication of available housing where no suitable candidates are identifiable from existing lists; and more transparency about housing options from local authorities and availability to talk to people and answer inquiries.

4.3.4 INTERAGENCY CO-OPERATION IN COMMUNICATION

A co-ordinated approach by all agencies and advocacy groups involved in providing housing for disabled people was considered necessary for an effective information campaign. The need for local authorities to work directly with disability service providers to inform them of available options was particularly highlighted, as it is usually through service providers and social workers that people seek information. In discussing this point, one respondent outlined the difficulties facing disability services in passing information to their service users because the service has their own challenges in accessing information and identifying reliable contacts regarding housing and independent living options. Moreover, to ensure that housing options for disabled people are linked to living support systems, day care service providers should also be involved in the process of communication. Respondents noted that social supports should be in place before housing applications can proceed. Others asked that all local authorities should adopt the same system and decision-making rules for social housing applications.

There was also a view that housing organisations should invest more in staff training. Both healthcare professionals and local authority staff could improve in providing accurate information about available housing options. Empathy training for those who serve people who need social housing was also highlighted, so that specialised staff can learn to communicate more effectively with applicants about how to navigate the system.

Respondents also pointed to Community Healthcare Organisations (CHOs), Community Mental Health Teams, local authorities and advocacy groups as the main channels of information dissemination to service users. Involving Citizens Information Centres and organisations like Inclusion Ireland, the National Advocacy Service, the Irish Wheelchair Association and Spinal Injuries Ireland was also suggested. These agencies, it was suggested, should work with the HSE to identify areas that require more suitable housing for people with diverse types of disabilities, including both physical disabilities and mental difficulties.

4.3.5 ACCESSIBILITY OF INFORMATION ABOUT HOUSING OPTIONS

While acknowledging the easy-to-read documents made available by the Housing Agency, respondents indicated the requirement for information to be made more readily available so that people who need it can find it easily. One important action was to make housing options available to people with intellectual disabilities using easy-to-read, visual, audio and plain English formats.

Another key suggestion for improving accessibility is for a one-stop shop providing housing information and support. Having a single source of information, a respondent noted, is essential to making it easy to understand and apply for housing. The suggested actions included: a single contact point that is as widely known as the emergency number 999; one centralised body to act as an umbrella housing organisation; a one-stop housing advisory service for those seeking housing, where their options can be discussed, needs assessed and the person informed and directed to relevant supports; a booklet with information, application forms, a direct contact number and hours person/s can be reached; and a single website shared by all the housing, disability and ability organisations and charities.

Other suggestions about how to ensure people can more easily find information that is easy to read and understand included: help to navigate the application process by setting up a dedicated phonenumber/department and assigning a personalised key worker who can clarify options for disabled people; create access options for people with sensory impairments; make clear distinctions between various disabilities and mental health difficulties; constantly updating local authority websites; send leaflets by post for the ageing population who may

not be able to access online information; community-based means of disseminating information; and translations into more languages. GP practices were indicated as the most useful places where disabled people would look for information about housing options, grants and the social housing application process.

4.3.6 DON'T KNOW/OTHER

Some respondents who did not answer this question provided reasons for not answering it. Some pointed to having more pressing needs than effective communication, such as the provision of accessible social housing and appropriate care supports, increased housing supply, reduced waiting times on the social housing lists and better allocation of funding, such as grants for independent living. The lack of housing options in rural settings or for adults with intellectual disabilities were highlighted as well.

Easing the application process to provide one central pathway was also suggested, as was the need to increase the number of advocates for people of disabilities. For example, it was noted that not all local authorities have appointed disability officers, and that information about the application process and possible assistance is hard to find on local authority websites. Some respondents recommended a shift in communication that emphasises housing as a human right, expressing doubts that the public is aware of or cares about social housing and options available to disabled people.

4.4 Pathways to Accessing Housing Options

This section provides analysis of Question 15, summarising participants' suggestions by theme.

4.4.1 INFORMATION AND COMMUNICATION

Better communication of housing options would benefit disabled people, as well as their carers and families, as they are often unaware of the supports for which they qualify. In addition to service users, support workers and staff working in disability services were also thought to have a strong need for up-to-date information about housing options and availability.

Respondents put forward ideas for widespread information campaigns, including clear and simple materials that use easy-to-read formats available across mass media and also in GP clinics, post offices and disability agencies; building a database of disabled people to be used to contact people in need regularly, and starting as early as possible after an initial diagnosis; a dedicated phonenumber; a centralised information hub, which could be hosted online by the

Housing Agency or a one-stop shop to deal with all aspects and assist people with enquiries by breaking down options based on personal circumstances.

The role of local authorities in helping disabled people and their carers understand their housing options was also highlighted, as they can directly communicate with the people in need and explain the pros and cons of housing options. Greater communication between services and families was also deemed necessary. Respondents advocated for the development of information campaigns to increase awareness of the needs and rights of disabled people at general, local and community levels, promote them to funding and state agencies, and incentivise developers and landlords to provide disability housing.

4.4.2 RESOURCING

An increase in four types of resources was seen as essential to improve the accessibility of housing options. The expansion of the housing supply, either through new builds or more effective use of existing stock, was seen as essential to cope with present needs and to enable disabled people to move from congregated settings into communities. Respondents highlighted the need to build houses that comply with universal design principles so that they are accessible for everyone and easily adaptable for wheelchair users. An increase in social housing build programmes and their use for housing people with mental health difficulties and intellectual disabilities was highlighted.

There were calls to increase the range of available services and supports for disabled people. Respondents identified that disabled people would benefit from having a social worker assigned to them, so that they know who to contact for advice about how to access housing, and for support with application forms and other documentation. Additionally, older parents pointed out that they need more permanent solutions than respite services. Personal assistance packages, more social workers available in the community and inpatient health teams, and dedicated disability housing officers in local authorities were also mentioned among the additional support measures needed.

That housing options for people with severe and profound disabilities are limited was a view that emerged strongly. For example, one respondent mentioned that the only way to access disabled housing is to apply to the social housing list. Respondents argued that more individualised approaches should be in place as well as a greater focus on supported living and prioritisation of the most vulnerable.

Access to a greater range of housing options needs to be supported by dedicated funding streams for social care supports and a simplification of processes for accessing financial

supports, respondents stated. For example, it was proposed that a sustainable funding model should be introduced to replace the Capital Assistance Scheme (CAS) model. Respondents highlighted the need to facilitate access to higher mortgages for disabled people who cannot work, especially when they are able to meet monthly mortgage payments. Others proposed that minimum wage employees should be supported to become homeowners through schemes similar to rent-to-buy. Increased funding for house adaptations and a dedicated funding stream for mental health tenancy support services were also mentioned.

4.4.3 PROCESS IMPROVEMENTS

The need for more transparency in the approach to housing allocations, consistent access models and housing standards across all local authorities to make it easier for disabled people to access housing were mentioned by respondents. Long waiting times on social housing lists were emphasised by respondents as a reason why disabled people find it difficult to access housing that suits their needs.

Several suggestions for streamlining the assessment and allocation process, making it easier to navigate, were made, including: the merging of the housing and support applications; assigning responsibility for delivering housing to disabled people to a sole national body; providing a single point of contact for all housing services; simplifying the CAS four-stage process and getting local authorities more involved in the process; streamlining the process for more efficient transfer in the transition to adult services or as part of case management services; providing disability awareness training to social workers who are making applications on behalf of disabled people and any other staff who assist disabled people so that they can offer the best possible advice to their clients; and setting transparent targets to hold every organisation accountable for their performance.

As highlighted in responses to other consultation questions, respondents told of the difficulties they encounter at the housing application stage. Consequently, the responses underline the requirement to simplify housing application forms, reduce the paperwork and supporting documentation required, and to make more staff available to assist disabled people at this stage. Similar requirements were voiced about individual assessment, as some respondents noted the need for an easier referral process, early intervention for mental health difficulties assessment, faster turnaround on needs assessment and housing offers that consider the needs of disabled people, such as a multi-disciplinary support network. Respondents also reiterated their views on making a separate application process

available for disabled people, who should be prioritised based on their needs, rather than placed on the general social housing waiting list.

4.4.4 INTERAGENCY CO-OPERATION

A collaborative and proactive approach between the HSE, AHBs, local authorities and other housing bodies and disability service providers is seen as one of the most effective ways to ensure that disabled people have access to tenancies that meet their needs. In this context, respondents highlighted the need to better align housing and support services to offer tenancies that respond to individual needs. In the words of one respondent, there is no point in having a house and not being able to use it or access its surrounding areas. Additionally, data obtained through an integrated approach of housing and supports should be used to identify housing needs and inform service planning within the local authorities, the AHBs and the HSE.

4.4.5 ENGAGEMENT

Disabled people, respondents highlighted, are hindered in their approach to access housing because they cannot secure jobs to save money to buy or rent a house. One view was that, although everyone has potential to become disabled, that does not increase pressure to provide better access to services, because so few of the decision-makers are disabled. For this reason, a strong view emerging from the consultation is that disabled people should be involved in the design and implementation of the various pathways to access housing options. For example, respondents recommended that disabled people should be included in HDSGs.

There should be more frequent engagement with disabled people and their families to ensure that they are offered tenancies that suit their wishes and needs. Planning for future needs with engagement in long-term planning is also essential, particularly for people with intellectual disabilities and mental health difficulties who depend on ageing parents. Similarly, there should be more proactive discussion of housing options with families before accessing adult services.

4.4.6 POLICY RECOMMENDATIONS

Respondents indicated several policies that, in their view, would enable disabled people to access housing more efficiently. A person-centred approach to care, planning and housing was mentioned, as a way of advocating for the involvement of disabled people in how they want to live their lives. Other policy measures mentioned included: choice-based letting; home-sharing; increasing access to private rented options for disabled people, such as long-term leasing and renting with private landlords and enforcing anti-discrimination legislation for those

trying to access HAP; increasing HAP rates for single applicants with a disability who also require extra space for equipment; provision of accessible housing for disabled people; planning for future needs; wider scope for non-HSE services to apply for housing supports; mixed-use schemes by age, family unit and tenure; a legal right to housing; fair treatment for older disabled people (those over 45 years), so that they are equally involved in strategy development, outreach, pathways, consultation and attention to decongregation; and increasing the options to the Housing First model for homelessness so that there are greater numbers of tenancy sustainment officers.

4.4.7 FACILITATION OF INDEPENDENT LIVING

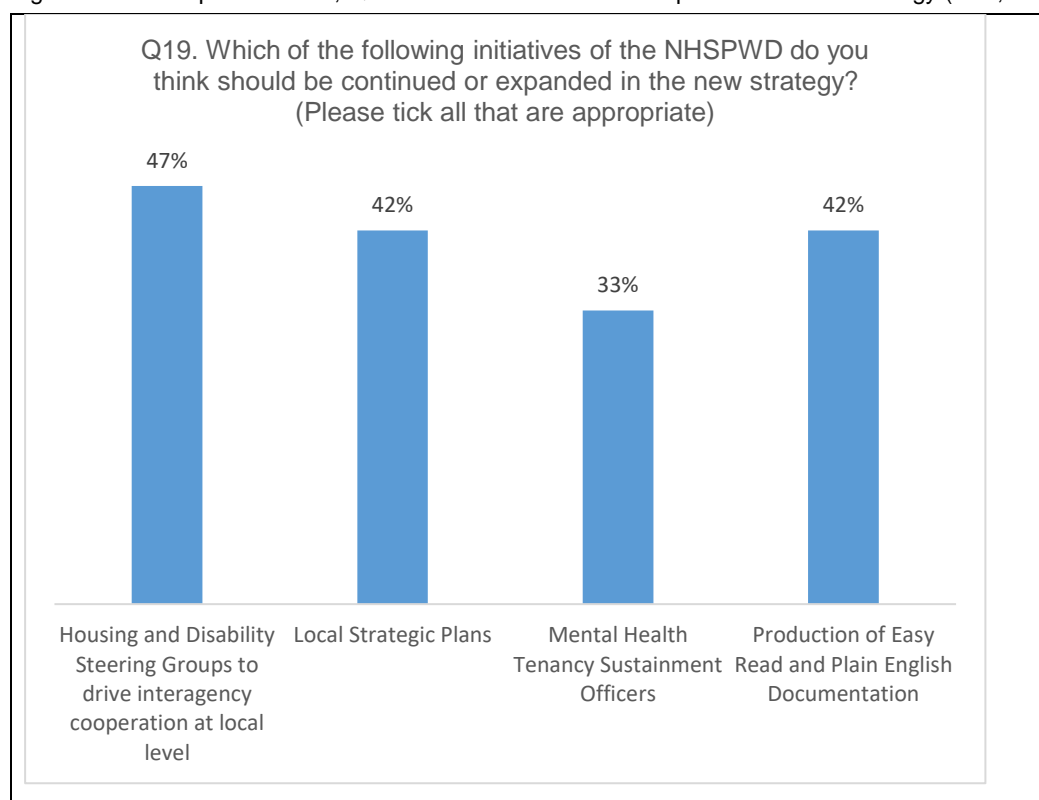
Respondents who highlighted the importance of independent living for disabled people also suggested ways to facilitate this option, including: a national plan for the transition of disabled people to supported independent living at the same age as the rest of the population; active encouragement to access independent living options and engagement with disabled people and their families to ensure they understand the pathways and supports they need in order to live independently; care packages and relevant supports provided by the HSE before independent living is being arranged; dedicated funding streams for home adaptations and supports to move from congregated settings to independent living; dedicated funding in mental health services to support people with mental health difficulties who wish to maintain their independent living; easier access to independent-living grants; group independent living villages with local amenities and supports; housing and support for older people with mental health difficulties and for people who need ongoing onsite support in the community; and building social housing that includes single-storey and wheelchair-accessible units.

Chapter Five: Strategic Initiatives

This chapter analyses answers to Question 19, which asked ‘Which of the following initiatives under the National Housing Strategy for People with a Disability (2011–2016, extended to 2020) do you think should be continued or expanded in the new strategy?’ Respondents could select any or all of the options.

47% of respondents indicated that HDSGs should be included in the new strategy, with just 42% indicating that local strategic plans and easy-to-read/plain English documentation should be included (Figure 5.1). 33% stated that initiatives to increase the number of mental health tenancy sustainment officers should be included.

Figure 5.1: Main questionnaire, Q19: Initiatives to include or expand in the new strategy (N=1,608)



Respondents to the main questionnaire were asked a follow-up open-ended question, ‘Are there any other initiatives in the current strategy you would like to see included?’ The analysis in Section 5.1 summarises the suggested initiatives by theme.

5.1 Accessible Housing

Availability of suitable supported housing in safe areas with access to public transport and facilities ranked high among the responses. A clear pathway to accessible housing,

universal-design-focused solutions, a range of housing options including for one-parent families and carers, HAP applications, increased housing supply and improved infrastructure were also mentioned in this context.

5.2 Housing Application Process

Respondents recommended simplifying the housing application process. Streamlining the decision-making process was deemed to be important, with two views emerging: to establish a centralised decision-making entity or to give more autonomy at local government level so that trialled initiatives could be more easily implemented. Calls were made for a more efficient system with less bureaucracy and paperwork, quicker decisions and more transparency on how housing allocations are made. Additionally, a more forward-looking, person-centred system based on a clear understanding of demands and constraints in each area; and more housing support officers to work with both families and service providers, were deemed necessary.

5.3 Independent Living

More information, promotion and staff support for independent living were suggested, as well as trialling supervised independent-living facilities for individual disabled people with interim renting, to see if it suits them. One respondent also called for an inclusive independent-living scheme initiative for disabled people to make it easier for them to access the right supports and enable them to live independently in permanent accommodation in the future. Other suggestions included specific housing models where people are supported to obtain and sustain their tenancy through a case management approach. This model should also enable people to develop skills and identify supports required to live independently within the community.

5.4 Engagement, Information and Communication

Respondents drew attention to the need to involve disabled people, their families and carers in policy discussions, planning, decision-making and implementation. Specific suggestions about how this could be achieved included: nominating disabled persons onto HDSGs; seeking feedback from existing disabled tenants; creating a junior ministry for housing for disabled people; ongoing consultations with local authority representatives; more involvement of community centres and voluntary groups; and strengthening links with architects, planners and occupational therapists with an interest in housing. Increasing awareness among professionals and the public was also deemed necessary.

Several suggestions for better inclusion of disabled people in the community were put forward, such as: community awareness programmes; community centres or support for families; local groups set up with family members, disabled people and other community members; and employment of disabled people at local community level.

The 'Making Inclusion a Reality' project co-created by the Independent Living Movement and South Dublin County Council was identified as a good example to be replicated in every local authority. It was also suggested that the strategy should seek to include those disabled people who do not already have access to services.

In addition to easy-to-read and plain English documentation, respondents highlighted the need to make housing-related information available in a wider range of easily accessible formats, such as large print, pictograms, Braille (for people with visual impairments), Irish and other languages, social media, email and audio. The need for a one-stop-shop information centre and an information pack about housing supports to be made available to all people with a disability was highlighted in this context. More advertisement, as well as a communication and awareness strategy, was also deemed necessary. Suggested information campaigns included disability law for builders and house designers, and training for local authority staff on how to communicate with disabled people. Respondents noted there was a paucity of communication about the NHSPWD, calling for data about targets and results to be communicated more widely.

5.5 Strategy and Policy

Respondents highlighted a number of policies and themes that should be at the forefront of the strategy, including: co-housing; community housing; congregated settings and group homes; nursing homes and the lack of housing choices; the housing needs of younger persons in nursing homes; advance planning and housing options for the ageing population; older persons strategy; person-centred and quality-of-life-informed care plans for each disabled person; reviewing Part M of the building regulations; ensuring a percentage of houses in all new schemes is reserved for disabled people; mixed social housing; a strategy to deal with the backlog of HAP applications awaiting approval, as well as a revision of HAP allocations to bring it closer to the rental costs in the private rented sector. Respondents also raised the idea of the rights-based approach to housing allocation that recognises a human right to housing and disabled people's right to work part time.

5.6 Supports

Adequate staff supports and home assistance, including the expansion of assistive technology services, as well as a wider tenancy sustainment programme (including the set-up of a disability tenancy sustainment officer role) were deemed essential. Supported housing schemes for families who are long-term carers, more assistance and support for refugees or migrants who are disabled, and more supports for parents and children with disabilities were also mentioned.

5.7 Financial Supports for Disabled People

More funding to allow disabled people to buy homes, to increase the Housing Adaptation Grant scheme and shared-ownership loans, and strengthen supports (for example, mental health housing support workers, adaptive equipment) was deemed necessary. Respondents also called for the prioritisation of access to state-sponsored mortgage or other Help-to-Buy schemes by disabled people who cannot work.

5.8 Interagency Co-operation

Better communication and execution of strategic plans across all agencies was called for, as well as joined-up thinking. It was suggested that the HSE, local authorities, AHBs and other disability agencies work together for homelessness prevention. One respondent called for nationally driven policies to enhance interagency work. There were also calls to implement interoperable ICT systems across agencies.

5.9 Mental Health Difficulties and Intellectual Disabilities

As GPs are the most frequent and accessible point of support for disabled people, particularly in relation to mental health difficulties, it was suggested that GP surgeries should be allowed to refer patients to the relevant housing officer for assistance. More input should be sought from people with mental health difficulties and intellectual disabilities, and their families and local managers should be able to play a greater advocacy role on their behalf.

Mental health tenancy sustainment officers were identified as playing a key role in ensuring that people sustain consistent housing and ensuring those with mental health difficulties do not relapse into residential mental health or homelessness services. Respondents recommended intensifying efforts to support those with intellectual disability, who continue to be housed in congregated settings, to transfer to community living under the Time to Move on from Congregated Settings strategy.

Respondents called for research and investment in support models that are both innovative and proven to work for people with autism. Additionally, there were calls for better inclusion of intellectual disability services to inform planning, better training for AHB and local authority staff in disability awareness, and safety in the home assessments for persons with hidden conditions such as epilepsy and supports to reduce risk of injury in the home. More support could also be granted to people with learning difficulties to navigate the system, such as help with form filling.

Chapter Six: Interagency Co-operation

This chapter analyses answers to Question 17, which asked participants to share their views about how to strengthen co-operation between organisations such as the HSE, local authorities and other service providers, to support the delivery of housing to disabled people. The analysis reports the responses by theme.

6.1 Approach

Responses to this question showed unanimous agreement that agencies should work together to provide a single pathway to housing for disabled people. However, respondents noted that it was not always evident that agencies worked together to support the delivery of housing to disabled people and called for legislation that makes cross-statutory work mandatory. Thus, political commitment was identified as crucial to underpinning the success of interagency working.

‘Interagency working can be very effective when there are solid service-level agreements and operating procedures, and where the programme design enables the relevant workers to be integrated into the HSE structures or the AHB structures, ensuring that the supports and knowledge are inserted in the right place and at the right time for the individual, e.g., tenancy or housing support workers being integrated onto the HSE community mental health multidisciplinary teams.’

A key recommendation made is for all agencies involved in housing provision to move away from a housing-led approach towards a person-centred approach. To do so, agencies should use targeted programmes to identify and plan for housing and support needs around clearly defined categories, such as young disabled people. Additionally, more should be done to build awareness and knowledge among staff of local authorities and the HSE about the housing needs of disabled people, accessible housing and adaptation, housing application processes, the supports available and the impact of the application process on the mental and physical health of applicants with disabilities or complex needs. To make progress in this area, participants recommended training in disability awareness for all agency staff involved in the housing of disabled people, as well as training in housing systems and processes.

Various permutations of working relationships between agencies were identified by respondents as key for interagency working. For example, respondents would have liked to have seen more co-operation between local authorities in cities and counties; local authorities and the HSE; local authorities and AHBs; local authorities and the HSE with

specialist AHBs; local authorities and AHBs; AHBs, the HSE and intellectual disability service providers; local authorities and the HSE with disability organisations; client-focused work between HSE/LA/DOH/LG/AHBs; child services, the HSE and Tusla. It was also recommended that disability groups, such as Independent Living Movement Ireland and the Irish Wheelchair Association, be included in common initiatives. Strengthening the links of CHOs to overall HSE structures is also seen as key for ensuring adequate support for local areas and appropriate liaison between clinics. It was also noted that intellectual disability services can work with the HSE where both operate services in shared locations, to facilitate people they support to apply for housing and to inform the HSE what supports are required.

Additional recommendations for collaboration and liaison between different roles and professions included: occupational therapists with planners; social workers and occupational therapists liaising with local authority housing departments; speech therapists for intellectual disability with local authority disability officers; and HSE mental health teams with outside agencies.

6.2 Organisational Models

Among the obstacles to interagency co-operation, respondents noted the separate roles of each agency in providing housing with supports for disabled people, which results in none of them being able to deliver all the aspects needed. For instance, accommodation providers are not mandated to recognise where needs exist or to deliver other supports. Since each agency has its own budget, a co-ordinated approach to achieve a better impact on meeting the housing and support needs of disabled people is needed.

To address current barriers to interagency working, participants recommended common governance structures for decision-making. Greater transparency of roles and responsibilities with clear expectations for each agency was called for also. Respondents strongly endorsed the need for agencies to meet on a regular basis and put together standardised integrated protocols, policies and processes about how they liaise to meet housing needs and supports. The potential organisational models suggested included a national delivery agency for housing and support needs accountable to a minister, which meets frequently with service providers and individuals. Others would like to see firm targets on delivery, adequately funded with a joint budget; an oversight body group encompassing all aspects for housing for those with disabilities, made up of representatives of interagency groups; one support agency for each category of disability; and a taskforce between agencies in each county, with a representative from each discipline.

Rather than adopting a project approach with key staff being brought together for the duration of the project, respondents recommended that permanent formal structures between agencies be put in place. Examples included a dedicated team in each agency and mid-level client-focused teams representing all agencies at local level to work together in reviewing waiting lists and priority cases. Such teams should work together to build a shared understanding of the information available through the housing application process, consider the delivery of options, identify gaps and blocks in service provision, and consider proposals to meet the housing needs of individuals. Other suggestions were that local authorities actively seek referrals from care services; flagging cases coming up before they reach crisis point; agencies sharing changes in a person's circumstance in advance of discharge and reviewing individual cases supported by community mental health teams. The establishment of a department of social work within local authorities, enabled to act on behalf of persons along the lines of Citizens' Information Centres, was also put forward.

To facilitate joint work partnerships, respondents suggested setting up working groups and ensuring that they are resourced. The formal establishment of local authority HDSGs, endowed with terms of reference, improved client representation and legislative powers in relation to housing, was also mentioned. While noting that working subgroups of the HDSG have been established in some areas and are improving collaborative work, respondents called for commitment and buy-in from management for HDSGs. It was recommended that the new strategy should require HDSGs to meet, and for all stakeholders to involve themselves in the development of local strategic housing plans.

Training needs were also highlighted. Joint agency working, participants noted, required training in collaborative working methods, including teamwork, problem-solving, negotiation and decision-making, to be provided to key stakeholders. Communication, networking, knowledge of referral options and on the function of the HDSG and criteria for membership also require training of staff. Other suggestions included reciprocal training sessions between HSE and local authorities. For example, HSE could provide mental health training sessions to local authorities, while the latter could brief HSE staff and other relevant organisations about different types of housing options available.

6.3 Strategy and Plans

One weakness identified from the responses is the significant variation in the provision and implementation of housing disabled people across local authorities. Several strategies were put forward to help reduce such variation, such as: each local authority should develop a strategy owned by all stakeholders, communicate it and appoint dedicated support staff

responsible for its delivery; co-operation between the agencies in developing joint strategic plans that are outcome focused; introduction of key performance indicators (KPIs), with sanctions for non-performance against KPIs, to encourage planning of effective services; and joint forward planning in relation to identified and projected needs.

The suggestion of setting targets and KPIs was made many times in the responses. For example, respondents recommended that the agencies set national targets with regional goals to deliver housing with supports by 2030, and for each agency to be accountable for reaching its targets. A shared agreed documented action plan with goals, objectives and timelines was also called for, including equitable access and housing delivery with annual outcomes. Suggested KPIs to be developed to track these targets included recording numbers of housing allocations and time to deliver. Interagency teams, some participants noted, should report every six months about progress on housing issues at a local level, outlining housing availability, local authority areas of housing interest, tenants' feedback, project development, funding availability and commitment to ongoing funding for existing projects.

6.4 Funding

Respondents identified a need for greater government funding to build suitable new accommodation, and for staffing support services. By working together, it was suggested, agencies could make a strong joint proposal for government funding. A variety of funding models were put forward, such as: one source of direct funding targeted to support the delivery of NHSPWD; a national interagency funding stream for disabled people; multi-year financial commitment from the HSE/Dublin Regional Housing Executive (DRHE) for support services on at least a three-year basis; person-centred funding; tenders focusing on facilitating interagency work instead of a competitive process where one provider wins a tender; and lastly, the HSE and the DHLGH undertaking a study comparing costs and health benefits of mainstream housing as opposed to residential/nursing home care.

6.5 Data, Protocols and ICT

As participants noted when asked to evaluate the effects of the 2011–2020 strategy on housing access, decision-making must be grounded in accurate data about housing needs and supports in each local authority or CHO area. Data collection in collaboration with the CSO was suggested as a way of improving data quality. As an example of areas that could benefit from better data, one respondent mentioned that a centrally maintained list of people awaiting residential services was not available in Ireland. To remedy this situation, some

respondents noted, the HSE or local authorities could create a register of disabled people to enable all agencies to plan for the needs of all adults with disabilities. Subsequently, data about county needs and specific individual needs could be provided to local authorities, AHBs and service providers.

Another recommendation that arose in responses to several of the consultation questions was for a single ICT system to be used across agencies from the start of the housing application process to the end of use. The single ICT system could be used to manage referrals and cases that require input from multiple providers, share information about available housing, identify those eligible for housing and related supports accessible by service providers and housing bodies, with one file for each applicant, and with a unique housing application number. The single system should also offer easy-access options and multiple choices about how to apply for housing and deliver integrated services and should be used as one process to manage each person's housing, support and funding application. However, another point of view expressed was that the provision of housing and supports needs should happen in parallel but not be connected.

The need for information-sharing to comply with data protection and GDPR was noted. Client confidentiality is a major barrier for agencies working together, as applicants or service users may decline consent for their personal data to be shared between agencies. To address this, it was suggested that one form be developed for obtaining consent from disabled people to share or transfer personal data to facilitate information-sharing between agencies. Benefits arising from data-sharing noted by respondents were permission for profiles of individuals to be sent to the local authority to be matched to a suitable property, and for the local authority to suggest a match, or a service provider who would liaise with a local authority for a person to go on the housing list. According to respondents, clarity should be provided in cases where housing priority is refused, and a disputes process developed where agreement cannot be reached in complex cases, to streamline the process and documentation.

6.6 Engagement and Information

Respondents frequently noted that agencies should consult with and include disabled people in planning and decision-making about meeting their housing needs. Due to their expertise in housing and support needs, families and carers should also be included as part of interagency working. Instead, respondents stated, they were routinely excluded by agencies from planning and decision-making about their housing and are neither being consulted nor

informed of individual plans. To remedy this situation, initiatives to include disabled people on HDSGs should be escalated.

Participants also highlighted the role of advocates, whether local authority housing officers or social workers, in working with disabled people and liaising on their behalf with the agencies to ensure their needs are understood and acted on. Better access to information is needed for service users about accessing housing and supports, and it was suggested to make it available on one website, a ‘one-stop shop providing clear information’. Other suggestions included conferences, webinars and appropriate sections of interagency meetings to be made available online. Information campaigns could also be intensified using social media, email and community newspapers, and undertaking outreach actions such as holding open nights and information sessions with the opportunity to ask questions.

6.7 Communication

Interagency working could be strengthened by agencies communicating, liaising, collaborating, co-operating and building trust with each other, at all levels in the agencies. To do so, more collaboration is needed between the Department of Health, the DHLGH and the National Disability Authority (NDA), and to involve their staff who have good background knowledge of people with intellectual disabilities and their needs. To increase collaborative working, an interagency group should report back to each agency to build awareness of the work that is being undertaken.

Interagency work can sometimes be adversarial due to a lack of understanding of roles and limitations of services, it was noted. Participants reported their experience of a lack of co-ordination of housing processes. For example, one respondent had received conflicting advice, where a housing body negated an offer of housing from a local authority, with a penalty imposed on the respondent by the local authority if they refused the offer. In instances from people’s experience, the assessment by an occupational therapist had not been requested in considering a housing adaptation grant; and in another case, a physiotherapy manager had not communicated that it was possible to supplement a patient’s housing transfer application based on physiotherapy advice and recommendations.

To prevent such situations from arising, agencies should share information and seek to better understand individual situations in advance of housing being required and adaptations that will be needed. Additionally, agencies should plan with people with identified support needs in line with Article 19 of the UNCRPD, as the demand for housing and supports are set to increase and more people are diagnosed with a disability.

6.8 Needs Assessment

Respondents called for a holistic and person-centred approach in assessing needs. They recommended that the housing and support needs of disabled persons are assessed individually, on a case-by-case basis, as each person has different needs for housing and support. For example, while some may need medical support, others need practical supports.

Additionally, a co-ordinated individual case management approach is needed. It was observed that HDSGs had demonstrated how effectively stakeholders can work together and had created opportunities for networking that mirrored a case management approach. Although this approach benefitted many people on the ground, it was only carried out informally between parties who had the opportunity to meet.

Respondents recommended that local authorities take HSE needs assessments into account when assessing housing applications. Clear standard processes and procedures around medical priority assessment for people with mental health difficulties and occupational therapy reports were called for by respondents. As specialist knowledge on specific disability groups becomes available, as it has for people with sight loss and complex needs including physical and cognitive, specific supports can be developed to support independent living successfully. More efficient assessment of needs and referrals to appropriate services were called for, as were team meetings led by the client and/or carer.

6.9 Housing Supply

Participants highlighted the need to build more housing, specifically, adapted social housing, for disabled people. The need to house disabled people within the community near to family and friends was also emphasised.

'Huge achievements have been made since this started. I am part of this process and have seen how the individuals that have been housed are absolutely thriving in their own (suitable) accommodation.'

Ideas included building accessible houses as the default option, the adoption of universal design, carrying out disability audits and involving disabled people in such audits, and making funding dependent on the inclusion of accessibility criteria such as universal design. Respondents highlighted that different disabilities require different design solutions, and recommended that housing be future-proofed by anticipating future needs before tenders go out, rather than after works are completed. To achieve this aim, a national standard for disabled units should be developed, local authorities should regulate for housing to be

disability-access-certificate-compliant (DAC-compliant), and the HSE should inspect current accommodation to ensure that it is fit for purpose and revert to local authorities where units are found to be substandard.

It was noted by one respondent that ‘the onus for housing is placed solely on families who often are unable to face the necessary decisions around housing – this leads to crisis housing needs in the event of the primary carer getting ill or dying. Too often the approach is simply based on available beds irrespective of suitability’, when it should be ‘designed to the individual needs when the person requests it rather than in emergency situations only.’ To prevent these situations from arising, several recommendations were put forward: agencies should co-ordinate and collaborate when planning for an individual disabled person prior to the commencement of building; local authorities and AHBs should plan the delivery of suitable housing stock to meet local population needs, including, for instance, single one- and two-bedroom units; information about upcoming availability of developments under construction should be shared, and housing delivery should be overseen; local authorities should disseminate information to the HSE and other relevant organisations about different types of housing options available; and HDSGs should review progress on delivery for each person, address roadblocks and include AHBs in housing delivery. Moreover, HDSGs were urged to address long-term delays in processing housing nominations for people with disabilities, particularly those in risky accommodation.

6.10 Support Services Development

Participants recommended that support services continue to be developed by the agencies, calling for more support staff and more services, so that disabled people can live independently and sustain tenancies. Mention was made of a project in Camphill Callan, which looked at what people ‘needed and wanted that would give them proper support’. Based on personal experience, respondents noted a lack of support to be able to live independently. It was noted that ‘current practice identifies new services which are developed after a crisis or emergency has arisen or, in some cases, as a result of High Court actions’.

Requirements included: developing a range of different service models to support the many different housing and support needs disabled people may present with, from light-touch support to lifelong intensive supports; improving access/availability of HSE medical supports; and providing robust support for those with mental health difficulties in the private rental sector, and to include people who are house owners with more access to supports.

Respondents suggested: looking at innovative models of support that reduce support needs

and associated costs; replicating models of good practice already established in Ireland; and for agencies to identify needs, and design and implement models of integrated housing and care support needs.

It was noted that an HSE statement that ‘a significant issue for many disabled people is the need for some level of health and social care support to enable them to live independently’ inhibits service providers from providing additional support to enable adults with disabilities who are living at home with elderly parents/relatives or in community group homes to leave in order to move to other desired living arrangements, or to access social housing. As a result, there is a cohort of disabled people still living inappropriately at home or in large community group homes that are not currently a priority for HSE support.

6.11 Staffing

Agencies need to employ more staff, and specific roles to drive interagency co-operation, respondents argued. Suggested roles included disability managers in both local authorities and the HSE to co-ordinate services, and frontline workers such as social workers or housing support officers. A stronger lead role for local authority social workers in allocations under the strategy was called for, as they possess both clinical and housing knowledge. Other suggested categories for increasing staff levels included: local authority employment of occupational therapists; HSE employment of disabled people; a social worker assigned for all adults to co-ordinate supports; the need to continue the role of mental health housing co-ordinator in each CHO area via the Service Reform Fund; occupational therapy input into design and planning of housing; additional specialised roles for supporting those with mental health difficulties; specifically allocated clinical leads to maintain clear and strong communication; and dedicated staff within each agency to target specific age groups and disabled people who could benefit from independent living.

Participants noted that strengthening the work of HSE programme managers for housing co-ordination to promote interagency work has positive outcomes for individuals, endorsing the project manager role that oversees promotion, eligibility, access, implementation and rollout of schemes across local authority, AHB, HSE, developers and planning and community applicants. Respondents recommended that the HSE housing manager role be embedded in each local authority to ensure that enough suitably designed housing is provided at the planning stage, and to manage waiting lists with service providers.

Training needs of agency staff were also identified by respondents, who noted from their experience that local authority and HSE staff lacked awareness and knowledge about the housing needs of disabled people, accessible housing and adaptation, housing application

processes, the supports available and the impact of the application process on the mental and physical health of applicants with disabilities or complex needs. To address these shortcomings, training in disability awareness and housing systems and processes was recommended for all agency staff involved in the housing of disabled people.

Chapter Seven: Challenges to Accessing Mainstream Housing

This chapter analyses answers to Question 18, which asked participants to list up to three challenges that disabled persons face in accessing mainstream housing. Challenges identified ranged from accessible housing, funding and supports that should facilitate access to mainstream housing, to challenges related to the housing application process, and information and communication of available housing options.

7.1 Accessible Housing

Physical accessibility was one of the main challenges facing disabled people in accessing mainstream housing. The small supply of fully accessible options for disabled people was mentioned. Reference was made to the design considerations needed to make housing accessible to disabled people, such as: approach routes; main entrance; house layout; size of living spaces; design of kitchens, bathrooms and bedrooms; and facilities for care workers. Additionally, the lack of availability of fully accessible wheelchair housing located in integrated settings with community supports was also mentioned.

7.2 Funding

Respondents pointed to the cost of housing and the lack of funding as the biggest challenge. Respondents, asked to identify barriers in accessing mainstream housing, listed unemployment, insufficient income, the small size of the disability allowance, high costs of housing adaptations and necessary equipment, lack of affordable accommodation, high and insecure rents, inability to secure mortgages and lack of funding for care staff support.

7.3 Access to Supports, Facilities and Transport

Respondents pointed to a lack of supports as a challenge in accessing mainstream housing. The respondents highlighted the need for more specialised homecare support, including personal assistants, social workers and increased support hours. In the absence of specialised staff, family members must step in, which is not always feasible. Additionally, the lack of personal assistants reduces the ability to live independently. Proximity to public transport, access to facilities and community supports, as well as tenancy sustainment supports were also mentioned.

7.4 Housing Application Process

Respondents highlighted the housing application process as a challenge for accessing mainstream housing. Long waiting times were a major process-related issue facing disabled people, with respondents noting that long waiting periods result in disabled people having to accept the first housing offer they receive, even when it does not suit their needs.

Respondents noted bureaucracy and red tape, and the complicated process and extensive paperwork required when applying for housing. Application forms were deemed too complicated, with many suggesting that separate forms should be introduced for disabled applicants. The difficulty of proving one's disability was also mentioned frequently, as the eligibility criteria define disability in narrow terms. Consequently, many people are turned down for supports for not being 'disabled enough' or are not recognised as needing a carer. This leads to many disabled people, particularly 'invisible' or intellectually disabled people, living with ageing parents who worry about their adult children's future. In this context, respondents noted the lack of trained staff in intellectual disabilities and the perception that physical disabilities are prioritised over intellectual disabilities and mental health difficulties. Other people noted that it seems to depend on chance how helpful and knowledgeable the staff in local authorities will be in helping navigate what is a complicated system for a housing applicant.

Equality of access was mentioned as an important issue, with respondents advising that disabled people do not have the same opportunities as the general population and are not treated as their equals. Moreover, many believed that competing with the general population seeking housing was unfair, and that a different pathway for accessing housing should be introduced for disabled people. The need to prioritise disabled people was frequently mentioned. Respondents noted that a strategy for moving from congregated settings does not exist, and that residential care is still the main option for most organisations. Some respondents noted a lack of a co-ordinated approach to facilitate person-centred housing delivery, suggesting more consultation with disabled people during the planning stages. The lack of follow-up on the quality of life after placement was also mentioned.

7.5 Housing Availability

The limited supply of mainstream housing, let alone the availability of social and accessible housing for disabled people, was highlighted by respondents. One person noted that 'the lack of supply leads to priorities for mainstream housing with disability competing for the scraps that are left'. Some people noted the limited supply of one-bed housing, while others

noted that more two-bed units were needed for people who need to provide a room for their carer.

7.6 Information, Communication and Engagement

Respondents noted a lack of information and communication about rights and housing options available for different needs. Disabled people mentioned the lack of awareness of community living; the difficulty older people have in finding information online; the lack of awareness of supports available; the absence of a centralised user-friendly source of information, which results in parents not being informed about options early enough; and the lack of education about independent living. The need to educate the public about how disabled people can be successfully included in society if appropriate skills and training are provided was also mentioned. In addition, respondents mentioned: a lack of information available to key support workers about relevant supports; the need to inform disabled people of the appropriate housing associations that can support independent living; and the lack of awareness of services that provide advice and recommendations in relation to access and adaptation of mainstream housing to support needs. Moreover, respondents highlighted the need for disabled people to be given a voice, to be listened to and to be actively involved in local strategies.

7.7 Location and Proximity to Services and Family

Housing location was another key challenge highlighted by respondents. Disabled people noted the need for housing to be in safe areas, close to city centres, amenities, hospitals, their families, on public transport routes and with good roads leading to it. In addition, respondents observed that the location of accessible housing is a bigger challenge in some areas, such as Donegal, where availability of such housing schemes is scarce. In their view, it is crucial that housing for disabled people is available in areas that are appropriately serviced and accessible for independent living.

7.8 Interagency Co-operation

Disabled people noted: the need for better-trained personnel in housing; a disconnect and absence of accountability – with so many agencies involved, transparency about responsibility is not evident; the absence of co-ordination and transparency of interagency actions that should respond to individual housing need – for example, social care support assessments and funding applications are not co-ordinated with social housing applications; a perceived lack of interagency communication and joined-up thinking from the HSE and day

centres; the lack of connected services, resulting in disabled people needing to access multiple agencies; the lack of a person-centred approach; the lack of multi-disciplinary support and the need for a dedicated access/disability officer within each local authority; and social work sections not working with the local authority housing department to monitor who should have priority on waiting lists. They also called for a single public body to administrate housing and supports. Failure on the part of the HSE and other bodies involved to be proactive about assessing future needs and demand for accessible housing was also noted.

Respondents also highlighted: the lack of co-ordination between care and housing providers; the lack of insight, communication and co-operation between various agencies and potential funding sources; the historically poor relationship between local authority and HSE staff; inadequate understanding of the disabling effect of mental health difficulties; the lack of joined-up thinking between agencies to service the whole community and improve planning to facilitate universal access; and the need for stronger interagency partnerships between local authorities and AHBs with the HSE to deliver needs-led supportive housing and tenancy support structures.

7.10 Training in Independent Living

An important challenge with accessing mainstream housing is whether people with physical disabilities or mental health difficulties have the skills and capacity to live on their own. Some highlighted the lack of independent living supports and training to support transition to independent living. Respondents noted the need for more training for disabled people in independence prior to accessing housing, so they could acquire the skills needed to take care of themselves. One respondent noted the lack of investment in mental health service provision, arguing that if people could access better care, then many of the barriers to gaining mainstream housing would be removed, as they would have a better outcome in relation to their mental health difficulties and be able to better sustain independent living without the need for additional resources.

7.11 Social Inclusion

Respondents mentioned the challenge of community inclusion. Public perceptions, community acceptance, isolation once in housing, loneliness, lack of buy-in from society, reluctance to apply for mainstream housing because of the societal stigma towards disability, objections from neighbours, the marginalisation of disabled migrants, hostile reactions from communities when a disabled person moves in, stigma attached to those with mental health difficulties and intellectual disabilities, and the importance of housing not being identified as

'disability' housing were all mentioned as challenges that disabled persons face when trying to access mainstream housing.

7.12 Discrimination

Perceptions of bias and discrimination were also mentioned as a challenge in accessing mainstream housing. Disabled people felt that they were treated differently because of their disability: they felt devalued by the system, that is, by staff, services, employers and potential landlords. They experienced a lack of equal access to housing and employment, especially when they have intellectual disabilities or mental health difficulties. One respondent noted that disabled people face more barriers when trying to access different housing options, because they are perceived as risk-laden or needing costly specialist supports.

7.13 Private Rented Sector

Bias and discrimination also affect the experiences of disabled people trying to access housing in the private rented sector through HAP. Respondents noted that private landlords are reluctant to accept state housing supports and disabled people as tenants because they believe that disabled people's special needs will be too demanding. Respondents observed that disabled applicants cannot compete with high-income tenants. As a result, disabled people are asked to travel to house showings in the private rented sector, where they face discrimination, ignorance and negative attitudes for a very small likelihood of obtaining mainstream accommodation. Tenancy sustainment and security is another challenge associated with accessing private rented properties.

Chapter Eight: Independent Living Opportunities

This chapter summarises answers to Question 16, which asked participants to reflect on independent living opportunities that could be provided to people with disabilities. The first part of the chapter focuses on the ‘housing issues’ that were mentioned by respondents as obstacles to independent living. The following sections consist of various recommendations that could boost opportunities for independent living, which range from planning the transition to independent living as well as communicating and providing funding for supports, to better interagency co-operation and accurate data that should inform future strategies and policies.

8.1 Housing Issues

8.1.1 SUPPLY

‘Build houses’ and ‘build more houses’ were typical responses, and the most frequently noted requirement for providing opportunities for independent living.

‘The obvious issue to be met is the housing shortage; until a commitment to provide more housing is in place, everything else is secondary.’

More specifically, respondents called for more social housing and suitable independent-living housing to be built. Suggestions to increase housing stock included bringing vacant properties into use by local authorities by purchasing, renovating and adapting them for independent living. Only one respondent mentioned private sector housing as part of housing provision alongside the social housing sector. Location, or proximity to family and amenities, was mentioned as an important factor influencing the ability to live independently.

8.1.2 QUOTAS

Quotas for independent-living housing in new builds was called for by respondents, with suggested proportions ranging from unspecified but fixed percentages, to one, two or three for every 50 houses, or from 5% to 15%, to 20% as per Part V. Respondents called for all new builds to be accessible, making the point that this would accommodate people’s changing needs across the lifespan as they grow older, in addition to people with a disability. Single-storey housing was mentioned as needed in every new housing development.

8.1.3 HOUSING APPLICATION PROCESS

Transparent, monitored and timely housing application processes, and social/care assessment in a co-ordinated manner, also affect opportunities for independent living.

‘People with disabilities need to have pathways that make the process easy to follow, and more engagement is needed with people to explain time on list and the importance of putting your housing application in as early as possible. Many times, people have not put their application in, so the housing need is invisible.’

Respondents expressed frustration with their experience with housing and assessment processes, noting a lack of co-ordination, speed, difficulty with completing forms and lack of advice. They also asked for ‘supports for applications and updates as to where you are on the waiting list’.

8.1.4 ACCESSIBLE HOUSING

Participants stressed the lack of housing choices for disabled people, which is due to the scarcity of accessible accommodation. Institutions, nursing homes, hostels and hotels were identified as accommodation types that are unsuitable as options for disabled people. One respondent also noted that ‘living at home with elderly parents isn’t sustainable and residential care isn’t suitable or good for those who could live semi-independent’. For this reason, the consultation has seen numerous calls to build more suitable housing that can be homes of disabled people’s choosing and meet their needs. People should be assisted to access the services they need in order to remain in their homes, which provide the comfort and autonomy they need. Planning permissions and regulations play an important role in this regard, as participants called for more sensitivity and discretion for home adaptations and self-builds.

‘All disabilities are different – accommodation needs of a visually impaired person, a physically disabled person and a person with sensory integration difficulties would all be very different.’

Fully accessible housing should ‘consider disabilities in every aspect of design’, including intellectual disability, such as ASD and PTSD. Facilities required included bungalows or ground-floor accommodation, an extra bedroom for a live-in carer, wheelchair access, spacious bathrooms and kitchens, and specific items such as grab rails, ceiling hoists, wet rooms and appropriate-level kitchen presses and noise cancellation mentioned. The point

was made that, due to the wide range of disability needs, there cannot be just one type of suitable housing.

‘Universally design at least 50% of the housing stock so that they can be used with minimal adaption for people of all abilities.’

Building housing according to universal design standards is seen as the key approach to providing suitable housing that adapts to lifelong needs. Participants suggested legal mandates of up to 100% of new housing legally required to comply with accessibility standards or state-subsidised house renovation as an alternative.

‘a commitment from local authorities to a 10% of all social housing to be fully wheelchair accessible and the remainder to be lifetime housing.’

Other specific ideas included adopting and promoting standards to ensure national consistency in the implementation of accessible housing and mandating the teaching of universal design and accessibility in technology, building and engineering qualifications. Respondents called for legislation dictating that all new builds be universally designed, including a review of the Building Regulation Part M and the Wheelchair Association’s Best Practice Access Guidelines.

Calling for the building of more one- and two-bed units, one respondent listed out the facilities they should be endowed with:

‘Apartment blocks like in Europe, not overly expensive and fancy but still nice and well-constructed. They should be built with things like noise cancellation in mind because a lot of people with conditions like PTSD and autism can be extremely emotionally sensitive to sounds and noise. They should be energy efficient, well-maintained. They should have gardens that the residents can have allotments in if they choose to (for flowers or vegetables, for example) to facilitate healthy hobbies and community. The apartments don't need to be massive but do need to have enough space for the inhabitant to feel relaxed and not cramped. E.g., there should be plenty of floor space for exercising, there should be space for a good-sized desk for personal admin/work/writing. Open plan kitchen/living room is

fine but have a separate bedroom. Baths are very important for some people with disabilities so some of the apartments should have these. The inhabitants should be allowed to decorate the place to their own taste, including putting up wallpaper/changing paint colours.'

8.1.5 HOUSING MODELS

Participants recommended a mix of clustered units with supports and infrastructure to provide 'safe, organised communities' for diverse and mixed disability to allow independence and mixing with peers, so that 'disabled people can live independently within a dependent setting'. Specific models named were the Cheshire model and the models for supported living for the elderly, including the Inchicore model, with varying levels of health and well-being support suggested, from caretakers to live-in carers to 'local healthcare and occupational and physiotherapy and medical clustered healthcare facilities as part of development or easily available within local proximity'. Many noted the need for safe and secure housing and, equally important, to not be isolated and as a result 'be bullied and experience discrimination as a minority', and to be close to their families and accessible amenities.

'You must look at housing and location and local services together. I may need a house with accessible shops nearby and other such issues locally like good paths in the local park or no steps to cross the Luas tracks, etc. so if the housing is not supported locally by improved services, then they would not work for me as I cannot JUST stay in my accessible house.'

Location matters as well. Independent living clusters should be situated in town centres, with access to public transport, education, community space, recreational facilities, shops, pharmacies, schools, colleges and jobs accessible for disabled people all being listed by respondents.

'Independent living is wider than housing – the physical environment is key to enabling someone to live independently.'

To be able to live independently, disabled persons need to be near to and integrated within local communities, which facilitate social networks and family support. Importantly, local areas need to be accessible for wheelchair users, and the local environment should be designed for or inclusive of disabled people.

8.2 Preparation for Independent Living

Planning the transition to independent living together with families and, amongst others, social workers, public health nurse, GP Day services, respite services, the local authority, the HSE and the community is an essential part of this process. Preparations for independent living should start as soon as the disability diagnosis is received, or the persons concerned indicate their interest. Key to this process is receiving the right supports at the right time across a disabled person's lifespan, from being cared for by family to long-term care provided by the state.

Planning is important because it can avert crisis management when parents are too ill to care for their adult children or pass away. Lack of planning means that disabled people may end up in nursing homes, as has been the experience of some disabled respondents. Better alternatives would be placement in residential community settings with supported independent living provided for easy transition out of the family home, or a retrofit house/apartment run by the HSE or local authority that emulates the characteristics of independent living.

Respondents noted the need to train young adults to be independent, with early and timely interventions and therapies in formative years, possibly in specific skills training from the age of ten. This would allow the transition to independent living to become a reality at the appropriate time in a person's life. Ideas included providing a bedroom with their own bed, courses in life skills including cooking and budgeting, and extra help with education.

Better paid, more meaningful or tailored employment is an important enabler of independent living for disabled people. Ideas included encouraging public and private companies to employ disabled persons, or to provide alongside state employment from home, or a job supporting group housing schemes.

Another theme that emerged was the need to include families of disabled people 'who play a huge part in a disabled person's life' in planning and consultation, with one respondent noting that agencies should 'ascertain future need for housing and devise individual plans with families to maximise independence at home or in supporting living where home is not an option'. Respondents called for families: to be supported through their fears and concerns around safety and security for their disabled children; to develop a more optimistic view on independent living support; and to be able to empower their disabled adult children to pursue independence.

8.3 Communication, Respect and Empathy

Better, open and clear communication for carers of disabled people about housing options is needed. Understanding, listening, supporting, fairness, empathy and giving a sense of hope and belonging for disabled people were called for, with one noting that the disabled person is:

*‘Always on the asking end, spending their lives looking for support, fighting for it, instead of it being provided as a right. ...
When you are in constant fight mode for rights, it is hard to make independent living seem normal. Say that out loud!’*

Respondents called for more disability awareness training and education to ‘work on the bias that exists towards [disabled] people’. Specific mention was made of a need for disability awareness training for all local authority staff to enable better communication with disabled people who may wish to apply for housing assistance.

8.4 Support

The need for support, with an emphasis on greatly increased levels of support, is key to independent living, as many respondents linked the need for housing with the need for support. This was the second most mentioned requirement noted by respondents as necessary for independent living. Supports to both undertake and maintain independent living were mentioned, as well as personal assistants, home help and the need for someone to visit daily.

Additional aspects of supported-living needs included accessible housing, more housing, staffing, personal assistants and the support for a disabled person to be able to continue living in their own home. Safety, security, supervision, suitability and adapted were the most common concepts mentioned in the context of supported living. Specific mention was made of the need for suitable housing and supports for those with intellectual disability, such as acquired brain injury and autism.

‘Employ more people to support people living independently.’

Respondents addressed the issue of the types of roles required to provide support, with personal assistants being most frequently cited. Other roles noted as essential included occupational therapists, tenancy sustainment and social workers, as well as advocates and facilitators.

8.5 Funding

Funding is seen as fundamental to achieving independent living. Bigger budgets and investments are needed to build more and suitable housing and fund the various support model mentioned. Participants pointed to the state as the funder, with local authorities, the HSE and AHBs all noted as requiring this funding to provide independent living. The need to fund personal assistant services and to develop a career path as a means to retain and increase recruitment of personal assistants was also mentioned.

‘Ultimately, there needs to be significant funding, particularly in the short term, to make transformative change by increasing housing options that will enable people with disabilities to move out of their family homes or congregated settings.’

Respondents called for better access to grants for home adaptation and cars, a less rigid application process and a review of income rules. Home adaptations are crucial, as they enable continuity of care by families and carers for their disabled family member, who are often their adult children. Direct financial support is also needed to give disabled people autonomy and to enable real choice in where and how they live. Most importantly, disabled people need financial assistance to house and support themselves, rather than relying on state agencies.

‘More assistance for those who do it privately; having a disability in Ireland is expensive. We need help to stay independent of the state for housing.’

Affordable housing is another key condition for independent living. In particular, the need for affordable rents was mentioned, and many called for a review of HAP, as it was perceived to have income thresholds that were too low, especially for disabled people living alone. Local authorities were seen as a key provider of affordable homes, with HAP viewed as an imperfect solution, relying on the private rented sector to provide affordable housing. The need to facilitate a disabled person to qualify for a mortgage was also mentioned, as the difficulty in gaining mortgage approval was seen as discriminatory.

8.6 Organisational Models

Various organisational models were identified as appropriate for delivering opportunities for independent living. One respondent called for ‘a specific group concentrating on that particular task, bringing all service providers together to consult with and to properly

understand the specific needs of the disabled population’, while others called for a ‘dedicated’ autonomous body separate from local authorities, or a ‘single national delivery body tasked with the delivery [of specifically designed housing], supported by more streamlined funding programme’. However, responsibility for delivery of housing was assumed by respondents to lie with local authorities. A role in housing delivery for agencies that provide disability supports and AHBs was also noted.

8.7 Interagency Co-operation

An important issue for respondents was that agencies should continue to develop a holistic approach to facilitate independent living and ‘strengthen a separate pathway to identify and provide accessible social housing for disabled people’, with ‘integrated decision-making and inclusion in planning for future of all people involved’. Some respondents expressed frustration with what they viewed as a lack of progress in interagency collaboration around independent living. Partnerships between local authorities and the HSE were mentioned frequently as needing improvement, whilst some respondents identified AHBs and disability care agencies as partners in an interagency approach. Mention was made of local authorities working with specific health care professionals, occupational therapists and social workers, and acting on their assessments and advice in providing individualised housing and supports. Charities and AHBs, such as St John of God Housing Association, should also be part of collaborative approaches to independent living. Connections with advocacy organisations such as the Inclusive Living Network were also suggested, while bringing persons with a disability, as well as their families and carers, into active partnership with agencies was seen as a key component of interagency working.

8.8 Strategy and Policy

The government is expected to commit to providing opportunities for independent living and base its actions on evidence and data provided by disability providers that outline the needs of their clients. According to participants, the new strategy should be based on the premise that independent living is suitable for disabled people, adopt a person-centred approach to help disabled people live independently, and differentiate between independent living and supported living, which are both needed. A legal right to housing and independent living for disabled people was also mentioned, as respondents called for a legal right to a personal assistance service.

‘While one can be severely incapacitated with varying disabilities, with a degree of support, understanding and a unity of purpose one can lead a productive and a fulfilling life.’

Suggestions of policy actions for specified statutory bodies included:

- A national plan for the transition of people who have a social/care support need to be supported in independent living at the same age as the rest of the population.
- HDSG Strategic Plans should facilitate the proactive identification of systemic barriers and include a transparent mechanism for solutions to be proposed and discussed.
- DHLGH to review the Improvement Works In Lieu of Social Housing scheme for the provision of appropriate accommodation for disabled persons, while awaiting longer-term solutions, and to include the independent living status of disabled people under the guidance of the public sector duty in local authority well-being indexes.
- The strategy should have a mechanism for proposals of solutions to be put forward for assessment by an independent review group.
- The Residential Tenancies Board to provide mediation about reasonable accommodations in housing.

Respondents called for accountability and transparency from the DHLGH for enforcing policies and strategies, the Personalised Budgets Strategy and NHSPWD 2011–2016 receiving specific mention in this context. Setting targets and reporting on them was seen as a way of introducing accountability for providing independent living. One respondent called for transparency and accountability for budgets and their use, and another called for local authorities’ remits regarding independent living to be enforced.

8.9 Data and Research

Participants highlighted the need to rely on information and data to inform policy.

Suggestions for evidence-based decision-making included:

- Use the census to gather data on the age of both persons with a disability and their carers
- Create a database of available and accessible accommodation
- Commence the Disability Act 2005, Part 2, to ensure the legislative basis for the collection of accurate and usable primary data to facilitate genuine interagency planning between Health and Housing

- Collect data about the social/care support needs of their local applicants in the local authority disability housing list and mandate issuing this data as a ‘pipeline’ for both housing and health-input planning

Respondents called for research on independent living in Ireland that should enable the following actions:

- Assess the various housing options that are provided across the country and create a forum for exemplars to share how this can be replicated in other areas
- Review and report on successful examples of independent living from other countries
- Review how the Housing First model is implemented to see if this can be made sustainable and moved across all disability sectors led by the housing authorities
- Conduct qualitative research with disabled people, carers and family members about their experience of housing and support services

Chapter Nine: Further Considerations

In the final question in the questionnaires³, respondents were asked ‘Is there anything you would like to add for consideration in the development of the new strategy?’ In response to this question, respondents revisited themes, ideas and suggestions that they had mentioned in answer to previous questions.

9.1 Housing as a Right and UNCRPD

Respondents noted that housing is a human right, and that legislation is needed, specifying the need to acknowledge ‘the right to housing of diversity of persons with complex needs’.

‘People with a disability are entitled to plan their life, plan when they are going to move out of their home instead of been treated as an “emergency” case when their carer dies.’

Participants mentioned the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and recommended that Irish policy and housing provisions should align with it.

‘Follow the UN Declaration of People with Disabilities and look at our European Counterparts and how they have introduced accessible housing within their public supply and ensuring private supply meets the requirements of the UNCRPD.’

‘Now that the UNCRPD is a factor in the situation there needs to be a better strategic plan to cope with the numbers of people with ID who need supports to live in housing of their choice in the community. Many of the parents I know have their adult children on the housing list for over 10 years with nothing happening. Parents are getting older and worried seeing other people getting social housing and lack of support packages and suitable social housing initiatives for our adults. No one seems to be able to answer questions on this. There seems to be no communication and no plan for housing for people with ID.’

³ Question 21 in the main questionnaire; Question 22 in the easy-read questionnaire

‘The UN Convention on the Rights of Persons with Disabilities (CRPD) has a provision in Article 19 that states: a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. Persons with disabilities who accept social housing shared with others as an interim measure due to lack of one- and two-bedroom properties should not be considered to have their long-term housing need met and should be permitted to remain on the council housing waiting list to access a single unit in future if they so wish, rather than only a transfer list.’

One parent noted:

‘Our young people with ID have a right to have the dignity of supported living away from parents as per the UNCRPD charter. It is a human right. We know these things take time, but we are losing patience and getting older.’

9.2 Strategy and Policy

9.2.1 URGENCY AND IMPLEMENTATION

The need for change and to take action to implement the strategy was called for, specifically to build more housing and increase support services. ‘Talk, strategies, initiatives and questionnaires all well and good but action is what counts’ and ‘more action, less talk’ were typical of responses. One respondent noted:

‘Good intentions are often lost in “process”. Budgets and other constraints are significant but it’s often not these that are the primary barriers to delivering services. Excessive bureaucracy, perverse logic & concerns about image are a big part of what hampers real outcomes on the ground. It’s like the intention “gets lost in translation” from policy to practice.’

Comments on the implementation of the 2011–2016 strategy highlighted that the issue is long-standing, that implementation and delivery of the strategy has been poor, and that people have been suffering as a consequence. One respondent stated ‘it seems like another great plan that won’t be done, like the NDIS and so many others’, another commented ‘we

have thrown money at the problem and people still live miserable lives without choice, control, or joy’, while others said that ‘too many people with disability ending up in nursing homes way too young’ and ‘multi-agency projects are far too slow’. Participants requested information on the implementation of the 2011–2016 strategy, and on ‘whether the last 10 years made any difference to disabled people’, as well as feedback on the findings of the current consultation.

‘I think the interdepartmental NHSPWD (2011) has been the single greatest step to ending institutionalization and mainstreaming independent living in Ireland. It takes a long time to change cultures and traditional ways of thinking and provides services. Initiatives which force the service providers and local authorities to work together should permeate the strategy.’

The Housing Agency was urged to ‘know your target audience’ and to ‘consider the disabilities out there’ in developing the new strategy. Respondents welcomed the development of the new strategy, noting that it was important, and a long-term project: ‘in 1996 disabled people were described as “the neglected citizens of Ireland” in the Report of the Commission’. Many family members of disabled people highlighted the slow pace of change, worrying about their continued ability to care as they aged and not knowing what would happen for their disabled adult children when they died. One respondent noted that ‘housing is worse now than it was’:

‘Many parents have their adult children on the housing list for over 10 years with nothing happening. Parents are getting older and worried seeing other people getting social housing and lack of support packages and suitable social housing initiatives for our adults. No one seems to be able to answer questions on this. There seems to be no communication and no plan for housing for people with ID.’

9.2.2 PREVIOUS POLICIES

Several references were made to previous policies. One respondent noted that, although the 2007 Department guidance on Quality Housing for Sustainable Communities on house design and size predates four subsequent policies (namely, the National Housing Strategy for People with a Disability 2011–2016, Rebuilding Ireland: Action Plan for Housing and Homelessness, Implementation of Policy and the National Disability Inclusion Strategy 2017–2021), it seems to have inspired little action. Others called for the findings of the

Transforming Lives Policy Working Group (April 2018) to be incorporated into the planned revision of the NHSPWD.

9.2.3 PERSON-CENTRED

Respondents recommended that the new strategy should be person-centred, informed by evidence and developed from the point of view of disabled people. Since ‘what works at one end of the spectrum may not be the right model for the other end’, the establishment of a ‘special panel to specifically consider the needs of severe and profoundly disabled individuals’ was suggested. Another proposal was that ‘the experience and research on supported housing systems in Ireland be considered by a national planning group, and not just the international experience’. Other suggestions for informing the development of the new strategy included ‘intersectionality – how disability affects women and how it intersects with domestic abuse’, the needs of those with autism, and ‘the needs of people who may not consider themselves disabled or in need’.

A suggestion was also made to change the title of the new strategy to acknowledge that it addresses the provision of supports to meet the needs of the four categories of disability, as well as the provision of housing. Another respondent called for inclusive language action and the removal of outdated language in relation to disability services, supports and information across the public service and Oireachtas.

9.2.4 NATIONAL AND LOCAL STRATEGIES

A more co-ordinated national approach and a need for local authorities to be subordinate to a national strategy was called for by some respondents. The current situation of producing independent local disability strategies without sight of a national strategy was described as like ‘walking backwards!!’ or ‘flying blind’. One respondent noted that ‘the results will be a significant variance in plan quality standard and engagement’, whilst another observed that ‘each area seems to have different rules and regulations’, making it very confusing.

9.2.5 ORGANISATIONAL MODELS

Other respondents were concerned about leadership, structures and funding to ensure the new strategy would be implemented. They called for simplified, streamlined structures with clear responsibilities and clear accountability, commenting that the involvement of ‘multiple agencies, charities and private sector organisations’ leads to a ‘waste of funding and duplication across this area’. Potential new structures identified included a new disability section to liaise between the HSE and Dún Laoghaire-Rathdown County Council Housing; a

‘one-stop accessible website/agency dedicated to housing for disabled people’; and a dedicated organisation with the sole remit of tenancy sustainment, independent of the HSE.

Participants called for mechanisms to be put in place to ensure accountability for the implementation of the new strategy at local and national level, with transparency and responsibilities built in to ensure inclusion outcomes. The inclusion of quantifiable outcome targets in the National Disability Inclusion Strategy (NDIS) was also recommended.

9.2.6 FINANCIAL AUTONOMY FOR DISABLED PEOPLE

Financial autonomy for disabled people, whether achieved through employment or personalised budgets, was another key point raised. One disabled respondent identified the ‘disability employment gap’ as a key concern to address, as employment would enable disabled people to buy their own homes and contribute to society. Specific proposals identified included retaining the disability allowance and medical card if employed, ceasing rehabilitative work, building universally accessible workplaces and providing grants for employers who want to provide access. Another participant called for a personalised budgets strategy to be included for disabled people as a funding mechanism, providing them with greater choice and control over the services and supports they receive. The ability to live independently with these supports would bring an enormous positive benefit to the lives of disabled people and their participation in society.

9.2.7 EMPLOYMENT

A call to educate potential employers about employment of disabled people was made. ‘All should be focused on the practical solutions to housing problems that persons have due solely to their disability and its effects, for example, on ability to earn by work, or ability to work only very few hours a week, or to do most kinds of work.’

9.2.8 LAND TRANSFER

Other policy suggestions included ‘a fast-tracked system for transfer of lands from HSE and other government depts to local authorities for building purposes and a percentage of SEAI funding to be made available to local authorities for Section 38/39⁴ housing providers’.

⁴ Section 38 bodies are funded under Section 38 of the Health Act, 2004, and refer to 23 non-acute agencies and 16 voluntary acute hospitals within the HSE Employment Control Framework. Section 39 organisations are bodies funded by the HSE that provide a range of vital health and disability services across Ireland.

9.3 Housing Supply

‘Build more houses’ was the key message from respondents when asked ‘Is there anything else you would like to add?’

‘Build more, adapt more, reduce waiting lists. A generous quota of adapted houses built in each community/town.’

Urgency, long waiting lists and times, suitability, accessibility, quotas, location and building on family land or adding a home extension were mentioned in the context of increasing housing provision. Views varied as to who had responsibility for increasing housing for the disabled. One respondent viewed property developers as responsible, another thought AHBs should deliver CAS units for the disabled, while others viewed it as the remit of local authorities.

Other ideas mentioned included adopting a ‘Housing First’ or similar initiative to be run for housing for the disabled, and ‘Town Centre’ regeneration of derelict and vacant buildings to be brought back into use to allow for increased housing provision for the disabled within Ireland’s town centres. A need was identified to make simple adaptations to existing housing stock without having to continuously build new houses.

One respondent envisioned a future where disabled people:

‘[...] are treated with dignity, respect, live in houses and accommodations with access to green and beautiful spaces, that the houses are places that are pleasurable to live in, they have access to a vibrant, mixed and “normal” community. That they have easy access to shops, services, amenities, lots of light in their houses, somewhere to drop anchor and get joy!’

Respondents called for more choice in housing options based on individual needs rather than what a service is geared to provide, with ‘proper assessment of the requirements and needs of the individual in relation to house type and location and facilities’. Some participants called for legislation to require that housing developments build a percentage of fully wheelchair-adapted homes. Respondents called for people with intellectual disabilities to be prioritised in local authority housing provision.

‘We need access to a home that isn’t a burden on us or makes living especially difficult.’

According to some views, congregate settings and shared accommodation should cease, and housing options for persons with a disability should be increased, so that they are not placed in residential settings for older people, or inappropriate and undesired accommodation. Preferred options included single units, units that accommodated a family to include a disabled person, and for ageing parents with adult disabled children, or for couples where one of the partners has a disability and one is working. The needs of those with mild/moderate disability, Asperger's, autism and mental health difficulties were mentioned in the context of being appropriately housed, with a current lack of housing options emphasised by respondents. One respondent stated that 'the issue of housing for disabled people needs to be mainstreamed and to be considered in conjunction with housing for ageing', while another called for 'continued and supported living in rural communities where people are safe and secure and can live in peace and quiet'. Both rural and town settings for housing for those with disabilities were called for by respondents, with a need for transport highlighted for those living in rural areas:

'The issue of housing for people with disabilities needs to be mainstreamed and to be considered in conjunction with housing for ageing.'

Respondents noted that all new housing should be designed to be fully accessible across various disabilities. It was noted that as people are living for longer and disability is a continuum, most people were likely to acquire a disability at some stage in their lives. Consequently, there was a need to design 'lifetime adaptable housing for all, not segregating disabled, older people, families'. A requirement to involve persons with a disability at the design stage was noted by some respondents, with one suggestion that engineers and architects be 'involved in this consultation to set challenges to create smarter options'.

A range of design needs were identified, including wheelchair accessibility, parking spaces at the house, ramps, elevators for two-storey houses: 'Why should someone only be able to access the bottom part of their house'; adaptations specific to people with a sensory disability such as sensory rooms along with storage for aids, adaptations to needs and exceeding international standards; air quality monitoring for those with respiratory disorders; a walk-in shower for respondents with mobility problems; and designed-in waste disposal of oxygen tanks and medical waste, and safe temperature-controlled storage of oxygen.

One respondent noted a very specific circumstance: 'We don't live in a museum. Stop sacrificing access and liveability for "heritage" and "protected" structures.'

9.4 Housing and Support Needs

Individualised assessment of disabled people and follow-up of the requirements and needs for house type, location and facilities were called for by respondents. The need to prioritise applications for social housing was also underlined, with instances of sudden and long-term situations described, including emergent circumstances of catastrophic illness and injury, and long-standing circumstances such as mental health difficulties or of both middle-aged and elderly parents. Other participants pointed to the lack of response and contact by local authorities, with waiting durations of up to 17 years reported.

One respondent called for listing on the disability database and being in receipt of disability allowance to qualify an applicant for inclusion on the housing list. Another recommended that local authority housing staff should seek assessment from community mental health occupational therapists where concerns exist about the ability of a disabled person to manage independently and use the occupational therapy report in considering actions.

‘Many people with disabilities are proud and to ask for help in any situation is difficult so making contact with them breaks down barrier one, it is usually the most vulnerable who are the last to ask for help.’

The need for appropriate housing with supports to enable the person with disability to live as independently as possible was re-emphasised by respondents, as ‘merely giving them the key to a door is cruel and irresponsible’. Supports were described as crucial to enable disabled people to live independently. One respondent observed that the cost of support needs to be factored into resourcing; the stumbling block may not always be the housing piece, as the question of how to sustain the person in this house was often a more challenging issue. Some respondents observed that some disabled adults will ‘never live independently’, and one voiced concern for their profoundly disabled adult child to be housed in ‘suitable safe accommodation (probably in a community-style living setting) for when I die. Not a nursing home, and not independent living.’ One family member of a disabled person called for more respite services and noted that ‘families are exhausted from caring’.

The creation of housing pathways that facilitate individuals to have more flexible levels of care, such as higher support when required and lesser support during periods of recovery, was suggested by one respondent, with another proposing that a pathway be established for those ‘who wish to apply themselves steadily to the task of independent living.’

Specific types of supports mentioned by respondents included: shared communal social space and shared space for sharing of personal assistants; social supports; home support provided by peers; assistance in accessing amenities in the neighbourhood; a range of technologies enabling people with epilepsy to live safely and independently; and a record programme for disabled people who cannot express themselves clearly.

Some respondents noted the gap in services once schooling provision ceased at age 18, with the change of responsibility from the Department of Education to the Department of Health, and called for a ‘streamlined system/structure to follow the disabled person from birth to death’. Fear, worry and anxiety were communicated by respondents about what will happen to their disabled children as families and carers age and die. They ‘won’t be around for ever and everyone is entitled to live without fear’. Other concerns included that people with disabilities may not only suffer bereavement, but could also lose their home, and that they may not be capable of living independently, or might be housed in unfamiliar areas and in units not suited to their needs and without appropriate supports. Participants requested planning for the needs of disabled people when families and carers can no longer care for them.

9.5 Funding

An ‘absolute need for resources in for this strategy to be successful’ summarised the sentiment of respondents. Funding was called for by numerous respondents to support families and carers, to build housing and for support staff including personal assistants to ‘enable people to live in their communities with appropriate and person-centred supports’.

Access supports and assistance to mortgage finance for disabled people and their families to purchase or adapt a home was also called for. Initiatives suggested included: incentives to help disabled people to buy their own homes, and to ensure they are not prevented from accessing mortgage finance, or other home purchase schemes solely on grounds of inability to work; to include carer’s allowances in household income calculations for mortgage eligibility; public-private initiatives between families and state agencies; to release money to provide housing, whereby families would contribute towards the purchase of a house with the option to share with other families and state agencies to maintain; and HSE supports after the death of parents.

Specific actions called for were: a reduction in rent; personalised budgets for disabled people; an increase in the income limit threshold for grant aid; the removal of gift tax or with parameters of no gift tax for 50% ownership up to certain value for nieces/nephews who move into a disabled aunt’s/uncle’s home to care for them; and a ‘Community Housing

Threshold house purchase rates' scheme parallel to the local authority threshold house purchase rates for general needs housing, which should respond to the significantly higher costs of developing community housing.

9.6 Engagement

Government and service providers need to engage with persons with a disability. Calls for more consultation and listening to disabled people was emphasised by many, with one respondent reflecting many others in calling for 'increased involvement of those with lived experience in policy making, decision-making and especially choice in the type of accommodation offered'. One respondent pithily observed 'disabled people ... are the experts'.

Issues that disabled people indicated they want to be consulted about include: defining what constitutes living independently and safely; what their housing preferences are; to identify what housing is required; the right to independent living and the current deficits in the required supports needed; to consult those who have gone through the process from start to finish; feedback on the processes to enable improvements; consulting with future tenants/clients about the type of services they would want; and what help or removal of impediment disabled people need to access purchase of home.

Respondents identified persons with good advocacy skills, or disability groups and advocates as stakeholders. Engagement with other stakeholders was noted as important, including service providers, community groups, NGOs, HSE personnel (including managers and occupational therapists), 'staff on the ground', rehabilitation and recovery staff, and advocates for those with rare diseases and men's health issues. The need to engage with families of disabled people, their families and carers was also highlighted by many disabled people. Suggestions were to include parents in decision-making, and for the strategy to 'recognise the role of carers'.

'Yes, I would appreciate a family approach in regard to accommodating high-functioning individual. With autism, family are key to living standards and important to community support and understanding.'

One respondent stated that families 'are exhausted from caring', with another calling for giving 'carers back their lives and provide housing for all disabled people before the age of 25'. The need to address the needs of carers, who are themselves ageing, was also highlighted.

9.7 Communication and Information

Respondents identified a requirement to communicate and promote the strategy to those directly affected by it, and to the public. The information should be advertised nationally, with social media, booklets, websites and traditional media all suggested channels. Ideas included posting the new strategy to those involved in the strategic plan, to disseminate it online and provide information on its implementation. Respondents called for more and targeted information and advice about housing applications for families of persons with a disability. Easy-to-read versions were noted as required. Specific topics and ideas included information on loss of HAP/disability allowance and how this is determined, a website for specifications for wet rooms/ramps/spec on hoists/what is/not included under IWLs/DPGs and a one-stop accessible website dedicated to housing for disabled people. One respondent noted ‘there is currently NO agency or person one can contact when searching for wheelchair-accessible accommodation in Ireland’.

9.8 Independent Living

Respondents took the opportunity presented by Q21 to return to the topic of independent living. Disabled respondents called for help to live independently, while family members called for support, housing and planning for independent living. Many emphasised that disabled people could live independently or be more independent with housing and supports. Too often ‘disabilities and housing’ is seen through a lens of physical disabilities, and those with intellectual disabilities are not ‘seen’. Many have both. Concerns about achieving independent living included being housed inappropriately, without adequate or any supports, and being isolated, with respondents noting the potential for disabled people becoming trapped and isolated in their independent living homes. A need to prepare disabled people to live as independently as possible, with individualised assessment and provision of housing and supports to achieve this was stated. A variety of housing models were mentioned in this context, including private housing with adaptations and one-bed units in supported small developments. One respondent called for:

‘Personalised budgets strategy to be included for people with disabilities as a funding mechanism providing them with greater choice and control over the services and supports they receive. The ability to live independently with these supports would bring an enormous positive benefit to the lives of people with disabilities and their participation in society.’

9.9 Interagency Co-operation

A more co-ordinated national approach and more collaborative working by agencies was called for by respondents. Most respondents focused on the need for interagency working as a general principle, identifying local authorities and the HSE specifically as needing to improve collaborative working to enable the HSE to ‘reconfigure resources into supportive housing models run in conjunction with the LA/AHB that are more recovery and enablement focused and that foster community integration’. Another respondent called for:

‘Joint responsibilities, joint service commissioning, joint stakeholder input, joint decision-making processes, joint strategic direction, joint allocation targets, etc. All done in line with a sustainable view of how best to support people to live with support in their communities.’

One respondent questioned current structures, with the involvement of ‘multiple agencies, charities and private sector organisations’, and called for ‘clear responsibilities and clear accountability under a simplified structure’.

Specific roles and professions critical to the support of independent living mentioned by some respondents included local authority access/disability officers and housing co-ordinators; others mentioned children’s advocates, occupational therapists, personal assistants and tenancy sustainment officers. One respondent called for clarification of the role of the mental health nurse for the homeless and social work roles in assisting people with homeless issues.

9.10 Housing Application Processes

‘From the coalface, it looks like the real strategy is to make the system so unworkable that family members take over support.’

A clear, user-friendly application process to apply for accessible housing and supports was called for by respondents. Possible solutions included a one-stop accessible website or single agency ‘dedicated to housing for disabled people’ to apply for housing and supports together. However, views differed about building one process for housing and support needs or having them as separate processes ‘There should be two categories in the scheme: one for housing list and the second one for support [with] different eligible criteria for each list’, noted one respondent, emphasising that disabled people cannot apply ‘for support if they are not on the housing waiting list, but getting into the waiting list there is a different story’.

The need to prioritise applicants to local authority housing for medical reasons was highlighted by some respondents, one of whom stated that an applicant ‘on the disability database and in receipt of DA should not have to prove they have a disability’ to meet the eligibility criteria. Another respondent requested ‘plenty of notice if I am going to move’, while others observed that transferring from local authority to another is mentally challenging. Another called for the planning permission process for adapting houses for disabled people to be less challenging.

A need for more and accurate data on housing needs and waiting lists was also noted. Alternatives identified included a ‘separate housing database for persons with disability who are looking for housing’, an ‘intellectual disability waiting list’ and the ‘number of people with a mental health disability’. One respondent noted that local authorities do not ‘record the number of people with severe mental health difficulties who are housed under HAP’. Another suggested using iHouse and existing measures to ‘make the process of collecting data expedient and accurate’ and ‘ensure clear guidance on recording targets and implementation of local plans’. Another suggestion was to allow developers and local authorities to list available housing and soon-to-be-supplied housing, which AHBs could review and register an interest in on a website. One respondent proposed adding questions to the census to develop a reflective database, along the lines of the national intellectual disability database hosted by HIQA.

9.11 Research and Programme Evaluation

Participants highlighted the need for research to inform national planning on housing for disabled people. Topics included supported housing systems in Ireland and the United Kingdom, programmes where housing and jobs are made available to disabled people, design features that are working for disabled people in their homes and academic evaluations of all housing for the disabled initiatives.

‘Have the last 10 years been evaluated? If not, why not?’

Additionally, one respondent suggested ‘trial models from abroad that have been successful’.

9.12 Empathy and Respect

‘Everyone deserves the right to live the life they want and should not be discriminated against because of their disability.’

Respondents revisited the need to build empathy and respect for disabled people and increase awareness of their perspective and lived experience. ‘Most disabled people can do more than what people think they can if they are supported.’ One respondent reported that the correlation between disability, frequently accompanied by pain, and mental well-being is not fully understood, appreciated or respected. Another found that speaking to local authority staff can be challenging, as they don’t really understand the difficulties people who suffer severe mental health difficulties experience: ‘it can feel like staff just think you’re complaining about current living arrangements’. Another respondent found it ‘absolutely abhorrent that disabled people remain homeless against their will and that emergency accommodation very often ignores their needs as disabled people’. A call was made for the DHLGH to review its ‘language in terms of housing for wheelchair users costing “extra”, “additional space”, “not value for money” and “unnecessary”’. One participant added that ‘space is a requirement not a luxury’.

All professionals were urged to deepen their understanding of the housing process. DHLGH and local authority staff were recommended to undergo disability awareness training, as well as visiting people in their homes to get an appreciation of the lived experience of disability. Training programmes on relevant aspects of disability housing, including capacity and legislation, were also recommended for LA and NGO staff.

Chapter Ten: Proposed Actions for the New Strategy

This chapter analyses answers to Question 20. Respondents were asked ‘If you could propose three actions for the new strategy, what would these be?’ The analysis below summarises the main themes that emerged from the responses.

10.1 Provide More Accessible Housing

Respondents highlighted the need to provide appropriate, easily accessible housing for people with a wide range of disabilities. Calls were made to increase social housing supply that complies with universal design guidelines, adapting to the needs of people throughout their life, with respondents highlighting a range of facilities needed, such as wheelchair access, ceiling hoists, wet rooms, a downstairs bathroom, fire-safety compliance and sensory modulation. More one-bed units located in safe areas were also deemed necessary.

10.2 Plan to Meet the Housing Needs of People with a Disability

Respondents called for better plans to cater for the housing and care needs of people with ‘invisible’ disabilities. There were calls for dedicated funding for mental health tenancy sustainment workers, and early intervention to prevent people with mental health difficulties from becoming homeless; to prioritise people with physical and intellectual disabilities who require support; as well as specific demands for an autism-specific strategy.

10.3 Engage, Inform and Communicate

Respondents identified the need to engage disabled people across all decision-making levels in planning to meet their housing and support needs. Direct consultation and involvement of disabled groups, as well as their families, carers and local communities, in discussing planning and housing strategies was strongly advocated by respondents as a way to better understand the housing needs of disabled people.

Better communication of the housing options available and the creation of one easily accessible information point, along the lines of the Citizens Information website, that people can access to find out how to access housing, were frequently mentioned. One respondent suggested that evidence of action taken should be provided so as to build trust in the efficacy of the housing system. Additional recommendations were mental health and

disability awareness training, local information meetings and public awareness campaigns about housing options.

10.4 Streamline the Housing Application Process

Respondents called for the streamlining and simplification of the housing and support application process, the introduction of user-friendly application forms and support with submitting required documentation, with designated contacts in every local authority to assist disabled people with applications. Changes in relation to the assessment process suggested were: a more rigorous assessment of needs that highlights those most vulnerable and in need of housing, along with changes in the eligibility criteria. Empathy, fairness, simplicity, adaptability to changing needs, forward-planning, a more person-centred approach, clarity on roles, transparency about targets, timelines and results, including plans to reduce the waiting time on social housing lists, were also mentioned.

Respondents highlighted the need for more accountability at local authority level, along with adoption of a single central electronic ICT system to include needs assessment, review of HAP rates and quicker turnaround of HAP applications, and to set up operational working subgroups of the HDSGs. One respondent suggested adding an option to the application rules for shared accommodation with friends. Suggestions included moving away from the private rented sector as a source of housing for disabled people; and the introduction of an initiative for disabled people similar to the Housing First initiative for homeless people.

10.5 Provide More Supports

Respondents highlighted the need for more supports when disabled people move into new homes. Combined care plans, better medical support, adequately resourced occupational therapy services, continuing support from local authorities and the HSE, more support workers, including dedicated tenancy sustainment officers, local networks of support, and help with house repairs and assistive technology were mentioned. Age-appropriate integration, training and education for life skills, relationships and independence were also suggested.

10.6 Fund and Resource

Respondents highlighted the need for disabled people to be able to access more funding to cover the cost of housing. In addition to the need to provide affordable housing and direct more funds to the development of affordable housing, there were calls to increase disability allowance payments and the budget for supports. One respondent highlighted the need to

ensure that disabled people are eligible to get a housing grant even when in receipt of social welfare payments such as the disability allowance. Taking carer allowances out of the means test was suggested. Access to mortgage schemes for people who cannot work due to disability, more options to purchase homes, more generous housing grants for disabled people, grants for repairs or renovations, increased budgets for supports, rents within the price range of disability allowances, a review of HAP rates, and increased funding to cover the housing needs of persons with intellectual disabilities, including through AHBs that engage with people with intellectual disabilities, were also mentioned. Respondents also noted the need to provide an interagency funding stream. Respondents underlined the need to fund, promote and dedicate more homecare services to support people to live independently in their homes.

10.7 Increase Interagency Co-operation

Local authorities, the HSE, the DHLGH, AHBs and care providers, such as ChildVision, were urged to work more closely together. There were also calls to talk more to frontline managers and to strengthen links between architects and planners with occupational therapists.

10.8 Increase Social Inclusion of Disabled People

Better integration of disabled people into the community was deemed necessary by respondents. The need for greater community involvement, inclusive neighbourhoods, modern residential community settings, community village-style developments, and education of the public about the needs and capabilities of disabled people, were also highlighted.

10.9 Establish a Right to Housing

Respondents called for long-term planning and more timely implementation of the strategy. A rights-based approach to provide suitable housing for disabled people was advocated by respondents. There were calls to establish a legal right to housing and to fully implement Article 19 of the UNCRPD, which recognises ‘the equal rights of all persons with disabilities to live in the community, with choices equal to others’.

The need to consider people in group housing more carefully was also highlighted. Respondents recommended that admissions to congregated or group homes cease and escalating the strategy for ceasing to place disabled people in congregated settings.

Appendices

Appendix 1: Print Questionnaire in English (Main)

The National Housing Strategy for People with a Disability (2011–2016 (extended to 2020)) will come to an end this year. A new national strategy is now being developed. The strategy is about facilitating the provision of housing options and related services to disabled people to allow individual choice and support independent living.

Do you have a disability, care for a disabled person or work in supporting independent living for disabled persons? If yes, have your say on the plan.

We want to hear your views on the current strategy and what you would like to see included in the new national strategy. In order to get involved today, fill out this 10–15-minute questionnaire. The survey is anonymous and confidential.

A further round of consultation on the drafted aim and objectives will be carried out over the Summer and Autumn months.

Thank you for taking the time to let us know your views, which will feed into the development of the new strategy.

Tell us about yourself

To help us understand/analyse the answers that you provide it is useful for us to understand a few details about you. The following questions will support this. The information you provide will be strictly confidential and anonymous.

Question 1 Please tell us who you are. (Please tick all that are appropriate)

- Disabled person
- A family member of a disabled person
- A carer for a disabled person
- A healthcare professional
- A staff member of a Non-Governmental Organisation
- A staff member of a local authority
- A staff member of an Approved Housing Body
- A staff member of the HSE
- A staff member of a disability service
- A member of the public

Question 2 Please tick the county you live in.

- Carlow
- Cavan
- Clare
- Cork
- Donegal
- Dublin
- Galway
- Kerry
- Kildare
- Kilkenny
- Laois
- Leitrim
- Limerick
- Longford
- Louth
- Mayo
- Monaghan
- Offaly
- Roscommon
- Sligo
- Tipperary
- Waterford
- Westmeath
- Wexford
- Wicklow

Question 3 What is your age range?

- Under 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55–65
- 65+

Question 4. The current strategy outlines 4 categories of disability. Please select the category appropriate to your situation, either as lived experience/carer/working in the sector, etc. (Please tick all that are appropriate.)

- Physical
- Intellectual
- Mental health
- Sensory
- Prefer not to say
- Not applicable

Question 5. Is there anything else you would like to share with us about you that will help us understand your experience in relation to housing?

Question 6. Prior to today, were you aware of the National Housing Strategy for People with a Disability (2011–2016 (extended to 2020))?

- Yes
- No

Question 7. Do you think that access to housing for people with a disability has improved over the lifetime of the National Housing Strategy for People with a Disability (2011–2016 (extended to 2020))?

- Stayed the same
- Improved somewhat
- Improved greatly
- Unsure

Please provide a reason for your answer.

Question 8. The below points were some of the focuses in the strategy. Please rank these from 1–7 in order of importance to you.

- Equality in accessing housing options
- Relevant agencies working together to facilitate a person-centred approach to the delivery of housing and support services
- To support people with a disability to live independently
- Provide housing and supports for people moving out of congregated settings
- Provide housing and supports for people moving out of mental health facilities
- A co-ordinated approach to the design and delivery of housing and supports

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

Question 9. Are you aware of the detailed initiatives under this strategy?

- Not aware
- Somewhat aware
- Very aware

In the online questionnaire, question 9 used a scale measure from 0 to 100.

Question 10. Are you aware that each local authority has a Local Strategic Plan in their area, which sets delivery targets to meet the housing needs for people with a disability?

- Yes
- No

Question 11. Are you aware that each local authority has a Housing and Disability Steering Group to assist with the implementation of the strategy in their area?

- Yes
- No

Question 12. Are you aware that your local authority and the HSE can work together to support people with a disability to live independently or stay in their home?

- Yes
- No

Question 13. Which of the following housing options are you aware of? (Please tick all that apply.)

- Housing provided directly by your local authority
- Housing provided by Approved Housing Bodies
- Housing Assistance Payment (HAP)
- Housing Adaptation Grants for Older People and People with a Disability
- None of these

In the online format of question 13, a further four options were listed:

- Social Leasing or RAS
- Mobility Aids Grant Scheme
- Rebuilding Ireland Home Loan

- Help to Buy Scheme

Question 14. Do you feel the housing options available are communicated effectively to the general public?

- Yes
- No

If no, how can this be improved?

Question 15. In your opinion, how do you think the pathways to accessing the range of housing options can be improved?

Question 16. In your opinion, how can more opportunities for independent living be provided?

Question 17. Organisations such as the HSE, local authorities and Service Providers work together to support the delivery of housing to disabled people. In your opinion, how can interagency working be strengthened to support this?

Question 18. In your opinion, what are the challenges that you see facing disabled persons accessing mainstream housing?

- Challenge 1
- Challenge 2
- Challenge 3

Question 19. Which of the following initiatives under National Housing Strategy for People with a Disability (2011–2016 (extended to 2020)) do you think should be continued or expanded in the new strategy? (Please tick all that are appropriate.)

- Housing and Disability Steering Groups to drive interagency co-operation at local level
- Local Strategic Plans
- Mental Health Tenancy Sustainment Officers
- Production of easy-to-read and plain English documentation

Are there any other initiatives in the current strategy you would like to see included?


Question 20. If you could propose three actions for the new strategy, what would these be?





- Action 1
- Action 2

- Action 3

Question 21. Is there anything you would like to add for consideration in the development of the new strategy?

Appendix 2: Print Easy-To-Read Questionnaire

   	<p>The National Housing Strategy for People with a Disability (2011-2016 (extended to 2020)) will come to an end this year.</p> <p>A new national strategy is now being made.</p> <p>The strategy is about putting in place housing options and services to disabled people.</p> <p>This would mean people would have more choice and support independent living.</p> <p>Do you</p> <ul style="list-style-type: none">• have a disability,• care for a disabled person or• work in supporting independent living for disabled persons? <p>If yes, have your say on the plan.</p>
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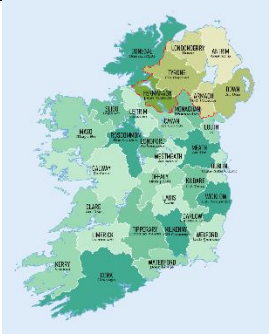
   	<p>We want to hear your views on the current strategy and what you would like to see included in the new national strategy.</p> <p>In order to get involved today, fill out this 10-15 minute questionnaire.</p> <p>The survey is anonymous and confidential.</p> <p>There will be more consultation over Summer and Autumn.</p> <p>Thank you for taking the time to let us know your views.</p>
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Question 1

Tell us who you are (Choose one answer by putting an X in the box below)



	<p>I am a disabled person</p>
	<p>I am a family member</p>
	<p>I am a carer</p>
	<p>I am a member of the public</p>





Question 2

	<p>What county in Ireland do you live in?</p> <p>You can type your answer in the text box below</p>
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Question 3




What type of disability is most relevant to you? (Choose all that you know by placing an X below)

	<p>Physical disability</p>
	<p>Intellectual disability</p>

	<p>Mental Health</p>
	<p>Sensory disability</p>
	<p>I would prefer not to say</p>
	<p>This question does not apply to me</p>


Question 4

What age are you? (Choose one answer by putting an X in the box below)

	Under 18
	18-24
	25-34

	35-44
	45-54
	55-64
	Older than 65



Question 5

	<p>Is there anything else you would like to say about yourself and your experience of housing?</p>
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Question 6

Before today, did you know anything about the National Housing Strategy for People with a Disability?



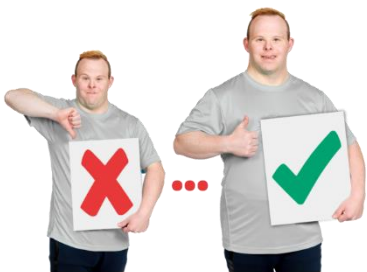

(Choose one answer by putting an X in the box below)

	<p>Yes</p>
	<p>No</p>

Question 7

Do you think access to housing has got better over the past few years?




(Choose one answer by putting an X in the box below)

	<p>I think it has stayed the same</p>
	<p>It has got a lot better</p>
	<p>It has improved a bit</p>
	<p>I am not sure</p>

Question 8

Which of these do you think are the most important issues for housing?




(Choose all that you know by placing an X below)

	<p>Support people to live independently</p>
	<p>Moving people out of institutions</p>
	<p>Having equality in housing options for disabled people</p>




 <p>Plan</p>	<p>Agencies working together so people can get housing and supports</p>
	<p>Moving people out of mental health services</p>
	<p>Providing housing advice and information in accessible documents</p>
	<p>Having a collective approach to housing</p>

Question 9




**Do you know about what the housing strategy is supposed to do?
(Choose one answer by putting an X in the box below)**

	Yes
	No
	A little bit




Question 10

	<p>Each Local Authority has a plan for their area to help meet the needs of people with disabilities.</p> <p>This plan is called a Local Strategic Plan.</p> <p>Did you know about this plan?</p> <p>(Choose one answer by putting an X in the box below)</p>
	<p>Yes</p>
	<p>No</p>

Question 11

	<p>Each local authority has a Housing and Disability Steering Group</p> <p>This group helps to put in place the Local Strategic Plan in their area</p> <p>Did you know about this group?</p> <p>(Choose one answer by putting an X in the box below)</p>
	<p>Yes</p>
	<p>No</p>

Question 12

	<p>Each Local Authority and the HSE can work together to support people with a disability to live independently or stay in their own home.</p> <p>Did you know this?</p> <p>(Choose one answer by putting an X in the box below)</p>
	<p>Yes</p>
	<p>No</p>




Question 13

Do you know of any of the following housing options?


(Choose all that you know by placing an X below)

	<p>Local Authority Housing or</p> <p>Social Housing</p>
	<p>Approved Housing Bodies or AHB's</p>
	<p>Housing Assistance Payment or HAP</p>
	<p>Housing Adaptation Grants</p>
	<p>None of these</p>


Question 14

	<p>Do you think these housing options are well known by the public?</p> <p>(Choose one answer by putting an X in the box below)</p>
	<p>Yes</p>
	<p>No</p>


Question 15

	<p>In your opinion, how do you think getting access to these housing options can be improved?</p> <p>You can type your answer in the text box below</p>
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Question 16

 <p>My House</p>	<p>What do you think can be done to make it easier for people to have independent living?</p> <p>You can type your answer in the text box below</p>
--	---

Question 17

 <p>Feidhmeannacht na Seirbhíse Sláinte Health Service Executive</p> <p>Team</p>	<p>Organisations such as the HSE, Local Authorities and Service Providers must work together to support people to get housing</p> <p>How do you think they can all work together in a better way?</p> <p>You can type your answer in the text box below</p>
--	--

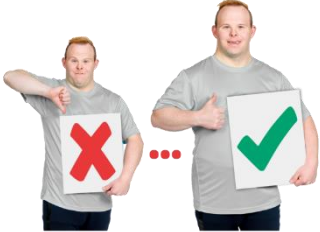



Question 18





What are the biggest challenges facing disabled people accessing housing?


You can type your answers in the text boxes below

Question 19

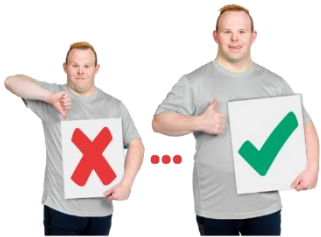
 	<p>The new strategy may continue some of the actions from the old strategy?</p> <p>Which of these do you think should be continued or improved in the new strategy?</p> <p>(Choose all that you know by placing an X below)</p>
	<p>Housing & Disability Steering Group</p>
	<p>Local Strategic Plans</p>

	<p>Mental Health Tenancy Officers</p>
	<p>Easy Read & Plain English Documents</p>


Question 20

	<p>Are there any other actions you would like to see included?</p> <p>You can type your answer in the text box below.</p>
---	---

Question 21

 An illustration of two men. The man on the left is holding a white sign with a large red 'X' on it. The man on the right is holding a white sign with a large green checkmark on it. There are three red dots between the two signs.	<p>What are the three main things you would like to see improved in the new housing strategy?</p> <p>You can type your answers in the text boxes below</p>
--	--

Question 22

 An illustration of a man and a woman. The man is wearing a dark suit jacket and has a speech bubble coming from his mouth. The woman is wearing a light blue t-shirt and is looking towards the man.	<p>Is there anything else you would like to say about the new strategy?</p> <p>You can type your answer in the text boxes below</p>
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Appendix 3: Comparison of the Main, Print English and Easy-to-read Print Questionnaires

Table A1: Comparison of the main, print English and easy-to-read print questionnaires

	English (Main)	Easy- to-read (ER)	Differences	Analysis
Q1	Please tell us who you are. (Please tick all that are appropriate)	Please tell us who you are. (Please tick all that are appropriate)	ER has 4 categories Main has 10 categories: 4 in common with ER and additional categories of healthcare professional, disability service staff and 4 employer options	Main and ER analysed together
Q2	What county do you live in?	What county in Ireland do you live in?	Main offers county categories Easy-to-Read provides a free text box	Responses from Main and ER recoded to province and analysed together
Q3	What is your age range?	What type of disability is most relevant to you? (Choose all that you know by placing an X below)	Q3 in Main is equivalent to Q4 in Easy-to-Read	Q3 in Main and Q4 in ER analysed together
Q4	The current strategy outlines 4 categories of disability. Please select the category appropriate to your situation, either as lived experience/carer/working	What age are you? (Choose one answer by putting an X in the box below)	Q4 in Main is equivalent to Q3 in Easy-to-Read	Q4 in Main and Q3 in ER analysed together
Q5	Is there anything else you would like to share with us about you that will help us understand your experience in relation to housing?	Is there anything else you would like to say about yourself and your experience of housing?		Not analysed for this report
Q6	Prior to today, were you aware of the National Housing Strategy for People with a Disability (2011–2016 (extended to 2020))?	Before today, did you know anything about the National Housing Strategy for People with a Disability?		Main and ER analysed together

	English (Main)	Easy-to-read (ER)	Differences	Analysis
Q7	Do you think that access to housing for people with a disability has improved over the lifetime of the National Housing Strategy for People with a Disability (2011–2016 (extended to 2020))?	Do you think access to housing has got better over the past few years? (Choose one answer by putting an X in the box below)	ER does not have the probe question	Main and ER analysed together
	Please provide reasons for your answer	–	Not asked in the easy-to-read questionnaire	Main analysed
Q8	The below points were some of the focuses in the strategy. Please rank these in order of importance to you.	Which of these do you think are the most important issues for housing? (Choose all that you know by placing an X below)	Main print and online differ from each other Easy-to-Read: asked as a multi-response question with 7 options	Main and ER analysed separately
Q9	Are you aware of the detailed initiatives under this strategy?	Do you know about what the housing strategy is supposed to do? (Choose one answer by putting an X in the box below)	Main print and online questionnaires differ from each other: In the online Main questionnaire, question 9 uses a scale measure from 0 to 100, the print uses a categorical response with 3 options Easy-to Read: uses a categorical response with 3 options	Online Main Q9 analysed and reported separately from easy-to-read Q9. Main print responses not included in the analysis
Q10	Are you aware that each local authority has a Local Strategic Plan in their area, which sets delivery targets to meet the housing needs for people with a disability?	Each local authority has a plan for their area to help meet the needs of people with disabilities. This plan is called a Local Strategic Plan. Did you know about this plan?		Main and ER analysed together

	English (Main)	Easy-to-Read (ER)	Differences	Analysis
Q11	Are you aware that each local authority has a Housing and Disability Steering Group to assist with the implementation of the strategy in their area?	Each local authority has a Housing and Disability Steering Group This group helps to put in place the Local Strategic Plan in their area Did you know about this group?		Main and ER analysed together
Q12	Are you aware that your local authority and the HSE can work together to support people with a disability to live independently or stay in their home?	Each local authority and the HSE can work together to support people with a disability to live independently or stay in their own home. Did you know this?		Main and ER analysed together
Q13	Which of the following housing options are you aware of? (Please tick all that apply) NB the online version of the main questionnaire offered a further 4 options, which the paper and ER questionnaires did not have	Do you know of any of the following housing options? (Choose all that you know by placing an X below)		Main and ER analysed together for the 4 options
Q14	Do you feel the housing options available are communicated effectively to the general public? If no, how can this be improved?	Do you think these housing options are well known by the public? (Choose one answer by putting an X in the box below)		Main and ER analysed together
	If no, how can this be improved?	–	Not asked in the easy-to-read questionnaire	Main analysed
Q15	In your opinion, how do you think the pathways to accessing the range of housing options can be improved?	In your opinion, how do you think getting access to these housing options can be improved?		Main and ER analysed together

	English (Main)	Easy-to-Read (ER)	Differences	Analysis
		You can type your answer in the text box below		
Q16	In your opinion, how can more opportunities for independent living be provided?	What do you think can be done to make it easier for people to have independent living? You can type your answer in the text box below		Main and ER analysed together
Q17	Organisations such as the HSE, local authorities and Service Providers work together to support the delivery of housing to disabled people. In your opinion, how can interagency working be strengthened to support this?	Organisations such as the HSE, local authorities and Service Providers must work together to support people to get housing How do you think they can all work together in a better way? You can type your answer in the text box below		Main and ER analysed together
Q18	In your opinion, what are the challenges that you see facing disabled persons accessing mainstream housing?	What are the biggest challenges facing disabled people accessing housing? You can type your answers in the text boxes below		Main and ER analysed together
Q19	Which of the following initiatives under National Housing Strategy for People with a Disability (2011–2016 (extended to 2020)) do you think should be continued or expanded in the new strategy? (Please tick all that are appropriate)	The new strategy may continue some of the actions from the old strategy. Which of these do you think should be continued or improved in the new strategy? (Choose all that you know by placing an X below)		Main and ER analysed together

	English (Main)	Easy-to-Read (ER)	Differences	Analysis
	Are there any other initiatives in the current strategy you would like to see included?		Equivalent asked as Q21 in the ER questionnaire	Main Q19 probe and easy-to-read Q21 analysed together
Q20	If you could propose three actions for the new strategy, what would these be?	Are there any other actions you would like to see included? You can type your answer in the text box below.		Main and ER analysed together
Q21	Is there anything you would like to add for consideration in the development of the new strategy?	What are the three main things you would like to see improved in the new housing strategy? You can type your answers in the text boxes below		
Q22	-	Is there anything else you would like to say about the new strategy? You can type your answer	Equivalent to Q21 of the main questionnaire	Main Q19 probe and easy-to-read Q21 analysed together

Appendix 4: Number of Responses by Question

Table A2: Number of Responses by Question, Questionnaire; and Question Type⁵

Question	Total number of responses	Main English	Main Irish	Easy-to-read	Word count	Question type
Q1	1,378	1,229	2	147	–	Multi-response
Q2	1,510	1,459	2	137	–	Closed
Q3 (Main/Age)	1,427	1,425	2	–	–	Closed
Q3 (ER/Disability)					–	Multi-response
Q4 (Main/Disability)				–	–	Multi-response
Q4 (Easy-to-read/Age)	–	–	–	127	–	Closed
Q5	644	581	2	61	21,184	Open-ended
Q6	1,227				–	Closed
Q7-1	1,170	1,055	2	113	–	Closed
Q7-2 Total	656	654	2	–	18,994	Open-ended
Q7-2 Unsure	211	210	1	–	4,681	Open-ended
Q7-2 Stayed the same	207	207	0	–	6,165	Open-ended
Q7-2 Improved somewhat	201	201	0	–	6,455	Open-ended
Q7-2 Improved greatly	24	24	0	–	1,352	Open-ended
Q7-2	6	6	0	–	341	Skipped Q7-1
Q8-1	1,078	1,076	2	–	–	Closed
Q8-2	1,066	1,064	2	–	–	Closed
Q8-3	1,104	1,102	2	–	–	Closed
Q8-4	1,038	1,036	2	–	–	Closed
Q8-5	1,035	1,033	2	–	–	Closed
Q8-6	1,084	1,082	2	–	–	Closed
Q8-7	1,072	1,070	2	–	–	Closed
Q9 (Main online)	849	847	2	–	–	Closed
Q9 (Easy-to-read)	115	–	–	115	–	Closed
Q10	1,208				–	Closed
Q11	1,205				–	Closed
Q12	1,211				–	Closed
Q13-1	1,608				–	Closed

⁵ Some questions differ in answer options between the main questionnaire and the easy-to-read questionnaire – numbers are reported separately in final report.

Question	Total number of responses	Main English	Main Irish	Easy-to-read	Word count	Question type
Q13-2	1,607				–	Closed
Q13-3	1,608				–	Closed
Q13-4	1,608				–	Closed
Q13-5	1,459				–	Closed
Q13-7	1,459				–	Closed
Q13-8	1,459				–	Closed
Q13-9	1,459				–	Closed
Q13-10	1,608				–	Closed
Q14-1	1,173		2		–	Closed
Q14-2 Total	616	616	0	-6	14,476	Open-ended
Q14-2 Yes	127	12	0	–	345	Open-ended
Q14-2 No	604	604	0	–	14,431	Open-ended
Q15	833	749	2	82	19,936	Open-ended
Q16	800	712	2	86	19,068	Open-ended
Q17	745	659	2	84	15,943	Open-ended
Q18 – up to 3 entries each	2,401	2165	4	232	15,778	Open-ended
Q19-1	1,608				–	Closed
Q19-2	1,608				–	Closed
Q19-3	1,608				–	Closed
Q19	279	281	0	–*	5,256	Open-ended
Q20 – up to 3 entries each	1,653				15,529	Open-ended
Q21	361				10,743	Open-ended

6 Question 14-2 not asked in the easy-read questionnaire.

7 Those who replied Yes to question 19 were not required to answer the open-ended part, but 12 respondents chose to complete an open-ended response.

Glossary

AHB	Approved Housing Body
ASD	Autism Spectrum Disorders
CAS	Capital Assistance Scheme
CHO	Community Healthcare Organisation
CSO	Central Statistics Office
DA	Disability Allowance
DAC	Disability Access Certificate
DE	Department of Education
DH	Department of Health
DHLGH	Department of Housing, Local Government and Heritage
DRHE	Dublin Regional Housing Executive
GDPR	General Data Protection Regulations
HAP	Housing Assistance Payment
HCP	Health care professional
HDSG	Housing and Disability Steering Groups
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IWILs	Improvement Works In Lieu of social housing scheme
NDA	National Disability Authority
NDIS	National Disability Inclusion Strategy, 2017–2021
NGO	Non-Government Organisation
NHSPWD	National Housing Strategy for People with a Disability, 2011–2016
NIDD	National Intellectual Disability Database
PTSD	Post-Traumatic Stress Disorder
RAS	Rental Accommodation Scheme
SEAI	Sustainable Energy Authority of Ireland
UNCPRD	United Nations Convention on the Rights of Persons with Disabilities

Section 2: Organisation Submissions

Section 2: Organisation Submissions	131
2.1 Introduction	132
2.2 Key Issues and Discussion	132
2.2.1 Greater policy integration	132
2.2.2 Centring the voices of disabled people	133
2.2.3 Independent living	133
2.2.4 Assessment and allocation process	136
2.2.5 Planning	138
2.2.6 Interagency collaboration	139
2.2.7 Funding and cost	140
2.2.8 Universal design	142
2.2.9 Additional issues	143
2.10 Suggested Issues	145
2.11 Suggested Actions	146
2.11.1 Independent living	146
2.11.2 Assessment and allocation process	147
2.11.3 Interagency collaboration	149
2.11.4 Funding and cost	150
2.11.5 Universal design	151
2.11.6 Additional actions	152
2.11.6.1 Departmental Level	154
2.11.6.2 National Level	155
2.11.6.3 Local Level.....	155

2.1 Introduction

In developing the new National Housing Strategy for Disabled People 2022–2027, the Housing Agency collected submissions for inclusion from key stakeholders. The majority of organisations carried out their own consultation to inform their submission. An analysis of these submissions was carried out by the Housing Agency which identified the key themes, challenges and aims which were highlighted by the stakeholders.

Firstly, this section lays out nine key Themes which emerged from the submissions made by the organisations and discusses various challenges they face in housing for disabled people. This includes a table of key issues identified, as well as the stakeholders who raised the issue. Secondly, a list of actions suggested by the organisations are presented under the relevant Themes which informed the development of the new strategy.

2.2 Key Issues and Discussion

2.2.1 Greater policy integration

The first issue highlighted by numerous stakeholders is the need for greater integration of this strategy. They identified issues arising from previous disconnect between the national strategy and all other housing- and disability-related strategies, or with the realities and practices at a local level. Two stakeholder groups believe that this new National Housing Strategy for People with a Disability should feed into the new Housing for All strategy.

One group notes that the strategy should be a driver for the effective alignment of housing provision and supports for disabled people. Another group agrees that this must be agreed by all key stakeholders to ensure an alignment of policy and departmental priorities. This alignment needs to be driven and supported at the following levels to be effective: Inter-Departmental level (Housing, Health, DCEDIY and Transport), at the national operational level (HSE National Disability Office and Housing Agency) and at the local level through the Housing and Disability Steering Groups (which brings together the local authority and the Community Health Organisation (CHO)).

A point made by one of the stakeholder groups was that the strategy should recommend all legislation and regulation affecting the housing and support requirements for people with disabilities should undergo an impact assessment. The intersection of regulatory requirements from different Departments should be factored together and appropriate resourcing provided to allow regulation to be implemented effectively. The impact of regulation on people's lives should be examined, to ensure that proposed new measures do not become a barrier to living an ordinary life.

2.2.2 Centring the voices of disabled people

As identified by the members of one stakeholder group, the voice of disabled people needs to be centred in discussions around housing for disabled people, and the voices of disabled people need to be supported in the broader discussions around housing and homelessness. Local Housing and Disability Steering Groups (HDSGs) do not have the active participation of disabled people, meaning that much discussion around disabled people and housing is driven by those with a charity/medical view of disability. Additionally, bar two local authorities, the lived experience was not included in local strategic plans.

2.2.3 Independent living

- i.) **Failure to fully transition those in congregated settings:** One group reports slower progress than reported in fulfilling the policy to transition disabled people from congregated settings to smaller dispersed homes in the community. In a related issue, a housing association highlighted the inappropriate housing of disabled people under 65 in nursing homes. Those in nursing homes cannot go on the housing list, as they are deemed to be ‘housed’. This housing association believes it is a particular issue for those with a brain injury due to a lack of alternative housing and care package options. A stakeholder group agrees that A Time to Move On is not working, and a clearer commitment to stop new investment in institutions is needed.

A group advises that a target of 2025 is adopted in the new strategy for the closure of all existing residential centres with 10 or more residents. Achieving such a target will require a concerted effort and multi-annual budgeting, according to this group.

Additionally, a commitment to developing a pathway for ‘emergency cases’ to be housed appropriately and not admitted to congregated setting is necessary.

- ii.) **Lack of support services:** A number of stakeholder groups identified a lack of support services as a key barrier to independent living for disabled persons. The members of one group assert that the home needs to be the priority and supports should accompany this to ensure the person can live independently. The first element of this issue points to a lack of collaboration between the Department of Housing, Local Government and Heritage, the Department of Health and the HSE regarding co-ordination of support services. The second element is that those seeking to live independently are offered home care hours as opposed to a personal assistant, which would be more appropriate. Two service providers note that on occasion a housing unit has become available, but a person cannot move into it as there is no funding for a care package to facilitate independent living. Additionally, another service provider underlines the fact that there is

no clear legal underpinning of the requirement on the HSE/service provider to provide and guarantee the provision of necessary supports. Finally, a stakeholder group highlights that many disabled people who wish to live independently are caught in a 'catch-22' situation between two bureaucratic systems, in order to get a home, they need a commitment from the HSE that a PAS package is in place, but the HSE will not sign off unless there is a home to move into. A stakeholder group reports that there is also a significant and persistent lack of PA and home support hours available in general. The recommended partial solution offered by one stakeholder group is that local authorities, Approved Housing Bodies (AHB) and the HSE Disability Services must develop, implement and publish clear frameworks for co-operation and co-ordination of residential support services so that people with intellectual disabilities have a clear pathway to housing and supports. Secondly, the new strategy should have an action whereby a system is introduced that records the assessed need of a person's housing and support needs. This can be collated locally and aggregated nationally to allow for planning at all levels. Further improvements could be made, according to another stakeholder group, with the provision of a 'one-stop shop' for disabled people, which would provide information on all aspects of housing support.

- iii.) **Lack of accessible homes:** A lack of accessible and suitable homes has also been noted to curtail the viability of independent living. A stakeholder group reports that there is currently no data on the number of accessible houses available, which means that people placed high on the priority waiting list are unable to receive an adequate home. The shortage of accessible accommodation in all housing tenures is also noted by two other stakeholder groups. This shortage ties in with other issues under the theme of independent living, such as the reliance on the private rental market, and with other themes such as funding. The current housing shortage disproportionately affects disabled people due to the lack of accessible homes, and severely limits housing choice due to particular accommodation needs. One stakeholder group states that there is a lack of accessible homes on the private rental market, and this is attributed to the lack of incentive for landlords to modify properties. Additionally, accessible houses that are provided often do not have an accessible location without supports such as a PAS, accessible built environment or accessible transport.

Two stakeholder groups recommend that Part M of the building regulation needs to be reviewed so that the accessibility standard for new builds will be higher. One stakeholder group recommends that the new strategy prioritise innovative models of housing options that support independent living for these groups. As well as this, the

housing needs of people with intellectual disabilities and/or ASD should be recognised in the new strategy. This should also include those currently living with parents but who wish to live independently. This group also believes that new technologies and assistive technologies can play a role in providing accessible homes for independent living.

A stakeholder group believes the strategy should have a focus, and an investment plan for assistive technology to support people to live independently within their homes. This should go beyond pilot projects and be built into the implementation of the strategy in an integrated manner. The range of grants and options available through various agencies (e.g., Social Protection, HSE, Department of Health, local authority) for adaptations, equipping and assistive technologies, should be reviewed to streamline options and ensure that it is equitable for people with disabilities, regardless of the mechanism by which a person accesses their housing and the household configuration. An equitable pathway for the supply and ongoing maintenance/certification of assistive technologies – including those built into the fabric of the building and those supplied after the build should be included in the strategy.

- iv.) **Inefficient and unaffordable rental market:** Several of the stakeholder groups and service providers highlight that commonly, people with disabilities are priced out of the rental market or are discriminated against in the sector. As some people with disabilities are waiting up to ten years for social housing and an increasing demand for independent living means that there is a reliance on the private rental market. A service provider noted that the private market is also not responsive enough to provide fully accessible housing. General feedback from the stakeholders suggests that housing for disabled persons is too reliant on provision from the private rental market, which is unaffordable and precarious for many. One stakeholder group believes that reliance on the private sector will not work, and does not work for disabled people, for example the Housing Assistance Payment and Rental Allowance Scheme. Additionally, people accessing HAP are also taken off social housing lists. In some instances, as was the case in one local authority, housing applicants who avail of HAP are automatically placed on a transfer list. The same stakeholder group also highlighted that disabled people who are employed do not qualify for local authority housing and therefore, often rely on private rental sector, with very few accessible options.

In order to improve the market, one stakeholder group suggests that HAP limits need to be reviewed and indexed to current market rates in order to counteract some of the disadvantage persons with disabilities face in the private market. Separately to counter discrimination in the rental market the same group proposes that education and

incentives be used to increase adaptations of existing housing supply in the rental market. The new Housing Strategy could contain a commitment to a cost-benefit analysis of adaptations made under current grant schemes, which would demonstrate that investment in adapting to a home or making it more accessible would be beneficial to the owner/landlord.

However, it is the evident opinion of two stakeholder groups that the private rental market does not and will not work for disabled people. Therefore, one of the groups suggests a focus on the provision of social housing and higher consideration to universal design. Another group suggests development of a cost rental model to increase supply and offer affordable long-term accommodation. A stakeholder group recommends that 10% of social housing be accessible and reserved for disabled people.

- v.) **Cost of living independently:** The final barrier to independent living identified by stakeholders is the prohibitive cost of living independently. Research by one of the service providers found that disabled people living independently were twice as likely to say that it was difficult or very difficult to live on their income. This is also related to the lack of affordability in the rental market for those who are not accommodated by social housing. Precise solutions were not offered yet by the stakeholders in this consultation round.

2.2.4 Assessment and allocation process

- i.) **Complicated and inconsistent process:** A broad section of stakeholder groups highlight that some disabled people require support and assistance in navigating the application process. The number of options and the system itself can be complicated, lengthy and arduous for people to navigate. Information about housing options and supports is not always as accessible as necessary. There is an additional highlighted issue whereby the criteria for 'qualification' are not consistent or made explicit by the local authority which is cited by a service provider. In addition, an easier and comprehensive national assessment of need for disabled people is required, according to one stakeholder group. Currently, disabled people must go through at least three separate assessments, which should be compounded into one comprehensive assessment.

As mentioned above, a service provider recommends the development of a one-stop shop for disabled people to get information on all aspects of housing support. Another service provider suggests that the current system could be refined to offer more

streamlined and bespoke responses, depending on initial information offered by the service users. This would mean that options would be narrowed to more relevant information, which could improve usability and communication. The same service provider also suggests that a consistent approach be taken to the process by each local authority, that is nationally led and designed with consistent local implementation. Similarly, another stakeholder group advises that a universal design approach be taken to reform the system, including longer appointment times and liaison with the support person of the individual as required are provided in order to help navigate the system. Furthermore, a stakeholder group recommends that local authorities engage in a proactive awareness campaign highlighting accessible information.

- ii.) **Two-tiered approach:** One stakeholder group highlights the existence of a two-tiered approach within the allocation process as an issue, whereby some persons with disabilities are housed by the HSE and some by local authorities or AHBs. In a related issue, a service provider reports that if someone with a disability is in a nursing home, they cannot go on a housing list, as they are deemed to be ‘housed’ already. It is also cited by another service provider that frequently the only available housing is through HAP, which leaves those persons vulnerable to the precariousness of the private market. In a similar vein, a stakeholder group identifies that many disabled people are ‘hidden homeless’, living in someone else’s home or an institution, but whose needs are not considered, as they are deemed to be housed.

Another group recommends a phasing out of differing approaches to housing based on age, disability status or whether they are supported by a residential disability service. Instead, a clear and consistent pathway should be laid out for all those with a housing need.

One stakeholder group notes that an assessment process is needed that is joint or enables transparent alignment between housing and supports. Assessment and allocation processes need to use agreed terminology/definitions that are sufficiently specific to allow interrogation of information and inform planning. They stress that even if the resources are not presently available for the housing and/or supports, it is important to agree a process to capture the unmet need in a formal list so that there is visibility for strategic planning on both sides, to establish an accurate number of people who require accessible (including wheelchair livable) housing and/or supports in their respective areas.

- iii.) **Criteria:** The stakeholders also identify numerous issues with the criteria for getting on the housing issues. One service provider cites particular difficulties for those with a brain

injury and those who have acquired a disability in adulthood in qualifying for social housing despite a clear need. This service provider's experience on the ground is that the criteria is largely focused on physical elements of the person's disability. One stakeholder group reiterates difficulties for those with brain injuries or other life-altering experiences, as they are not sufficiently catered to under current legislation.

In response to this issue, a service provider offers an extensive solution. The strategy needs to reimagine and redefine disability to include not only the physical but also the cognitive, behavioural, emotional issues and the multiple comorbidities that people with disabilities live with. This reimagining of disability and the utilising of a person-centred approach will then create a much wider and more inclusive range of the housing options from mainstream to the highly specialised provision. There must be a shift in thinking about the provision of housing to be about quality of life, enablement and maximising independence.

In addition, for those with acquired brain injury and currently overlooked rehabilitation, this plays a crucial role in maximising their abilities, functioning and independence. Therefore, one of the service providers recommends, to enhance the opportunities for independent living, the role of the Rehabilitation Assistant and the clinical team supports must be recognised as a key tool. In addition, there must be a wide range of housing with supports options for the person with brain injury as they progress through their rehabilitation.

2.2.5 Planning

- i.) **Lack of future planning:** A lack of co-ordinated and thorough planning for the housing needs of people with additional needs has been cited as a key issue within the current process. Two stakeholder groups identify that a lack of comprehensive data on the housing needs of persons with disabilities at a local level impact negatively on the ability to plan appropriately. This is also connected with a reported lack of interagency co-ordination which leads to widespread planning issues. One stakeholder group reports a significant lack of future planning and a failure to understand the benefits of accessible housing in creating homes for life.

One group highlights the need for an onus on LAs to consider the needs of all disability types when allocating housing to ensure all disability types are catered for. One group emphasises the lack of data on housing needs which limits the scale of planning. A key issue noted by this group is that the NASS Bulletin identifies future need for residential places but not future need for housing with support in the community. A service provider

suggests the development of a Quality, Regulation and Standards Framework for the provision of housing for disabled people. There are so many regulations and standards to comply with it would be a very positive step to see all these elements built into a Standards Framework and look at where housing provision is needed.

A stakeholder group recommends that input from disability service providers should be sought at an early stage of housing planning and development to ensure that, at a minimum, a proportion of housing in each development is accessible and wheelchair liveable, and to avoid necessity of retrofitting for adaptation at a later stage.

- ii.) **Lack of accountability mechanisms:** According to one stakeholder group, there is a lack of clear, precise and timed annual targets that can be used to monitor progress. The lack of available data also means it is hard to track progress. There is also a significant lack of accountability across agencies and Departments, which often leads to issues being stalled or not resolved. Another stakeholder group notes that the strategy should identify a clear oversight of its outcomes and a suite of KPIs for the HDSGs to measure the output from the HDSGs and the wider national strategy. These KPIs should build on the Strategic Plan and statistics of allocations to iteratively solve problems and address challenges in operational planning and delivery.

Another stakeholder group agrees that shared data-gathering should be established to ensure the extent of housing and support need is understood and addressed through clear KPIs on an ongoing basis.

- iii.) **Data:** There is a clear and evident absence of data on housing for disabled people, and this compounds numerous other challenges, such as planning and accountability. According to a stakeholder group, the current housing list underestimates the real housing need.

2.2.6 Interagency collaboration

- i.) **Co-operation for supports:** Relevant to facilitating independent living, a perceived lack of co-ordination between local authorities and housing bodies and the HSE has been highlighted by several stakeholder groups. This leads to disabled persons' housing needs and support needs not being met. One stakeholder group noted that there is also a significant lack of responsibility and accountability for completing work and meeting targets under multi-agency projects.

As previously mentioned under the theme of independent living looking at a lack of support, one stakeholder group recommends building capacity using education and

training for staff across agencies on living life with a disability, as this would improve the interagency interface. In addition, training and education in the tools and skills of working at interagency level would serve to enhance and build the capabilities of the various agencies who are working closely together. More creative solutions, such as budget-sharing between agencies, should be piloted, as these would inform the cultural changes that may be needed to improve interagency working and to deliver on the housing needs for people with disabilities to improve their quality of life and maximise their capacity as active and engaged citizens. Finally, a framework for co-operation and co-ordination between LAs, AHBs and the HSE Disability Services could improve co-operation as well as a more integrated system of housing and support needs. A service provider recommends increasingly clear accountability within each agency. The lines of responsibility and accountability should be explicit and understood by the agency itself and the other agencies involved.

- ii.) **Varying approaches and implementation:** A stakeholder group reports a lack of consistency in prioritisation between local authorities. This lack of consistency can lead to inequity across different local authorities. A secondary aspect to this issue is that a group reports that several local authorities are reported as having a ‘tokenistic’ approach and varying implementation of the Protocol Governing Revenue Funding for Health Service-Related Support projects, which is seen as arising from staff shortages, staff turnover, risk-averse culture and underdeveloped skills. Inconsistency and lack of clarity mean the system is often driven by individuals as opposed to clear and consistent processes, according to another stakeholder group.

In order to partially solve this issue, one group recommends the introduction of a template that all local authorities must follow in constituting priority for social housing. A service provider recommends that, at the interagency level, there must be clear lines of accountability and communications. There must be a harmonisation of the processes that are used, as without this there can be no clear pathway for the person with disability to navigate. The same group believes that dealing with this issue of accountability will also address the fragmented and locally driven approaches that can be personality driven.

2.2.7 Funding and cost

- i.) **Need for increased resources:** One stakeholder group cites the need for increased resources for the Housing Adaptation Grant for Older People and People with a

Disability, as people cite difficulties and delays in accessing the grant. The means test for the grant is also a barrier for many, as it is based on the total household income.

- ii.) **Inefficient designs for fast-track housing:** A stakeholder group believes that the current funding schemes provided by the Department of Housing, Local Government and Heritage are not designed to deliver fast-track housing as needed. Several groups highlight that the Capital Assistance Scheme is highly bureaucratic and undermines the ability of AHBs to respond quickly to housing needs. According to one group, CAS also tends to disadvantage smaller housing associations who are more likely to build for disabled people. There is also an inconsistent approach across local authorities; for example, a floor plan may be declined in one local authority and accepted in another. Again, one of the stakeholder groups suggested the new strategy needs to contain a commitment to the development of dedicated and flexible funding options. The Department also needs to review the current spending limits that apply to the construction of social housing units in order to facilitate a universal design approach to home-building. A service provider suggests that full-scale reform of the funding arrangements for housing associations is needed in order to gain access to funds in a timely and consistent manner. They report that the Capital Assistance Scheme (CAS) and the processes around it are lengthy and inconsistent. It can take up to four years to get a project started, so the delays in progressing work are significant. There is no agreement between the local authorities as to what is an acceptable baseline, and this needs to be rectified. If these process issues were addressed, then the delivery of housing to those who really need it would be timely and responsive. Another stakeholder group agrees, and states that all funding streams should be examined to ensure that they are fit for purpose (for instance, their members provided feedback that use of the CAS funding has become less practical on the ground in more recent years, in part due to the absence of associated revenue funding for the individual and due to the timeframes for approvals).
- iii.) **Adaptation grants:** One group reports that the maximum grant allowed for housing adaptation has not increased in more than a decade despite inflation in construction costs over the same period. This leaves a disparity between costs covered by the grant and the building costs themselves. According to the same group, the overall funding for the housing adaptation grants is still significantly lower than it was in 2010 and 2011. Another group recommends a review be undertaken of the Housing Adaptation Grants/HAP and the means testing criteria, to maximise the opportunity for people to avail of grants to remain living within their own homes and/or access private housing.

2.2.8 Universal design

i.) **Incompatibility of planning standards and universal design (UD):** One stakeholder group reports that it is difficult to get a UD apartment or a fully wheelchair-accessible apartment to work within the minimum floor areas as set out in the Department's Sustainable Urban Housing: Design Standards for New Apartments: Guidelines for Planning Authorities 2018. Disability issues are not sufficiently integrated into the planning process, and remain marginalised, according to another stakeholder group. The Housing Options for our Older Population Policy Statement, Action 4.4 states that the Department of Housing, Local Government and Heritage will 'Ensure that 50% of apartments in any development that are required to be in excess of minimum sizes are suitable for older people/mobility-impaired people and develop a template layout guide for same.' We welcome this provision as a first step, and in our consultation response to the Draft Manual for Quality Housing we provided detailed feedback on the proposed UD apartment layouts, following a review of the layouts against a list of key UD Homes guidelines that impact on the spatial/plan layout of a home.

ii.) **Visitable standard only:** A stakeholder group highlights that building regulation only require dwellings to be built to a 'visitable' standard.

The same group has advised the need for Part M for dwellings to be revised to incorporate a UD approach to provide dwellings that are suitable for persons with disabilities and older people to live in, over their life course.

iii.) **Lack of incentive for universal housing:** This same group also highlights that there is not general, statutory obligation on builders or developers to plan, build or design housing following the UD approach. This means that the under-supply of accessible housing is not being corrected. Another stakeholder group agrees that there is insufficient incentive for universal housing.

A stakeholder group advises that progressing new home design and construction from a UD approach needs to become established policy. This group also advises the importance of ensuring that there is consistency in terms of the advice presented to the Department of Housing, and that setting separate targets for accessibility for particular groups will be less effective than working towards achieving UD as a minimum across all housing stock, with targets set for a certain proportion of UD+ to address the needs of those who may need to use wheelchairs or other mobility aids, among other potential users.

2.2.9 Additional issues

- i.) **Children with disabilities:** Two stakeholder groups cite reported difficulties faced by families in finding appropriate housing for their disabled children.

One of these groups recommends that families of children with a disability should be able to get a review of their social housing allocation when their needs change, ensuring that children with disabilities have their rights promoted in line with the UNCRPD.

- ii.) **Ageing demographic of carers:** One stakeholder’s advocacy group has found an ageing demographic of people with an intellectual disability who are reliant on family members for both their housing and support needs. Many disabled people and their families are reporting difficulties in finding adequate independent housing for disabled persons.

Firstly, this same stakeholder group recommends that local authorities, Approved Housing Bodies and HSE Disability Services must work together to introduce a standardised process where people can apply to receive support services. Secondly, local authorities, Approved Housing Bodies and HSE Disability Services must work together to record the numbers of people applying for support services to get access to housing. People must be able to receive a full individualised assessment of their ‘residential support needs’ regardless of their level of disability.

A stakeholder group states that this issue needs to be prioritised. There are approximately 1,250 people aged 70 years and over, more than 400 of whom are over the age of 80, who remain the primary carers for their adult son or daughter with an intellectual disability. Currently there is no avenue for the citizen with a disability in this situation to apply for housing together with support, unless the family carer becomes seriously ill or dies. This leaves the person with an intellectual disability and their family members in extremely distressing circumstances, without future planning available to offer reassurance.

- iii.) **Homeless services:** Over a quarter of people who are homeless have a disability, but two of the stakeholder groups believe that disabled people are both over-represented in this group and that emergency accommodation is unsuitable for disabled persons.

To counter this issue, one stakeholder group states that suitable alternatives to emergency accommodation are required which would allow for early intervention with additional financial supports to enable persons with disabilities to be prioritised for support to stay in their accommodation or quickly find new accommodation. Homeless services should be able to adapt their services and adequately train staff to

accommodate the needs of persons with disabilities, such as providing autism-friendly environments. Another group also states in their submission that the concept of 'Emergency Residential Placement' is incompatible with the need for strategic planning of housing procurement or construction within local authorities, and incompatible with the UNCRPD.

- iv.) **Assisted Decision-Making Act:** A stakeholder highlights the future commencement of the Assisted Decision-Making Act 2015 due to be operational in 2022. The Act proposed the use of a functional definition of capacity, where it is assessed only in relation to the matter in question at that time. The Act also presumes that a person will have the capacity to decide on the optimal housing for them. The Act also proposes three types of decision-making support, including the Decision Support Service.

The same group advises that housing officers and other relevant staff keep abreast of these developments and the relevant Codes of Practice on Supported Decision-Making that are being developed. As the Act is commenced, it may be appropriate to consider a specific Code of Practice or guidance for the housing sector.

Another stakeholder group suggests the registration of tenancies and tenancy support should be reviewed in light of the commencement and implementation of the Assisted Decision-Making Act to ensure that citizens can access a sustained tenancy.

- v.) **Health inequalities:** A stakeholder group notes that people with intellectual disabilities experience many health inequalities when compared with the general population. In particular, a higher level of dementia is present in this population, along with challenges in bone health, obesity levels and significantly less favourable mental health outcomes than the general population. As a result, many individuals with intellectual disabilities experience changing needs that require adaptations and/or additional supports. The strategy should factor in changing needs as a requirement of planning, delivery and resourcing of housing and supports.
- vi.) **Intersectionality:** The new strategy should be cognisant that disability does not exist in a vacuum, and that disabled people can also be marginalised due to their gender, ethnicity, sexuality, socioeconomic status, etc. A stakeholder group recommends that the housing strategy should be built in awareness of issues of intersectional marginalisation.
- vii.) **Additional suggestions by the NDA relating to previous strategies:** In relation to the previous strategy, one stakeholder group believes the Housing and Disability Steering Groups, Local Strategic Plans, Mental Health Tenancy Sustainment Officers and the production of easy-to-read and plain English documentation be continued or expanded.

The same group also identified other initiatives that were not fully commenced during the lifetime of the last strategy that should be retained: examining the feasibility of the collection of accessibility data and the inspection of standards in the private rental sector; developing a data register of accessible properties across tenures; identifying good practice in implementing assistive technology and ambient assistive living technology to support independent living; and the use of vacant/void social housing to remove disabled people from the housing list.

2.10 Suggested Issues

- Need for greater policy integration
- Need to centre the voices of disabled people
- Failure to fully transition from congregated settings
- Lack of support services
- Lack of accessible homes
- Inefficient and unaffordable rental market
- Reliance on the rental market
- Cost of living independently
- Complicated and inconsistent process
- Lack of planning
- Two-tiered approach
- Criteria
- Lack of co-operation for supports
- Varying approaches and implementation
- Need for increased resources
- Inefficient designs for fast-track housing
- Incompatibility of planning standards and universal design
- Viable standard only
- Lack of incentive for universal design
- Children with disabilities
- Ageing demographic of carers
- Homeless services
- Assisted Decision-Making Act
- Inclusive communities

2.11 Suggested Actions

These actions have all been taken directly from submissions from stakeholders in phase 1 of developing the strategy. The suggested actions are not comprehensive of all issues raised but have been allocated under the most appropriate general theme.

2.11.1 Independent living

- One stakeholder group calls for investment in public housing with a minimum of 10% of all social housing that should be universally designed accessible housing reserved for disabled people.
- The same group also states that it is assumed that disabled people only occupy local authority housing. Affordable housing should be an option to allow choice on where disabled people live, whether that is social housing, rented accommodation or buying privately. Currently, there are major challenges for disabled people accessing accessible and affordable housing.
- Another group advises that a target of 2025 be adopted in the new strategy for the closure of all existing residential centres with 10 or more residents. Achieving such a target will require a concerted effort and multi-annual budgeting. Additionally, a commitment to developing a pathway for ‘emergency cases’ to be housed appropriately and not admitted to congregated settings is necessary.
- A service provider emphasises the need for greater interagency co-operation and resources.
- A stakeholder group recommends that local authorities, Approved Housing Bodies (AHB) and the HSE Disability Services must develop, implement and publish clear frameworks for co-operation and co-ordination of residential support services so that people with intellectual disabilities have a clear pathway to housing and supports.
- The new strategy should have an action whereby a system is introduced that records the assessed need of a person’s housing and support needs. This can be collated locally and aggregated nationally to allow for planning at all levels.
- Improvements could be made, according to one stakeholder group, with the provisions of a ‘one-stop shop’ for disabled people which would provide information on all aspects of housing support.
- Another stakeholder group recommends that Part M of the building regulation needs to be reviewed so that the accessibility standard for new builds will be higher.

- One stakeholder group believes that solving this issue will require a concerted effort and multi-annual budgeting, including adequate financing for staffing and construction/retrofitting of homes.
- The housing needs of people with intellectual disabilities and/or ASD should be recognised in the new strategy.
- This group also recommends that the new strategy prioritise innovative models of housing options that support independent living for these groups. This should also include those currently living with parents but who wish to live independently.
- The same also believes that new technologies and assistive technologies can play a role in providing accessible homes for independent living.
- Another group suggests the development of a cost rental model to housing in order to increase the supply of housing and create a pathway to affordable long-term housing.
- One stakeholder group also suggests that HAP limits need to be reviewed and indexed to current market rates in order to counteract some of the disadvantages persons with disabilities face in the private market.
- This group also proposes that education and incentives be used to increase adaptations of existing housing supply in the rental market.
- The same group recommends a commitment to a cost-benefit analysis of adaptations made under current grant schemes, which would demonstrate that investment in adapting a home or making it more accessible would be beneficial to the owner/landlord.
- One stakeholder group believes that HAP leaves disabled people vulnerable to the precariousness of the private rental market, and solving this issue means that focus needs to switch to the provision of social housing through building, and a higher consideration of principles of universal design in general.
- The members of another stakeholder group recommend that supporting people who remain living in congregated settings to move to community living should be prioritised and addressed as a matter of urgency and should be a key priority in the new strategy.

2.11.2 Assessment and allocation process

- A service provider suggests that the current system could be refined to offer more streamlined and bespoke responses depending on initial information offered by the service users. This would mean that options would be narrowed to more relevant information, which could improve usability and communication.

- The same service provider also suggests that a consistent approach to the process be taken by each local authority, one that is nationally led and designed with consistent local implementation.
- A stakeholder group advises that a universal design approach be taken to reform the system, including longer appointment times and liaison with the support person of the individual as required are provided in order to help navigate the system.
- One stakeholder group recommends that local authorities engage in a proactive awareness campaign highlighting accessible information.
- In terms of greater accessibility, public bodies will need to provide timely access to their services through ISL when requested, and another group also recommends including a commitment to the EU Web Accessibility Directive for LAs, the Housing Agency and the Department of Housing.
- Another group highlights the need for an onus on local authorities to consider the needs of all disability types when allocating housing to ensure all disability types are catered for.
- A stakeholder group emphasises the lack of data on housing needs, which limits the scale of planning.
- A key issue noted by the same group is that the NASS Bulletin identifies future need for residential places but not future need for housing with support in the community.
- A service provider suggests the development of a Quality, Regulation and Standards Framework for the provision of housing for disabled people. There are so many regulations and standards to comply with, it would be a very positive step to see all these elements built into a Standards Framework. It would also include a central focus on quality provision. The Framework would look at where the housing provision is needed and provide for better alignment and convergence of the various regulations and standards. One of the agencies that must be brought into this Standards Framework is the Health Information and Quality Authority. They are currently not part of the interagency mix, and play a vital role in terms of agencies adhering to their regulations.
- One stakeholder group recommends a phasing out of differing approaches to housing based on age, disability status or whether they are supported by a residential disability service. Instead, a clear and consistent pathway should be laid out for all those with a housing need.
- A service provider recommends that the strategy needs to reimagine and redefine disability to include not only the physical but also the cognitive, behavioural and emotional issues, and the multiple comorbidities that people with disabilities live with.

This reimagining of disability and the utilising of a person-centred approach will then create a much wider and more inclusive range of the housing options from mainstream to highly specialised provision. There must be a shift in thinking about the provision of housing to be about quality of life, enablement and maximising independence.

- In addition, for those with acquired brain injury, rehabilitation plays a crucial role in maximising their abilities, functioning and independence. Therefore, one of the service providers recommends, in order to enhance the opportunities for independent living, the role of the Rehabilitation Assistant and the clinical team supports must be recognised as a key tool. In addition, there must be a wide range of housing with supports options for persons with a brain injury as they progress through their rehabilitation. Options like transitional living units, neuro-rehabilitation residential houses, sheltered housing and fully independent-living housing all need to be part of the continuum of support, with varying levels of (specialised) supports required for different individual needs.
- A stakeholder group states that it is important that the models of support and accommodation provided through the strategy avoid over-reliance on standardised approaches that cater for specific numbers of individuals living together in a group home. The strategy should provide for models that are diverse and individualised (for example, offering choice for individuals to live alone, or with others who have/do not have a disability) and that are based directly on the housing and support needs of the person. They believe it would be useful at a national level to gather shared learning through the strategy on a range of built-environment models that enable and facilitate supported independent living.
- The same group states that the Housing Strategy should include a process to develop clear guidance nationally on the support needs of individuals who have a particular requirement to access additional space – for instance to accommodate additional equipment, staff sleepovers or, for a small number of people with particularly complex needs, the requirement for lone living along with staff accommodation due to behavioural support needs.

2.11.3 Interagency collaboration

- A stakeholder group recommends that building capacity using education and training for staff across agencies on living life with a disability would improve the interagency interface.

- Training and education in the tools and skills of working at interagency level would serve to enhance and build the capabilities of the various agencies who are working closely together.
- More creative solutions, such as budget-sharing between agencies, should be piloted which would inform the cultural changes that may be needed to improve interagency working and to deliver on the housing needs for people with disabilities to improve their quality of life and maximise their capacity as active and engaged citizens.
- A framework for co-operation and co-ordination between LAs, AHBs and the HSE Disability Services could improve co-operation as well as a more integrated system of housing and support needs. A service provider recommends increasingly clear accountability within each agency. The lines of responsibility and accountability should be explicit and understood by the agency itself and the other agencies involved.
- A stakeholder group recommends the introduction of a template that all local authorities must follow in constituting priority for social housing.
- The same service provider recommends that, at the interagency level, there must be clear lines of accountability and communications. A consistent approach across the interagency working is essential. There must be a harmonisation of the processes that are used, as without this there can be no clear pathway for the person with disability to navigate.
- The service provider believes that dealing with this issue of accountability will also address the fragmented and locally driven approaches that can also be personality-driven rather than systems driven.
- A stakeholder group recommends that shared data-gathering should be established to ensure the extent of housing and support need is understood and addressed through clear KPIs on an ongoing basis.

2.11.4 Funding and cost

- A stakeholder group suggested that the new strategy needs to contain a commitment to the development of dedicated and flexible funding options that consider the particular needs of persons with disabilities. The Department also needs to review the current spending limits that apply to the construction of social housing units in order to facilitate a universal design approach to home-building.
- A service provider suggests that full-scale reform of the funding arrangements for housing associations is needed to gain access to funds in a timely and consistent manner. They report that the Capital Assistance Scheme (CAS) and the processes around it are lengthy and inconsistent from one local authority to the next. CAS funders

favour bigger housing associations who are not necessarily prioritising disability, which leaves the smaller associations excluded. It can take up to four years to get a project started, so the delays in progressing work are significant. There is no agreement between the local authorities as to what is an acceptable baseline, and this needs to be rectified. If these process issues were addressed, then the delivery of housing to those who really need it will be timely and responsive.

- A stakeholder group recommends that sufficient, multi-annual investment in housing and supports should be put in place to meet the housing and associated support needs of people with disabilities, in line with the population of people requiring support identified through the Disability Capacity Review to 2032 (July 2021).
- The same group recommends that all funding streams should be examined to ensure they are fit for purpose.

2.11.5 Universal design

- The Housing Options for our Older Population Policy Statement, Action 4.4 states that the Department of Housing, Local Government and Heritage will ‘Ensure that 50% of apartments in any development that are required to be in excess of minimum sizes are suitable for older people/mobility impaired people and develop a template layout guide for same.’ One stakeholder states that their group “welcomes this provision as a first step, and in our consultation response to the Draft Manual for Quality Housing we provided detailed feedback on the proposed universal design (UD) apartment layouts, following a review of the layouts against a list of key UD homes guidelines that impact on the spatial/plan layout of a home”.
- One stakeholder group has advised the need for Part M for dwellings to be revised to incorporate a UD approach to provide dwellings that are suitable for persons with disabilities and older people to live in, over their life course.
- This group also advises that progressing new home design and construction from a UD approach needs to become established policy, recognising in particular that the general population is getting older, persons with disabilities are living longer and are, in some cases, outliving their traditional caregivers.
- The same advises the importance of ensuring that there is consistency in terms of the advice presented to the Department of Housing, and that setting separate targets for accessibility for particular groups will be less effective than working towards achieving UD as a minimum across all housing stock, with targets set for a certain proportion of UD+ to address the needs of those who may need to use wheelchairs or other mobility aids, among other potential users.

- A stakeholder group states that homes need to be 'wheelchair liveable' not 'wheelchair accessible'.
- The same group also recommends that Part M of the building regulations needs to be reviewed by disabled people to see if minimum standards set out are actually working for disabled people. We need to see how local authorities monitor the implementation of Part M.
- One stakeholder group recommends that to drive delivery of appropriate housing, there should be a commitment to the building of a quantum of housing that is accessible for the needs of disabled people, livable as well as visitable by wheelchair users and follows the appropriate levels of Universal Design principles to ensure the required accessibility. Specific mandatory targets and KPIs should be set to measure performance in delivery of appropriate housing.
- The same group recommends that the strategy should place a requirement on the planning process and county/local development plans to ensure that at least 7% of all housing developments are designed to be accessible to disabled people – including being wheelchair livable – with the remaining 93% to be lifetime adaptable so as to avoid some of the costs of adaptations at a later stage.

The strategy should include a Review of Part M (Access and Use) of the Building Regulations in Ireland and a Public Consultation to inform provision of regulations for wheelchair-livable housing in Ireland.

2.11.6 Additional actions

- A stakeholder group recommends that families of children with a disability should be able to get a review of their social housing allocation when their needs change, ensuring that children with disabilities have their rights promoted in line with the UNCRPD.
- The same group also recommends that local authorities, Approved Housing Bodies and HSE Disability Services must work together to introduce a standardised process where people can apply to receive support services. Secondly, local authorities, Approved Housing Bodies and HSE Disability Services must work together to record the numbers of people applying for support services to get access to housing. People must be able to receive a full individualised assessment of their 'residential support needs' regardless of their level of disability.
- Another stakeholder group states that suitable alternatives to emergency accommodation are required which would allow for early intervention with additional financial supports to enable persons with disabilities to be prioritised for support to stay

in their accommodation or quickly find new accommodation. Homeless services should be able to adapt their services and adequately train staff to accommodate the needs of persons with disabilities, such as providing autism-friendly environments. A stakeholder group also state in their submission that the concept of 'Emergency Residential Placement' is incompatible with the need for strategic planning of housing procurement or construction within local authorities, and incompatible with the UNCRPD.

- One stakeholder group advises that housing officers and other relevant staff keep abreast of these developments and the relevant Codes of Practice on Supported Decision-Making that are being developed. As the Act is commenced it may be appropriate to consider a specific Code of Practice or guidance for the housing sector.
- A stakeholder group welcomes the call for lived experience on HDSGs and, going forward, believes that this should be on a cross-impairment basis, where DPOs are consulted and engaged with to meaningfully represent the views and voices of disabled people.
- The same group believes that it is essential that any policy documentation based on the need to change society reflects the disabling effect of barriers preventing inclusion.
- This group also states that housing is not just about building homes. We need to recognise and reinforce in all policy development and implementation locally and nationally how independent living requires more than just building. For disabled people to live independent lives we need to consider: how accessible the built environment is around homes; accessible transport which allows disabled people to get to and from their homes; support services such as the Personal Assistance Service; and accessible education and employment for disabled people. Accessible housing is not a stand-alone issue; we need to think about building genuinely inclusive communities.
- Another stakeholder group recommends that the strategy should encourage (at both local and national levels) the use of accessible and alternative methods of communication, and sufficient time and support where required for people with intellectual disabilities to understand and respond/participate.
- The same group also states that the strategy should recommend that all legislation and regulation affecting the housing and support requirements for people with disabilities should undergo an impact assessment. The intersection of regulatory requirements from different Departments should be factored together, and appropriate resourcing provided to allow regulation to be implemented effectively. The impact of regulation on people's lives should be examined, to ensure that proposed new measures do not become a barrier to living an ordinary life.

- This stakeholder group believes the strategy should seek to identify mechanisms to support the engagement of mainstream AHBs and should examine challenges present for AHBs that are linked with disability service providers in order to maximise the ability of AHBs to support the delivery of housing to people with disabilities.
- A different stakeholder group states that commitment to development of long-term tenancy sustainment supports on the disability side would be highly beneficial.
- The same group states the strategy should examine the impact of HIQA regulations on housing in terms of the disincentive for private landlords and AHBs to provide housing for persons with a disability when a location may need to be registered as a Designated Centre. It should also examine the impact of the Code of Practice in Fire Safety and other building regulations and fire safety standards that pertain to different settings where a disabled person may reside, in order to drive a more person-centred approach to housing, reduce unnecessary costs and ensure homes do not become institutional.
- To address need, the same group outlines the following sections necessary for the alignment and co-ordination at departmental, national and local levels:

2.11.6.1 DEPARTMENTAL LEVEL

- There needs to be recognition, through co-ordinated interdepartmental working, of the interdependency of housing provision, social supports and transport infrastructure. The strategy should acknowledge this and be an effective driver of a cross-departmental response. A national mechanism needs to be put in place to ensure that this co-ordination takes place, and to provide the final adjudication when there is a gap between departmental responsibilities which cannot be resolved within an agreed timely manner, to ensure that the state meets its responsibilities under the UNCRPD, particularly Article 19.
- A stakeholder group agrees that structures should be put in place to resolve any gaps in responsibility between Departments/agencies in a timely manner. They also recommend that a clear set of measurable deliverables should form the cornerstone of the government's overarching approach to meeting its housing and support obligations under the Convention, through the new Housing Strategy, with clear monitoring and oversight processes put in place.
- A key priority for the Departments should be to put in place a mechanism to enable a person to apply for housing and supports in one process. The strategy should also introduce a system for recording need that takes account of the

person's housing and support need to support cross-departmental/agency strategic planning.

2.11.2 NATIONAL LEVEL

- The strategy would benefit from providing, at a senior level, a strengthened mechanism for co-ordination between national HSE, the local authorities and other key stakeholders (Housing Agency, Department of Housing, etc.) where the parties have a sufficient mandate to ensure strategic planning and annual allocations will be co-ordinated. This approach is needed in order to ensure the resources assigned for both supports and housing for disabled people are aligned.
- The role of the National Subgroup of the Housing Strategy should be reviewed and clearly defined. A national forum needs to be established on which the members have sufficient mandate to address individual housing issues that cannot be resolved locally. Decisions made at the forum will provide a 'case study' for future decisions and inform operational policy nationally, including the allocation of resources, eligibility criteria, pathways, models and roles of different stakeholders.

2.11.3 LOCAL LEVEL

- A review of the membership of the HDSGs should examine representative structures for each sector, in order to ensure that all required stakeholders are included, and that they have a clear line of reporting in and out to the HDSGs from their relevant positions.
- The strategy should provide for periodic national meetings that bring together the Chairs or representative members of the HDSGs. This will provide a mechanism to address and represent specific issues consistently between the national and local structures.
- The Steering groups should support campaigns that encourage people with disabilities to consider their current and future housing requirements, and to make applications to local authorities where appropriate.

Section 3: Local Strategic Plans

Section 3: Local Strategic Plans	156
3.1 Introduction	157
3.2 Challenges, Opportunities and Aims	157
3.2.1 Greater policy integration	157
3.2.2 Centring the voices of disabled people	157
3.2.3 Independent living and supports.....	157
3.2.4 Congregated settings	159
3.2.5 Private rental market	159
3.2.6 Supply.....	160
3.2.7 Mental health	161
3.2.8 Homelessness	161
3.2.9 Assessment and allocation process	161
i.) Access to information	161
ii.) Complicated and inconsistent process.....	162
3.2.10 Adaptations	163
3.2.11 Interagency collaboration	163
i.) Develop networks and frameworks.....	163
ii.) Align housing and supports.....	164
iii.) Meeting targets	165
3.2.12 Design.....	165
i.) Universal design.....	165
ii.) Innovative design.....	165
3.2.13 Planning.....	166
i.) Data.....	166
3.3 Housing Pipeline and Delivery	166
3.4 Awareness	167

3.1 Introduction

Each Housing and Disability Steering Group (HDSG) was requested to complete a Local Strategic Plan to inform the development of the strategy. 23 of the 31 HDSGs submitted plans by the requested date. The plans covered broad themes, including awareness and promotion, stakeholder engagement, local aims and objectives, current and emerging housing need, housing delivery, supports (social and care), challenges, risks and opportunities. Plans were submitted by 24 local authorities in total and an analysis of these identified the key themes and relevant issues at a local level.

This section of the report aims to summarise these key themes and issues which emerged from the data in the Local Strategic Plans, and which were used to inform the development of the objectives of the strategy. This section also briefly covers data on current and emerging housing need and future housing delivery as well as highlighting some of the ideas put forward by the local authorities relating to the promotion of the new strategy.

3.2 Challenges, Opportunities and Aims

3.2.1 GREATER POLICY INTEGRATION

One local authority noted that there is a reported lack of engagement and monitoring of previous plans, which means that implementation is not as effective as it could be.

3.2.2 CENTRING THE VOICES OF DISABLED PEOPLE

One local authority reported that there is a need to further centre the voices of disabled people in policymaking and implementation. There remains too much focus on the medical/charity model. Another identified that there is also an inaccurate representation of those in need of housing who have a disability. A local authority noted that, alongside these specific issues, there is a need for fuller representation, commitment and participation of all stakeholders, but especially the disability pillars, in order to emphasise and consider their unique perspective.

3.2.3 INDEPENDENT LIVING AND SUPPORTS

Supporting disabled people to live independently in their own homes and communities is a key goal of policymaking. However, there are numerous problems highlighted by local authorities, specifically around the adequate provision of supports. For example, one identified the importance of an individualised approach to housing and supports to promote the inclusion and participation of disabled people in their own lives and communities.

The following issues were put forward by various local authorities. Aftercare support is limited, and is dependent on HSE and voluntary supports available. The lack of PA hours is a significant barrier for those looking to pursue independent living. There is an absence of sufficient funding and co-ordination to ensure appropriate transitions to independent living. This means that even if a suitable property is available, it cannot be utilised due to an absence of integrated supports. The absence of sufficient personal supports is seen as resulting from a lack of funding, absence of co-ordination, lack of mechanisms to review resourcing, those on the housing list not being encouraged to apply for personal supports and inaccurate reflection of the needs of those on the housing list. One local authority proposes that local authorities engage with the HSE in order to develop creative solutions to the PA funding crisis.

Two local authorities recommended ringfencing of funding for personal supports to enable disabled people to live independently in their own home, and that a commitment to funding for PAs is required to support independent living. To ensure successful transitions to independent living, and that appropriate properties are utilised, several local authorities reported that they will introduce an 'offer zone' into their allocation process, during which people approved can access the appropriate supports they require to live independently.

As well as personal assistants, several local authorities asserted that supports such as assisted technologies and training independent living skills could be better utilised and emphasised. It was also noted by many local authorities that assistive technology is a key opportunity to support independent living in the community, and it should be taken advantage of.

In terms of appropriate accommodation, numerous local authorities have emphasised the need to centre the concept of 'a home for life', and that the preparation of person-centred care plans will assist future planning of all housing applicants. One local authority stressed that the need for future planning is also made more critical by reported difficulties in the transferring process. They suggest that a Housing First model funded by the Department could support disabled people who require intensive supports to live in the community.

One local authority identified that the location of housing is critical, and that central and safe locations are key factors in the provision of appropriate housing. Additionally, supported housing should be accessible to medical and support services, as well as other local amenities. They recommended that homes should also be of people's choosing, and that there should be a review of Choice-Based Lettings (CBL) as a method of allocating housing for disabled people.

3.2.4 CONGREGATED SETTINGS

The goal is to support disabled people in their transition from congregated settings to independent living in line with good practice. The main challenges cited by local authorities were around funding and supports.

In terms of supporting disabled people to live independently after transitioning from congregated settings, one local authority highlighted that it is essential that support services are driven by the persons themselves. It is also essential that support services are of a high quality and effective. They note this also offers an opportunity to improve the provision of community-based supports. Another reports that the provision of self-directed living supports requires co-ordination between the HSE and the council/AHB on a case-by-case basis locally, and to ensure sufficient funding for multi-agency care packages.

There were also numerous challenges cited by local authorities in relation to funding. Firstly, there is a reported lack of capital funding for decongregation, with calls for funding requirements to be reviewed continually. Secondly, there are difficulties ensuring the maintenance of the congregated service as well as supports for those living in their new homes in the community during the transitional period.

One local authority noted that the Transition Plan for individuals will also have to consider the ability of towns and local population to support services. Individuals relocating need to have access to appropriate medical, support facilities and other local services, and therefore they need accommodation in or around towns.

3.2.5 PRIVATE RENTAL MARKET

The private rental market currently has a key role to play in the provision of accommodation to those on the housing list. However, numerous issues have been cited by local authorities in relation to disabled people renting on the private market and using the HAP scheme.

Firstly, there are many difficulties for people in seeking accommodation in the private rental market. Those on the HAP scheme encounter delays in processing and a disparity between current market rents and capped limits. The lack of private rented properties available was also noted by many local authorities.

Additionally, the challenges for disabled people in maintaining tenancies and the insecurity of the private rental market was reported. There is insufficient funding for tenancy support, and to maintain initiatives to sustain tenancies. One local authority recommended that greater co-operation with the HSE/key workers is needed to ensure the required supports to support a tenancy are available. Several others noted that those in the private rental market

can also be vulnerable to exploitation due to inadequate monitoring of standards and the nature of short-term leases leading to insecurity. A lack of legal safeguards was highlighted for those in tenancies with no-fault eviction orders and rent increases, which is leading to anxiety and insecurity. One local authority suggested that there should be mechanisms that allow tenants to access grant aid for adaptation based on the tenant's income, and that landlords should be required to enter into long-term lease agreements to provide security of tenure for the individual for whom the adaptation has been made.

3.2.6 SUPPLY

The supply of housing is a common challenge faced by all individuals trying to source appropriate accommodation through all avenues, but as one local authority identified, there are greater challenges for disabled people whose income is limited or who need an adapted property. They recommend that the number of units allocated to disabled people should be monitored every six months to ensure there is equity of distribution.

Currently, there is a lack of supply of suitable affordable housing and a lack of understanding of the accessible stock currently available within the social housing stock. One suggestion was to aim to increase supply through new builds or adaptation to existing homes. As referenced in the Social Housing Strategy 2020, there are concerns about costs of adaptations and the impact of adaptations in limiting delivery, particularly in relation to leased and social housing units. One local authority reported that the development of a national funding stream for adaptations for those in leased or social housing units is much needed. Others noted the lack of contractors for adaptations, that the lack of supply is particularly acute for single persons, and that accessible homes and many second-hand properties are unsuitable for CAS funding.

In order to ensure a more consistent delivery of appropriate housing to disabled people on the housing list, several local authorities stated that they will consider reserving a certain proportion of units to meet specific identified needs, and that a target proportion of annual housing supports for disabled people should be agreed upon. A few local authorities specified that all government-funded social housing should include 7% of wheelchair-accessible units. One suggested that new initiatives should be piloted to identify improvements and mechanisms in the end-to-end process. Finally, one local authority observed that principles of universal design should be at the centre of all new housing construction.

3.2.7 MENTAL HEALTH

In order to address the specific needs of those with mental health difficulties, one local authority suggested the following.

The establishment of a Mental Health and Housing Working Group to address specific issues, agree mental-health-specific actions and report to the Steering Group on progression of objectives.

Systematic identification of mental health housing need and delivery pipeline to address existing and emerging need.

Improved co-ordination between HSE and LA for people exiting hospitals and entering homeless services, and further information shared with mental health service workers, specifically around housing support.

Develop more structured lines of communication between HSE Mental Health Services and local authorities to ensure the applicant is offered the opportunity to avail of housing and supports services.

To increase the supply of housing for disabled people, establish an extension of the existing Housing First Model to provide a wraparound service and new tenancies for individuals with enduring mental health conditions under the START programme.

3.2.8 HOMELESSNESS

Disabled people are disproportionately affected by homelessness. Despite this, a few local authorities acknowledged that there is limited emergency accommodation options for disabled people and a lack of collaboration for those presenting with complex needs, for whom a range of support services are required. The lack of mechanisms to review the process as to how to mitigate against the risk of disabled people becoming homeless, was also noted.

3.2.9 ASSESSMENT AND ALLOCATION PROCESS

i.) Access to information

One local authority identified that the consultation process highlighted the potential for increasing awareness for disabled people on the full range of choices and entitlements available. They state that it is integral that people are aware of all such opportunities, and that personnel within each stakeholder organisation are aware of each other's roles and services. They also comment on the lack of information available, and that there is no one source of information, suggesting the development of a one-stop shop for information on all

entitlements and services. This one-stop shop could aid accessibility and awareness, and should include interagency advice and an information tool with common information on how to access housing supports.

The Irish Wheelchair Association's 'Think Ahead, Think Housing' campaign encourages disabled people to apply to their local authority to secure their future housing needs, and many local authorities note that this could be further supported to provide greater awareness. Another suggestion was to examine existing procedures between local authorities, HSE and other service providers to ensure that, where relevant, prospective applicants are encouraged to apply for social housing.

The development of a service user strategy was recommended; this would ensure effective communication and adequate access to information.

Other suggestions were as follows:

- Disabled people should be informed about the possibility of appointing a co-correspondent in relation to their application for social housing.
- A role for designated housing leads should be created which would focus on co-ordinating and sharing information on housing and services.
- A HAP Place Finder Service should be introduced to help the source private rented accommodation.

ii.) *Complicated and inconsistent process*

One local authority acknowledged that the assessment and allocation process is a long and arduous process for all applicants, but is particularly gruelling for many disabled people. Many report feeling overwhelmed and unsupported with the required paperwork and bureaucratic procedure. They recommend that the manner in which housing support is assessed must ensure housing is allocated to disabled people in accordance with the appropriate priority in the Housing Allocation Scheme, and that disabled people are accurately represented within the assessment process. Another reports that there is a lack of transparency in how systems work, and therefore the housing pathway is not understood. They identify that further clarification on the housing pathway is necessary in order to offer real choice.

According to one local authority, a proportion of any projected housing may be forward planned and reserved to meet the demand of disabled people on local housing lists and set out in an accessibility brief which informs the requirements. Another suggestion was for a designated person for families in accessing and co-ordinating services. This could aid

understanding of the process as well as a focus on housing requirements as opposed to clinical diagnosis.

3.2.10 ADAPTATIONS

Challenges cited around funding and cost were generally focused on housing adaptation and the CAS scheme.

Several local authorities stated that the Housing Adaptation Grant is seen as having too low a cap, which is not in line with building price inflation. In addition, all persons residing in the home are included in the household income criteria, as opposed to those to whom the grant applies and benefits. A review/updating these limits and criteria would mean more disabled people could avail of necessary adaptation work to their own homes. Assistive technology could be better used to support people through independent living, and could minimise adaptation costs. Those who need individualised adaptations also need to be catered for. One local authority suggested that specific adaptations could be carried out where a home has been identified for the individual but prior to the individual becoming a tenant of a local authority. They note that this kind of interim ‘bridging’ funding is essential at particular points in the transition cycle to support independent living.

AHBs currently have no direct access to adaptation funding for their housing stock, and some local authorities report that this could be limiting the delivery of accessible units. Another identified that local authorities would also benefit from increased funding for adaptations. They suggest that, by making funding available for adaptations, crisis housing situations could be prevented. In addition, frequent confusion was noted about the burden of adaptation costs during transitional periods from congregated settings, and when homeowners cannot afford the costs themselves. A need for a national funding stream for adaptation for those in leased and social housing units was also reported.

A few local authorities asserted that the CAS process is extremely complicated, and there have been calls to streamline the process. One recommended that improved protocols be put in place to co-ordinate accommodation and funding for supports to ensure prompt occupation of accommodation via the Capital Assistance Scheme.

3.2.11 INTERAGENCY COLLABORATION

i.) Develop networks and frameworks

Interagency collaboration is essential in order to streamline services and processes, as well as offer integrated options and person-centred plans. One local authority identified the need for state bodies and other organisation to collaborate to ensure fluidity and coherence. They

note that the Housing and Disability Steering Group is the first step in developing an interagency partnership, and the responsibility must be shared across all stakeholders. Interagency collaboration should also be focused on relationship-building, perspective-taking, unity of purpose and effort, effective interagency work processes and building effective communication to share knowledge to enable effective planning. Another recommends that membership of the Steering Group should be reviewed over the lifetime of the strategy and new members should be invited where appropriate. They add that, where possible, there should be in-person visits to meet colleagues, members and service users to improve engagement with other stakeholders.

ii.) Align housing and supports

Many local authorities reported the need for an improvement in the aligning of housing and supports. The following comments were made by various local authorities:

Greater collaboration between the HSE, county council and disability service would help to align timelines for housing and support service funding.

Greater encouragement for those on the housing list to apply to the HSE for personal supports could improve co-ordination.

An integrated relationship is crucial to ensure adequate supports for independent living. This integrated relationship is equally important for those transitioning from congregated settings or family settings to independent living.

Co-ordination of funding is essential between actual housing accommodation and support funding to ensure the speedy occupation of accommodation.

Interagency collaboration must look to coalesce fragmented services and help disabled people to access entitlements.

There is a need for mechanisms to review the protocol with the HSE on when a person will be offered the necessary supports once they are in the offer zone.

Review meetings between the local council and HSE would allow for robust housing delivery planning to match identified housing. Interagency protocols will need to be developed to ensure housing delivery is in line with effective support services to those who require it and to develop prompt and flexible responses to challenges as they arise.

A Disability Action Team should be established to facilitate structures, shared forward planning for disabled people, shared case management across key services and multi-agency offer zone review.

iii.) Meeting targets

Local authorities identified that greater communication and mechanisms could help stakeholders and agencies work more efficiently. Two local authorities noted that specifically the relevant Departments who work with disabled people require a more cohesive, integrated approach to progress the goals of the Strategic Plan and the National Housing Strategy for Disabled People. The need for greater communication between the smaller disability housing associations and the larger mainstream housing associations was reported, as well as mechanisms to review how agencies compete with one another for property acquisitions. It was recommended that a formal process for the HDSG be established to escalate issues to be dealt with nationally. Opportunities for training/information session and cross-organisational training was also suggested by some local authorities.

3.2.12 DESIGN

i.) Universal design

Many local authorities agreed that, in order to promote principles of universal design and improve standards, each design or procurement brief for new housing by a LA or AHB will include a section on universal design. They also noted that a review was required of Part M of the Building Regulations (2010), to incorporate a universal design approach to provide accommodation suitable for disabled people and older people that are future-proof and liveable units. It was acknowledged that there is a need for a greater emphasis on the lived experience of disabled people in revisions of universal design. Additionally, universal design will be explicitly referenced in The Design Standards for New Apartments: Guideline for Planning Authorities: Department of Housing, Planning and Local Government.

ii.) Innovative design

One local authority commented that there should be development of innovative housing design, looking at providing ensuite bed/living room for carers/personal assistants or shared space in smaller residential units. There should be an increased emphasis on all housing delivery mechanisms to ensure that the principle of universal design is at the centre of all new housing where possible, as well as working towards universal design as a minimum standard across all housing stock, with further goals of Universal Design Plus for those in a wheelchair or additional mobility issues. They also identified that greater data collection and use of data would also inform future planning and better co-ordination of need and delivery of universally designed and adaptable housing. They suggested collaborative work between local authorities and with European and international partners in researching innovative housing design and assistive technology for disabled people.

3.2.13 PLANNING

i.) Data

Two local authorities reported that there is an absence of information available on existing and future demand which affects planning and understanding. They note there is an under-representation of disabled people on the social housing waiting list, which has led to an incomplete estimate of levels of demand. They recommend that systems need to be put in place to capture statistics on disability and housing need to enable accurate targets and proactive plans to be put in place on a collaborative basis.

Several local authorities commented on the need for accommodation to be matched to the individuals taking up residence from the outset, as well as consideration to the concept of ‘a home for life’. They suggested that a more detailed analysis of housing lists would develop a clearer understanding of housing needs and allow for more adequate future planning and flexibility. The following suggestions were also put forward by various local authorities:

- There should be collaboration between voluntary and statutory care providers in defining need and consultation with occupational therapists and psychologists.
- Emerging housing need should be identified and included in future housing delivery planning.
- Housing lists should be kept up to date due to swiftly changing needs that must be accounted for. This should result in a more detailed account of disability and needs.
- A system should be developed that will record details on the housing stock, particularly looking at adapted properties, accessibility and the condition of housing.
- Greater alignment should be developed between housing demand and the type of housing being developed.
- Collate data on the number of disabled people on the waiting list using the new medical/disability form, which offers a new opportunity to inform better planning.
- Conduct a mapping exercise of county-wide services under housing, health, community and education for each county.

3.3 Housing Pipeline and Delivery

In their Local Strategic Plans, local authorities included sections on their housing need and on their pipeline and delivery. Some targets are in number of units to be delivered, while other local authorities’ targets are in percentages. Their timelines also differ, with some projected delivery targets referring to projects due to be delivered in 2022, while others are to be completed by varying years up to 2026.

For example, one local authority states it will provide a total of 87 new-build homes for disabled people from 2021 to 2024, with 38 being ambulant accessible and 49 being wheelchair accessible. The local authority endeavours that all social housing developments include 7% of wheelchair-accessible units in all new-build schemes.

Another local authority reports that it has 201 local authority own builds under construction or at various stages of approval. This includes 4 specially adapted units and a minimum of 20% of the other units to be adaptable. A further 74 are at the proposal stage. The local authority are acquiring 141 Turnkey projects, of which 29 will be adaptable. There are currently 38 Part V units in the pipeline, of which 7 will be adaptable/lifetime homes. It is requested that where the Part V liability is greater than 5 units, 20% would be lifetime/adaptable.

3.4 Awareness

In their Local Strategic Plans, local authorities provided information on how they planned to raise awareness of their strategy. This included the following:

- Local authorities publicly advertising, organising workshops, promoting with the Housing SPC, advertising on social media platforms and providing links on the council website.
- HSE will actively promote the NHSPWD to all service users, work to develop clear pathways to housing and awareness around availability of appropriate housing and promote the Local Strategic Plan amongst its local staff teams and service users.
- Service providers will promote the strategy by advertising on their websites and social media, through their internal communication and engagement pathways, holding information sessions for staff and members, actively participating in the Local Steering Group and promoting the Local Housing Strategy with Approved Housing body design, allocation and management teams.
- Working through the membership of the local Disability Network to engage with disabled people in relation to housing issues and promote the strategy through various media, such as social media, local press, community bulletins, local radio and information sessions.
- Information will be shared in HSE waiting room notice boards, and the plan will be promoted at the local ARI (Advanced Recovery Ireland) meeting or via email.

- To ensure the wider community is aware – some ideas are the use of local radio, local newspaper, social media, mass leaflet, Community Welfare Clinics, GAA – through the Health and Well-Being Committees, local resource centres and Tusla.
- Ensuring documentation is available in an easy-to-read format and potentially in different languages.
- Promote the inclusion of the strategic aims of the NHSPWD within the operations of the local authority and its overall development plan.
- Promoting it in universities, colleges and other public spaces, including libraries and community centres.
- Being creative to inform people that are not part of a service yet or people who do not fit in under services by having an ambassador to support the roll-out of the information.
- Support Irish Wheelchair Association National campaign ‘Think Ahead, Think Housing’, which is encouraging people with disabilities to apply to their local authority to secure their future housing needs.
- New communication team to be established as a subgroup of the Steering Group to raise awareness

Section 4: Round 2 Consultations

Section 4: Round 2 Consultations	169
4.1 Introduction	172
4.2 General Comments on the Strategy	172
4.2.1 Feedback on the Themes.....	172
4.2.2 General Comments	173
4.3 Theme 1: Accessible housing and living independently in the community	174
4.3.1 General discussion on theme	174
4.3.2 Design and Planning	177
4.3.3 Location/Community/Choice/Availability	179
4.3.4 The Lived Experience	180
4.3.5 Social Care/Supports	180
4.3.6 Barriers/challenges arising under this theme.....	181
i.) Availability/Targets/Costs	181
ii.) Accessibility	182
iii.) Building Regulations/Accessibility	183
iv.) Design	184
v.) Private Rental Sector	185
vi.) Residential Care	185
vii.) General.....	185
4.3.7 Actions to consider for strategy	186
i.) The lived experience	186
ii.) Accessibility/Adaptations	187
iii.) Building Regulations/Part M.....	187
iv.) Housing with Supports	188
v.) Independent Living/Community/Assistive Technology.....	190
4.4 Theme 2 – Interagency co-operation and collaboration	191
4.4.1 General discussion on theme	191
4.4.2 Housing and disability steering groups	192
4.4.3 Learning from good practice.....	192

4.4.4 Organisations working together.....	193
4.4.5 Planning for the future	194
4.4.6 applying for rent supplement	195
4.4.7 General	195
4.4.8 Barriers/challenges arising under this theme.....	196
i.) HDSGS	196
ii.) How Organisations Work Together	196
iii.) Complicated/Inconsistent Processes	197
iv.) Lack of supports	198
V.) General.....	199
4.4.9 Actions to consider for strategy	199
ii.) Interagency Meetings and Decision-Making.....	200
iii.) Accountability.....	200
iv.) Processes.....	201
v.) Funding.....	202
vi.) Adequate funding is required for this strategy to be effective Resources	202
4.5 Theme 3 – Increase affordability	203
4.5.1 General discussion on theme	203
4.5.2 Extra Costs	205
4.5.3 Assistive Technology/Supports	206
4.5.4 Private Rental Sector (PRS).....	207
4.5.5 Adaptation Grants	208
4.5.6 Capital Assistance Scheme (CAS)	210
4.5.7 Funding.....	211
4.5.8 Universal Design.....	212
4.5.9 Social Housing.....	212
4.5.10 Family Incomes.....	213
4.5.11 Homelessness	213
4.5.12 Barriers/challenges arising under this theme.....	214
4.5.13 Actions to consider for strategy	215

4.6 Theme 4 – Building capacity, knowledge and expertise	215
4.6.1 General discussion on theme	215
4.6.2 Barriers/challenges arising under this theme	219
4.6.3 Actions to consider for strategy	219
4.7 Theme 5 – Access to information	221
4.7.1 General discussion on theme	221
4.7.2 Barriers/challenges arising under this theme	224
4.7.3 Actions to consider for strategy	225
4.8 Theme 6 – Continue decongregation	226
4.8.1 General discussion on theme	226
4.8.2 Barriers/challenges arising under this theme	226
4.8.3 Actions to consider for strategy	227
4.9 Theme 7 – Mental health	228
4.9.1 General discussion on theme	228
4.9.2 Barriers/challenges arising under this theme	229
4.9.3 Actions to consider for strategy	230
4.10 Theme 8 – Data collection	231
4.10.1 General discussion on theme	231
4.10.2 Barriers/challenges arising under this theme	231
4.10.3 Actions to consider for strategy	232
4.11 Theme 9 – Review and monitoring	232
4.11.1 General discussion on theme	232
4.11.2 Barriers/challenges arising under this theme	233
Glossary	234

4.1 Introduction

The purpose of Round 2 of the consultation process was to explore in more detail the Themes which evolved from Round 1 of the consultation, and to develop outcomes and initial actions to assist in the delivery of the strategy.

As part of the consultation process, the nine draft Themes which were developed out of Round 1 were circulated to attendees ahead of the various consultations. An easy-to-read version of the draft Themes was also circulated, along with an explainer video. These draft Themes were:

- Accessible Housing and Living Independently in the Community
- Interagency Co-operation and Collaboration
- Increase Affordability
- Building Capacity, Knowledge and Expertise
- Access to Information
- Continue Decongregation
- Mental Health
- Data Collection
- Review and Monitoring

The consultations consisted of a number of online focus groups with a range of stakeholders. They were structured as follows:

- 2 online focus groups with the Disability Participation and Consultation Network (DPCN)
- 2 online focus groups with local authorities, Approved Housing Bodies, the Irish Council for Social Housing and the HSE
- 1 online focus group with the National Federation of Voluntary Service Providers

4.2 General Comments on the Strategy

4.2.1 FEEDBACK ON THE THEMES

- Why is there a specific theme around one diagnostic group and how one diagnostic group has been prioritised as a theme, over and above other priority diagnostic groups?

- Broadening out a theme to ‘Generating the evidence base’ would be more appropriate as a strategy theme, in that throughout the course of the strategy the generation of evidence to support the policy implementation is vital.
- One of the themes is more an implementation tool and process related to implementation rather than a theme in and of itself. Review, monitoring and evaluation will need to be overarching and relate to the actions in each thematic area, as well as a review and monitoring mechanism for the whole strategy.
- It would be really useful to see the overarching principles set out, as well as the strategic aims and objectives at this point to put the Themes into context.

4.2.2 GENERAL COMMENTS

- This strategy needs provisions for people with a wide range of disabilities.
- The strategy is too similar to the old strategy, which didn’t work. There are prevention strategies regarding de-congregation.
- The layout of the document is poor; it should be more like the Housing for All document, which contains specific targets and actions and how they are going to be achieved.
- This strategy is a repeat of the previous strategy and the Disability Capacity Review recently confirmed that the number of residential units with social care supports were reduced under the last strategy.
- The strategy must include targets and actions, similar to the Disability Capacity Review, Disability Action Plan Framework and Housing for All if it is to be effective.
- There is no description of what it hopes to achieve, so it will not achieve anything.
- Why are only two pillars of disability singled out, Mental Health and De-congregation? There should be specific strategies for different groups, as we know that the requirements are very different.
- One thing that strikes me going through the Themes is there doesn’t seem to be a focus on costs and funding mechanisms in the Themes. We need to spend some time talking about and exploring this. We need to look at the funding that is available to AHBs in particular to deliver and how AHBs are to deliver under various constraints regarding funding.
- This strategy contains no targets and no objectives; these should be included.
- The Disability Action Plan document has already set the criteria for this document.
- Don’t want individual feedback lost in the Themes. We want them called out.
- Efficacy of consultations – the purpose of a DPO is effective consultation. It is essential that consultation is directly with the people who will be making the

decisions. It often feels like a box-ticking exercise. Consultation is great, and a step in the right direction, but the outcomes (reports) stemming from these consultations are often not sent to the participants in the consultations.

- Efficacy of consultations like these – a shared sense that these are just roundabout conversations; feedback is taken but nothing ever changes.
- A copy of feedback notes from the consultations would be beneficial. For future consultations, therefore, they would not have to recap but to build on what was already said. Also, provision of a copy of the actions that are planned to be taken because this is about whether the consultations are effective. These are circular conversations. Consultations are happening, but they are not taking effect. There is no feedback regarding actions or outcomes from the information provided at consultations.
- Language – regarding the use of language, in the title of the theme why is it ‘considered’ outcomes? Why ask people for their input and expertise if the information provided will only be considered. Participant felt this does not make sense.
- The language we use – should be rights-based.
- Individual issues – should not be put under blanket headings but treated as individual issues.
- Need to mention all the different individual struggles.
- Housing should not be accessed through charities, whether you have a disability or not.
- Final contribution regarding consultation:
‘Nothing about us without us.’

4.3 Theme 1: Accessible housing and living independently in the community

4.3.1 GENERAL DISCUSSION ON THEME

- Home design.
- Home provision.
- Housing and independent living.
- Getting the supports you need to live in your home.
- There should be more detailed strategies for each disability pillar, as people’s needs are very different and present different challenges and costs.

- Invest in the right accommodation from the start and the savings will be made in the long run.
- It may cost more at the beginning, but the person will be supported to live independently, and you are providing the right services for that person.
- Everybody can live independently as long as the support services are available to them.
- Voluntary and for-profit providers provide services for the HSE and that while the first preference is the voluntary sector, private providers offer a holistic response and are highly responsive and available. However private provider services come with very high costs. Would like to see a rights-based approach where housing is accessible for all people and is designed to serve people from the beginning of their life until the end of their life. There is a requirement for flexibility as people have a right to live at their own home and we need to support people living their life in their own home throughout their whole lifetime.
- A strategy to anticipate people's needs and to help them transition from congregated to independent living.
- When someone is trying to get housed it is usually based upon an emergency situation. A strategy is needed that anticipates needs.
- This needs specific targets. There is lots of competition for one-bedroom properties. This needs to be considered when forecasting for the future.
- One thing that strikes me going through the Themes is there doesn't seem to be a focus on costs and funding mechanisms in the Themes. We need to spend some time talking about and exploring this. We need to look at the funding that is available to AHBs in particular to deliver and how AHBs are to deliver under various constraints regarding funding.
- The number of units being delivered in CAS now has been dropping over the last decade or so, and this needs to be looked at.
- Funding mechanisms: CAS in its existing form needs to be looked at.
- There is quite a limited number of CAS under Housing for All, and access needs to be assured.
- When looking at the Themes and how they are laid out there is a lot included and maybe thinking about how the last plan evolved. How is it governed and how does it work across different stakeholders to achieve aims and outcomes and maybe more work could be done there. I suppose the ownership of delivering some of the aims and objectives and how that works across different agencies is a constant learning

process. How can we make smoother decision-making be made, etc. The obstacles are there, so we need very clear targets.

- Difficulties on LA level is disconnect between what we are doing in terms of overall delivery and the commitments we have under disability strategies. We have a commitment to provide 20 per cent of all our availabilities to people with disabilities. In some cases, this happens by chance, as we are not necessarily conscious of those targets. We are aware of what we need but we are under pressure to deliver overall numbers, and sometimes the need gets forgotten in all of that, and Housing for All does not necessarily help us, as there are specific targets set out to deliver and the overall number seem to be the focus, rather than specific needs.
- Sometimes putting in a minimum target can work against it, but even a minimum target for tenures of the different categories of need helps. When there is forward planning needed for the design of houses like for physical disabilities there is some planning, but if it comes to mental health there is not as much planning as no specific design needed.
- In my experience in the Midwest what works really well is our relationship with housing, securing independent accommodation and also putting in home support pieces like day service, night service for bedtime or meal preparation, and that works really well.
- Link to Housing for All strategy needed.
- CAS Funding – limited CAS identified in Housing for All.
- Cost ceilings based on standard units instead of costs per category/standard.
- Overall targets take priority – individual targets often overlooked.
- No legal requirement for provision of properties for disabled people.
- A lot included in the draft and a good starting point. How will it all be governed? How will it work across stakeholders? There must be ownership of delivery of targets and how it will work across agencies. There must be smooth decision-making processes in place.
- Delivery and support services are key. This strategy should link in with Housing for All and Mental Health Strategies.
- What impact did Rebuilding Ireland have? This strategy needs to reflect that.
- There is a big opportunity to tie this strategy in with Local Authority Housing Delivery Plans; specific targets are needed.
- There is a difficulty as there is a disconnect between what LAs are doing in relation to delivery and what they are doing in relation to the disability strategy. LAs are not conscious of the disability strategy when developing and designing sites. LAs are

under pressure to deliver overall numbers, so specific needs don't get the same focus.

- Local authorities required to report on social housing targets and outcomes of Disability Steering Groups – highlighting targets but no national target for disabilities; this would provide good direction.
 - There should be a requirement to report to council on outcomes of the strategy.
 - There is a limit/cap for CAS-funded properties; people with disabilities need access to these properties.
 - Many services have year on year SLAs, and this does not allow services to have any type of ongoing business plan. DRHE/HSE don't fund for a management structure or maternity leave; only frontline staff are covered.
 - Early collaboration among stakeholders.
 - A need to have the local HSE rep on steering groups.
- No national targets are set; each LA sets their own targets within their strategies.

4.3.2 DESIGN AND PLANNING

- Design of properties is key. Properties should be designed to suit all people, but also in a way that if adaptations are required in the future due to disability there should be scope to do this – the example of always having a spare room or room that can be adapted at ground-floor level that can be turned into a bathroom.
- Design of houses should include privacy. The use and development of studio accommodation is short-sighted, as at some point people will need support and people to either stay over or live in, and this is not suitable in studios.
- Accessibility in terms of universal design – adopting a universal design that guarantees access to wheelchair users, vision impaired and other disabled people. Approach the issue from a universal design perspective, then use funds to design and construct additional specific access needs.
- Cost of providing universally designed suitable homes.
- Accessibility assessments.
- Future-proofing properties.
- Autism services are very far down the line of services. Young people with autism have a lot of sensory needs, and this can be hard on a house. This is an extra expense for repairs. Taking into account what a person with autism needs, it is not a semi-d. They might sing or bang loudly at night, need space around the house, need to avoid sharp surfaces.

- Some deaf people are allocated housing or have their own homes. Accessibility in relation to the building, whether it be an apartment or a house, most will have a fire alarm system in the property. These systems are based on sound, generally. For this to be suitable to a deaf person there would need to be a flash/light when the alarm sounds in every room in the house. When houses are designed or upgraded, this extra wiring is not considered, and therefore it would be another cost on the person with the disability to install this.
- Until Part 8 of the building regulations is being reviewed there will be no change as the consequence of the building regulations is lack of design and delivery on wheelchair-accessible housing.
- A home for life – accessibility is not just coming and going from your house and getting around your kitchen. The focus needs to be living in your home for the long term. A focus on a home, not rooms, with structural mobility. This is done in Europe, where you have walls that move so you can have larger rooms or smaller rooms depending on specific living needs. A change is needed in the mindset of how houses are built.
- Preference for new builds. There is a need to anticipate changing needs over time, so try and do that work before it is actually required. Properties should be built to anticipate changing needs, i.e., double-height doors, extra-wide corridors to allow equipment to pass through.
- Include in the design-assistive technology from the outset, so homes are future-proofed for those with disability.
- Early engagement with AHBs and LAs. Where a layout of a new build under construction is identified as not being appropriate or a change is needed, what happens is the property needs to be retrofitted. Example given was a property with a walk-in wardrobe needed to be retrofitted as a storage area for the prospective tenant. It all had to be built, pulled out then rebuilt, and this added 6–9 months wait time to move in, and extra cost to the state. Pre-plan don't retrofit.
- Standard building structure prototype is not sufficient.
- 7.5% of all new builds need full wheelchair accessibility with additional space for equipment.
- Engage with the architect at an early stage. Lots of services have OTs, or those with knowledge of what is needed. The Department of Environment set the standard and room size, building footprint, but the experience of one participant has been if you are involved from the beginning there are no extra costs or retrofitting.

- The importance of a second bedroom for personal assistants and for social reasons, e.g., family and friends.
- Developers of private developments have no legal obligation to provide for disabled parking – this needs to change.
- There is a need for facilities that help people to transition/train up for living independently.
- One-bed units are a key obstacle, huge amount of pressure and competitions on funds and private rental sector. This has to be kept in mind when forecasting for the next five years.
- There is no national target, and it's left to each LA to set their own targets within their own strategies.
- In terms of the high volume of one-bed targets in Housing for All, it doesn't provide for a huge amount of futureproofing, particularly for ageing people and even for disability. If there were some two-beds where someone would have the opportunity to have partners in the future. In terms of targets, I suppose from a disability strategy view we identify the need and try to bring that to our housing allocations.
- Planning for what's needed is important, but sometimes minimum targets can work against things. Targets for allocations for specific needs would help with advance planning, especially with mental health where no specific adaptations are needed.
- Have we lobbied the government for a specific percentage of housing to be for disability groups similar to Part V provisions?
- Creating a home for life/futureproofing/creating bespoke houses.
- Anticipating changing needs.
- Early engagement when constructing properties to avoid retrofitting and the time delay/costs this results in.

4.3.3 LOCATION/COMMUNITY/CHOICE/AVAILABILITY

- Where you live determines very much how you live: what services are available near you, supports/shops, bus routes, etc. This will also support people to maximise their rehabilitation potential.
- Homes need to be near accessible transport and other services, etc.
- Most importantly, if a LA is offering a home it needs to be in an area that the person wants to live in. Examples were given of LAs offering housing outside the area a person grew up in or wants to live in. Also, location of homes needs to suit the family members and carers of disabled people.
- Community is essential.

- Importance of people with disabilities being able to access social housing that is close to family members or carers. This would ensure people will remain safe and promote independent living.
- Sheltered housing can work well if it's located within and part of a community.
- Many people with disabilities are living with their parents into adulthood, and this may not be what they want but there are no other options available for many people.
- Community element needs to be considered. Make sure the community is there.
- Housing for All talks about building houses, but there are so many vacant properties – these should be used for people with disabilities.
- Likely that people with disabilities could become homeless. Government not doing enough to allow people to live independently.

4.3.4 THE LIVED EXPERIENCE

- The importance of all decisions being made which take into account the input from those with the lived experience of the issue being strategised.
- Listen to the person with a disability who wants to live independently, to get them out of institutions and into independent living.
- Filling voids – people with disabilities being placed into whatever is available in an emergency and the unsuitability of this. Traumatic nature and peer-to-peer abuse that can occur due to these placements were highlighted repeatedly.
The detrimental impact of over-reliance on group homes.

4.3.5 SOCIAL CARE/SUPPORTS

- There needs to be a greater focus on more social care supports.
- Help from support organisations such as 'Possibility Plus' in order for the person to be able to move into a house and live independently. The role these support groups play in supporting the individuals is important.
- Sign language is very bad in the supports available.
- Additional room for sleepover staff is required.
- A speaker – overarching theme, costs for a general housing allocation will not be the same for those who have more complex needs. It would be preferable to see an acknowledgement that some people have more complex needs that would require greater support.
- A one-stop shop to assist people in making a submission and a key worker who could anticipate need. There needs to be a more joined-up strategy and to make it easy for people to talk to the LA about their housing need.

- Main Theme: costs are not the same, need more specific guidelines which are customised depending on individual's specific needs.
- Section 39: when we say funding in the strategy it must be adequate funding.

4.3.6 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

i.) Availability/Targets/Costs

- A limitation is finding a property that is supporting people with a disability.
- It can take a very long time to find a house that will allow a person with a disability to live independently.
- There are limited accessible homes available in Ireland.
- Long waiting lists for accessible properties.
- There has been interesting debate in both sessions about the large targets for one-bedroom units within Housing for All. The majority of the participants felt that one-bedroom units are not suitable for most people with a disability as it doesn't allow space for live-in carers and family members to assist occasionally – or even family growth making one bedroom unsuitable, especially in the context of units being designed to provide for a tenant's whole lifecycle (no futureproofing). Small size of the units based on guidance from the Department also likely to make one-bedroom properties unsuitable for tenants with mental health/behavioural disabilities.
- For the vast majority of people with disabilities, the main issue is not access to housing, it is access to a social care support package. There need to be targets in place for putting social care support packages in place.
- The work/cost to transforming old properties is vast. Thought should be considered to the Complexity of Needs, Physical Disability.
- Additional costs involved after properties are allocated to an individual with specific needs.
- There is a lack of one-bedroom housing; single housing is predominant with mental health.
- We haven't been reporting to the council on disability, but we do for normal Social Housing and Traveller accommodation at least once a year – but we don't have mechanisms on delivery for disability strategy.
- In terms of supporting people with intellectual disabilities, a large cohort of them would need one-beds, especially people with intellectual disability on a mild scale, however there is also a need with moderate or severe intellectual disability which would need 24-hour support, and it's important that caretaker units are available within. Under CALF there are no caretaker units. Also, to emphasise that we do have

people with intellectual disability, who are not wheelchair users, but they require a large amount of space to manage behavioural issues and it's not just about physical needs for space but often also for behaviour issues. This relates to both, availability of inside and outside accommodation.

- Lack of one-bed units for MH.
- Relating to costs, there needs to be more future planning. Standard units with adaptations are viewed as costing more, but there should be different standards for different categories of housing. There can't be a constant argument over spending 'more' on adapted properties.
- High targets for one-bedroom properties does not provide for good futureproofing, where people may have partners or a requirement for a carer in the future.
- Within intellectual disabilities there is a high need for one-beds. Also, a large need for onsite support, caretaker units are required. No caretaker units allowable under CAS.
- Funding for Section 39s.
- CAS properties should be made available for people with disabilities. CAS should include allowance for caretaker units onsite.
- Need to link disability strategy with capital schemes. Sometimes it can be a battle to get funding for the services you would like included in a scheme.

ii.) Accessibility

- No legal definition of accessibility. There are some guidelines. An example of a lack of definition was given as: a grab rail in a bathroom does not make it accessible if there is a step/lip into the shower, or a property may be wheelchair accessible, but the kitchen units/worktops may be too high.
- Testing accessible properties – there was a question regarding whether people are brought in to test accessible properties.
- There needs to be research done on the costs of universal design versus current supports being paid out.
- Money needs to go to actual home building rather than reactionary measures.
- Some of the houses that are allocated to people with a disability are in smaller rural villages. Public transport accessibility to bigger towns may be limited. Choices may be limited for individuals for access to shops, etc.
- Finding a property that is suitable to the needs to those who we are trying to support. This may be trying to find properties that are at ground-floor level. To acquire those properties even through housing bodies the renovation work that is needed to go into an old property is quite extensive, added to now by new fire regulations which really

turn the property from a home into something that an institution would operate.

Additional cost for renovation.

- Access in the local community – standard of footpaths, accessible transport, access to religious settings, etc.
- It's great to have accessible premises and a house that fits your need, but what is close by is very important too. Access to transport, safe neighbourhoods. There is an issue with loneliness, and at times there is a number of people that have fabulous one-room apartments, but they are relying on staff and maybe it should be looked at for people to share houses and support each other rather than just having support staff.
- Great to have accessible homes, but what is outside and the facilities nearby are also very important. Access to transport is very important.

iii.) Building Regulations/Accessibility

- The approach to construction. It is felt developers only do what they are legally obliged to do, and this is impacting accessibility of properties.
- A new build is clean, but it makes no sense for a private developer to provide this type of home and housing associations are looking at waiting lists and want to increase density and not provide unique accessible properties. The priority is the property footprint.
- How accessible properties are constructed – inefficient and not cost-effective.
- The mindset is to build the house then think about adaptations later. One participant spoke of experience working on Australian building projects and Irish building projects.
 - In Australia, all properties built must be accessible. There is a future focus for an ageing population who may use wheelchairs. In Ireland, the property is built and then a contractor is brought in to make it accessible. Costly and inefficient. The participant added that what is being discussed is not new; this has been discussed years ago and there remains no change.
- At the moment, new homes should be 'wheelchair visitable'. This could be reviewed to make homes wheelchair liveable instead. Until such a time that all homes are wheelchair liveable that some target (7 per cent) be part of Part M review. You can't force that through the development plans at the moment, but that should be looked at within a strategy, in terms of social housing steering groups.

iv.) Design

- Properties which do not take account for sensory disabilities – example given was if a property's internal walls are all magnolia, a vision-impaired person cannot see the walls.
- The need for adapted housing versus the request for adapted housing is not aligned, and that especially people with autism and other intellectual disabilities don't make a request on their SHS Application. There are a lot more people now with chronic progressive illness, and the level of accessibility for them is decreasing. More units need to meet universal design. This universal design will be costly and needs to be built more at a strategic level. Retrofitting units is difficult, and there is a myriad of things that we don't do a good job on when it comes to responding. Would like to see a firm strategy coming through.
- In one AHB's experience regarding their delivery of mainly larger turnkey projects, developers have no awareness of need for accessible properties, and that more information has to be relayed to large developers in relation to the acute need for housing for people with disabilities. When people see a wheelchair, they see a clear need for appropriate housing, but less obvious disabilities are not catered for, and that needs to be addressed. He suggests that developers should be looking at the provision/design for homes for people with disabilities at the feasibility stage of a project, rather than at the point of planning. He suggests that talks be given from, for example, the Housing Agency or similar bodies at construction conferences to raise more awareness of this issue. From his experience dealing with developers, they are aware of Part VI and other legislation, but don't think about what they can do for people with disabilities.
- One person shared their experience about getting approval from the Department. Design standards for new apartments need to be followed, and there is no reference to universal design. There is a piece in the design standards that advises that around 50 per cent of apartments need to be circa 20 per cent larger than minimum size. Sometimes it's very challenging and difficult to be able to provide universal design within that size limit. There needs to be other explicit direction and guidance that can allow to meet our ambitions in our disability strategies.
- Interacting with private developers at an earlier stage in the design of housing process. Private developers are unaware of the acute needs for adapted units that can be incorporated into larger-scale developments for people with disabilities. We rely on the private sector delivery for supply of houses for social housing; there needs to be more information relayed to private developers in relation to the acute

need for housing for people with all areas of disabilities. There are less obvious disabilities that we need to acquire properties for also.

- Housing for the elderly is a demographic time bomb that needs to be addressed. What private developers can incorporate into the feasibility study of the design of properties. Rather than looking at it further down the line when the properties have planning permission or are being built. Adaptations then have to be made and it's too late then.
- Needs – how the LA determine a person's need around accessibility versus the requests that we get. There is just an ocean between this.
- Autism – additional spaces for autism, but that is not coming through in terms of the need. LAs would not see that.
- Needs to be more guidance and flexibility in the size of the properties. An extra room for example may be needed for someone who has autism, but it is seen as an extra cost and will not get approved. The person with the disability and their needs are not being considered when approval of funding is sought.
- There is a need for clarity about what is defined as disability – LA would receive GP letters advising that a person requires certain things in the house due to their mental health issues. Social Housing Support Needs being aligned with real needs would assist with design of a particular unit.

v.) *Private Rental Sector*

- Private landlords won't modify properties at their own expense.
- Studios have limited scope to be adapted.
- Particular challenges face the private rented sector (PRS) and adapting homes in this sector when someone is renting.

vi.) *Residential Care*

- Respite Care – Residential Care.
- Staff not treating people properly.
- Access to privacy, having a room of your own.
- Residential Services in an estate. Three properties in the estate.
- Access can be an issue, as cars are parking on pavements.

vii.) *General*

- Part 8 of building regulations.
- Cost, funding mechanisms and funding availability to AHBs, LAs.
- Lack of availability of units and lack of developer awareness in relation to units fit for disabled people.

- Guidance on what defines disabilities, especially in mental health context, required.
- Guidance on design to cater for people with intellectual disabilities required.
- Current Department Design Standards not adequate to deliver/design for people with disabilities.
- GDPR, consent to share information between agencies.
- Access of financial supports to CAS tenants.
- There is a need to consider the long-term needs of each individual.
- There is no planning in place for sustainability or transfer out of family care.
- There are a lot of people with family care supports, but what happens when the carer dies?
- There is no planning in place for sustainability or transfer out of family care.
- No joined-up thinking through all organisations that are involved.
- No one single pathway to access property through organisations. No one is working to the ideal service.
- Fragmenting – disability accommodation may be provided, but it is not made clear where support services are located.

4.3.7 ACTIONS TO CONSIDER FOR STRATEGY

i.) The lived experience

- The importance of all decisions being made which take into account the input from those with the lived experience of the issue being strategised.
- Design the ‘benefits’ of Universal Design homes should be a priority, not the ‘cost’ of them.
- People with the knowledge of needs being involved in the design stage of homes.
- Consistent approach towards design. At the moment this varies from LA to LA.
- Designers of homes to deliver properties that supports the behavioural/cognitive needs of the individual, e.g., quiet rooms for individuals in a house. The understanding from the design team and the local authorities as they may see that as an unnecessary luxury.
- The designers who are responsible for delivering housing for people with disabilities should be competent in the different needs that are required. More consultation with the peer groups on the needs for the individual.
- Design of houses critical. Cost benefit analysis required to assess building and adapting appropriate homes and putting people into nursing homes or other reactionary measures.

- Design of properties is key. Properties should be designed to suit all people, but also in a way that if adaptations are required in the future due to disability there should be scope to do this. The example of always having a spare room or room that can be adapted at ground-floor level that can be turned into a bathroom.
- Two houses in a community setting that may be joined together that have a PA room to support individuals in the adjoining properties.
- Equipment that is needed in a home to support independent living will have to be maintained and upgraded after you have moved into your home. There are additional costs involved with this.
- People with sensory issues. Noise level. Baths need to be larger. House design needs to be adjusted around specific needs. Even access to space for exercise and sometimes dogs.
- Sensory disabilities – interior design to accommodate those with sensory disabilities.

ii.) Accessibility/Adaptations

- A definition of accessibility is required.
- An accessibility audit. A person with mobility issues should be brought into properties for 'accessibility testing', rate the accessibility and identify design flaws.
- Regarding the approach to construction, build then adapt has to stop. Building must take place with everything in mind – disability, ageing, future proofing. No dwelling should be built without full accessibility.
- Cast a wider net for the allocation/eligibility for funding for adapting homes. The process needs to be made easier and more funds need to be available.
- Until all homes are wheelchair liveable have a target in delivery plans to achieve this.
- The importance of accessible communities.

iii.) Building Regulations/Part M

- There were calls for reviewing the current building regulations to include a certain number of units having to be designed for people with a disability. Currently no awareness on developer side and no legal requirements for the provision. Requirements could also potentially lower some of the costs and make it easier to get funding if certain items are included as building regulation requirement.
- Public consultation and a review of Part M.
- Part M of the building regulations needs to be named in this strategy, and not covered up with words like universal design. Part M to be reviewed. Part M talks about entry and room accessibility, but if the bedrooms are upstairs then the properties are visitable – not liveable. A review needs to take place inclusive of public

consultation in the 1st quarter of 2021 and not wait until the end of the strategy.

Builders will only do what they need to by law, therefore Part M requires change.

- Everything feeds into Part M, so if other elements are to change, it needs to start with Part M. Without Part M changing all the other things are just roundabout discussion points.
- Another person noted that Part M needs to account for lighting and where lighting is placed, e.g., strip lighting under kitchen units and the type of wall and floor coverings.
- Extra wiring installed in homes to facilitate for, e.g., a flashing light as well as sound in a fire alarm system.
- Part M of the Building Code calls for units to be wheelchair visitable. There should be a review of Part M to make units wheelchair liveable. It should be included in the strategy to support this review.
- The consequence of that is the lack of design and delivery of wheelchair-accessible housing both in the social housing sector and the private housing sector. There is nothing there at present. People are 10/15 years on the waiting list, and this won't change unless a review is carried out of Part M of the building regulations. This should be called out as a specific action in the strategy.
- I go back to the planning issue and percentage for disability: The best way of tackling this might be through building regulations. Put more strength into building regulations regarding access to housing and accessibility. If that was put in it would just happen and be built. A lot of the things that would be required wouldn't be hugely expensive, but if they are not in the regulations, builders won't build them. Funding would also be easier to get if it was in the standards, there would be no arguing about requirements.
- Building regs – this could be a way to approach the development issue. Existing regs have improved over the years, not hugely expensive. Builders will only build to minimum sizes unless it is in the regs to do differently.
- More future planning required for adapted homes.
- Adjustment of building regs could be required.

iv.) *Housing with Supports*

- A wider range of housing with supports to be available, e.g., transitional living units, neuro rehab, fully independent, etc.
- Overall discussion on the need for social care support packages for people with disabilities, and that these should be well funded and specific targets and actions on this to be contained in the strategy.

- If people have a complexity of needs, what we are finding is that there aren't always the supports to back that up. People may not have access to Home Care packages. There is no 'one size fits all'. Looking at people as individuals in relation to access housing.
- Greater collaboration between the HSE, other stakeholders such as care providers, disability, mental health, social inclusion so that we can access funding to provide what the person needs in order to sustain them in their house.
- On the support issue it is very dependent on piecemeal funding, and it's very unclear about a solid funding stream. If a funding mechanism is introduced nationally that would be really positive. In terms of actual implementation there would need to be a discussion on how it would actually work.
- One of the issues would be valuing our local AHBs, who can be well-regarded locally and can work well. We might be overlooking the idea of local communities which the HSE and LAs are committed to.
- Idea of support workers being managed in collaboration with the AHB, LA and the HSE is very helpful way to go once it is person-centred.
- Disability of mental health, homeless with drug addiction. The support services are vital. If they opt out of support services that leaves the LA with a serious problem, if they are not linking into support services and in that regard.
- If we are looking at people coming from congregated settings, then more work needs to be done on transitioning accommodation, where they would spend time in transitioning accommodation for a year or two to enable them to sustain long-term tenancies. This may need to be looked at.
- More fundamentally in accessing supports, tenants have difficulty accessing state mainstream financial supports, and I'm talking about some CAS tenants. There is huge disparity across the country, depending on where the individual lives, and every LA has a different way of delivering CAS supports to its tenants. Besides the care and support that is needed to live independently in their homes there is a lack of equity for individuals to access basic mainstream financial support that every citizen in the country is allowed apply for. We need to look at the most basic level of supports that are available. We have tenants that are not able to access financial support towards their CAS rent, and that is a real issue for us.
- That the opt out is a key problem in relation to planning for disability and mental health support services which are vital. If people opt out of support services, it leaves the local authority with issues if they don't link in. When looking at permanent housing for clients in that area, that are coming from congregated settings, more

work needs to be done. For example, transitional accommodation for a year or two to enable those service users to access permanent housing.

- Someone (e.g., Housing Agency) going to a construction conference and discussing the need for properties for disabled people and what is needed from the industry in delivering these. It needs to be a wider sectoral approach, not just the different organisations that work with people with disabilities and AHBs, LAs, HSE, etc.
- It is good to see delivering and support services in there in terms of accessible housing – but it would also be good to see a link in the Housing for All strategy for mental health.
- The lack of a pathway to supports and housing for a person who wishes to move out of the family home and live independently in the community.
- Delivery and support services are key.
- Challenges in accessing grants or housing support payments.
- That the cost of community housing is greater than for general housing, especially where people have complex needs. Funding and guidelines need to reflect this.
- Support services and agencies need to work together.

v.) *Independent Living/Community/Assistive Technology*

- Day service supports can be the wrap-around supports that support independent living.
- Advocacy for deaf people, who are moving from residential settings to the community or independent living. Some are moved into nursing homes, and they have no way of communicating with the staff. In independent living, how do they contact the landlord, or communicate with social workers or speak to staff in local authorities. These services should be considered before independent living.
- Availability of support services, accessible transport and a community where disability housing is located.
- Avoid fragmentation – housing, community, supports, transport are all interconnected, and should not be treated as standalone issues.
- Allowing the person with a disability to make their own choices.
- Disabled people should have a choice in where they live.
- Encourage the private sector to provide homes for disabled people.
- Access to and support with assistive technology is needed. Maintaining these can also be very expensive to people who are dependent on social welfare as their main income.

- **Assistive Technology.** Aids and appliances. People don't have an income to provide the extra technologies to support independent living. There should be inclusion of this when supporting people for independent living.
- Loneliness and reliance on staff support are sometimes elements of housing for disability. Is there a way to have people in a house sharing with just one person?
- **Support to live independently:** we are currently looking at very defined models of support (Mental Health TSOs, for example). However, people who require support to live independently may often have a complexity of need, not just MH, intellectual disability, addiction, etc. The UK approach to this is the 'Supporting People' programme. This takes a more holistic approach to housing support, has supported thousands of people, and achieved substantial net savings. Many of the local authorities I engage with often struggle with trying to support vulnerable adults and not just people who fit into neat categories of MH, addiction, etc. Could a scheme such as this be considered?
- What works well is the relationship with housing and home support packages. These need to meet people's nuanced needs but can work very well.

4.4 Theme 2 – Interagency co-operation and collaboration

4.4.1 GENERAL DISCUSSION ON THEME

- Making the journey easier for getting the supports to live independently.
- It needs to be more open and transparent.
- Funding for housing supports.
- People who are in hospital who are very ill. Medical staff working together/communicating together to support them.
- Need a state-led construction system, a state-led construction department – one group constructing houses for the people. An example was given of the Vienna model. In that example, people with disabilities are included in all the models of housing. It's built for everyone.
- A specific point in relation to CAS: There would probably be a need for greater co-ordination across the board regarding how CAS is getting delivered across agencies. AHBs often come across issues, as the breakdown of the costs is excluded if there is a particular type of adaptation required above the standard. That can often cause a huge delay or even not being able to find funding for additional costs except for fundraising. That process could be improved and smoother. There was a circular that

did outlay some of the costs and broke them down, but it didn't go far enough, particularly in relation to fire safety.

- In relation to housing co-ordinators, every CHO has a housing co-ordinator specifically for that, to pull together the issues and be the point of contact.
- CAS process – there is a need for greater co-ordination on how CAS projects are delivered. The breakdown of costs of above-standard works can cause delays. There was a circular issued in 2019, but this did not go far enough in terms of fire safety.

4.4.2 HOUSING AND DISABILITY STEERING GROUPS

- Housing and Disability Steering Groups (HDSGs) in each local area.
 - Huge disparity between how they work. Some meet regularly, some don't. Disparity in who attends, who is engaged with them. The kind of reporting coming from these groups. They appear to be very individualistic/varied in terms of approach. The lack of consistency has a knock-on impact in terms of delivery and supports.
- HDSGs are working well but still need to be improved.

4.4.3 LEARNING FROM GOOD PRACTICE

- A lot is already done in homeless centres about consent. Instead of reinventing the wheel there is agreements about consents already, consensus is about sharing appropriate information in the best interest of the service user. This is working well in the homeless sector; what can be learnt from them?
- Practices need to be looked at which are already available and that works well and use it. Share the data that's appropriate in the best interest of the service user and the service user knowing what's being shared. Being clear on it. It is working well in the homeless sector so what can be learnt from that and use it.
- A stakeholder group – they have done a lot of great work in this area. What they are trying to achieve and what another group is trying to achieve is very similar, especially in terms of the disability requirements for housing and updated Part M guidelines.
- A lot of people are ageing. The number of people that will be over 65 will double by 2040, from 700,000 in the 2016 census to 1.3 million people, and with that comes effectively a lot of people who have some form of disability in their own lifetime and will need adaptability in their own house, e.g., ground-floor wet room. What is needed into the future of a home?

- In one local authority, they are putting in downstairs wet rooms and wider doors as standard now in social housing.
- Had good experience with LAs through the development of projects were working closely with LAs. Comes down to really practical things. Know your counterpart in other services. Get a response and a reaction, be consistent in positions and have connections and contacts in place.
- Housing co-ordinator is the link or conduit. Linking with AHBs, LAs and mental health teams. Has been very helpful.

4.4.4 ORGANISATIONS WORKING TOGETHER

- Need to go in as a group to talk to the relevant departments. A stakeholder group and the disability groups together. There is a lot more votes as a collective, and there may be more of a commitment on that basis.
- Linking support services and housing together.
- GDPR – needs policy change – housing application form, the data on that is restricted to the local authority and one other agency. This needs to be changed so that AHBs, support services and the HSE are included in the opportunity to talk to one another about the people who are ‘on both books’ so that planning can be done. The participant added there is a need to call out individual issues and not put them under blanket headings.
- Level of interagency co-operation only words on a page unless there are actions attached.
- Tokenism is rife in large organisations. It's a great way of avoiding change.
- One stakeholder group said they had quite a good experience with LAs through the development of projects – they identified need or have open discussion through the disability strategy groups. In practice it's to know your counterpart and be available to them and they to you. It's local and being consistent in positions, and knowing who you are working with, and having the connections and information and connections that can follow through.
- Moving forward, the collaboration that we need depends on the person who interfaces between the two agencies. Dublin City Council have a good team; that's not always the case. Bridging the gap by having at least one person per area who would make the transition easier and that it would be addressed with two persons, being your point of contact. If someone is in an area long term it would maybe make that process a little bit smoother.

- Mental health being that link between the agencies (housing co-ordinators) dealing with AHBs, LAs, etc., that has been very helpful. One thing I'd raise is the difficulty of having a link person in LAs, in areas where they work by municipal districts. I find it more difficult to have that link with those LAs to share housing need and discussions around addressing that need. It's an issue we don't have where there is a centralised housing section.
- All of this is dependent on local relationships and the right people knowing the right people, regardless of what is in a strategy or plan. In most cases working well together happens, but it's a difficulty, and not every LA is structured in the same way or operating their housing section in the same way.
- CAS delivery across agencies.
- Good relationships essential.
- Contact person in LAs with municipal districts.
- Housing co-ordinator, each CHO has a housing co-ordinator so that they can pull together specific issues within the disability services and liaise with the LAs.
- Difficulty of having link person in LA where they are operating in municipal districts. Discussion around housing needs is difficult due to municipal districts. Maybe there are no specific targets for these areas.
- Dependent on local relationships and not on a strategy. Not every LA is structured the same way, and that may be where things can break down.

4.4.5 PLANNING FOR THE FUTURE

- Interagency co-operation is not working well, and the local authorities do not have a good overview of what the future needs of people with disabilities will be, and so cannot effectively plan into the future.
- Many people are reliant on family or parental care support, and there is no future planning for when this is no longer an option. This is a cause of stress for many people with disabilities and their carers, and the concern is that there will be nothing in place and people will end up in emergency placements in nursing homes, which should be avoided.
- Information is key for planning and knowing what the need is. 8% of the people approved for social housing are people with disabilities. That is a huge under-representation of people with disabilities in need of social housing, we believe. People tend to apply too late for social housing. One stakeholder group have recently run a campaign, and they have put it in as a submission in the housing strategy as a cross-disability campaign for all sectors and they are working with different agencies

in the different sectors to promote that. But they believe that the Housing Disability Steering Groups at a local level should promote this campaign. Social Housing Applications need to be encouraged. People with disabilities are applying at the last minute for social housing. Encouraging people to apply for housing now. Somebody needs to record the need for housing for the future.

- Local authorities do not know how many people on its waiting list will be applying for a group home. This issue was identified years ago.

4.4.6 APPLYING FOR RENT SUPPLEMENT

- One example given of a person in an area being refused rent supplement for a community house where they applied through the Department of Social Protection. The reason for refusal was due to being considered to be in an institutional dwelling, even though they are in a house in the community with four occupants.
- Speaker highlighted this as discrimination and spoke of success in the same scenario in another LA area and noted the differences in results on application depending on where you are based. There needs to be more consistency and transparency for these applications. (Repeated in Theme 3 Affordability)

4.4.7 GENERAL

- Making the journey easier for getting the supports to live independently.
- It needs to be more open and transparent.
- Funding for housing supports.
- People who are in hospital who are very ill. Medical staff working together/communicating together to support them.
- Need a state-led construction system, a state-led construction department – one group constructing houses for the people. An example was given of the Vienna model. In that example, people with disabilities are included in all the models of housing. It's built for everyone.
- A specific point in relation to CAS: There would probably be a need for greater co-ordination across the board regarding how CAS is getting delivered across agencies. AHBs often come across issues, as the breakdown of the costs is excluded if there is a particular type of adaptation required above the standard. That can often cause a huge delay or even not being able to find funding for additional costs except for fundraising. That process could be improved and smoother. There was a circular that did outlay some of the costs and broke them down, but it didn't go far enough, particularly in relation to fire safety.

- In relation to housing co-ordinators, every CHO has a housing co-ordinator specifically for that, to pull together the issues and be the point of contact.
- CAS process – there is a need for greater co-ordination on how CAS projects are delivered. The breakdown of costs of above-standard works can cause delays. There was a circular issued in 2019, but this did not go far enough in terms of fire safety.

4.4.8 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

i.) HDSGS

- Disparity between steering groups and how they operate. No joined-up thinking through all organisations.
- Positive experience of one member. It built relationships with the AHBs and the local authority. If the HSE rep was not on the LA steering group, that was a huge problem, as there was no joined-up thinking there. It's really important that the HSE person is there.
- Another participant said if the HSE are not sitting at the table that is a lost opportunity.
- Knowing who the key stakeholders are and who is involved on the various Steering groups within your community are crucial to having a voice and your issues heard.
- Who are the stakeholders in their area? (As there is no master list of who is representing a particular area on record.)

ii.) How Organisations Work Together

- No one is working to the 'ideal'.
- It is not uniform across all organisations, e.g., each LA does their own thing.
- When you try to get all organisations to connect together to all put the person first, it breaks down.
- Local interpretations, locally driven approaches, personality- rather than system-based approaches right across all the different local authorities and all the different agencies, such as the HSE. There is no meaningful pathway for the person with a disability to achieving their goal in getting housing.
- Local authorities aren't willing to take a person with a disability on to their housing list if they don't have a prior agreed package from the HSE for the supports needed.
- Until the HSE has been applied to for a support package an applicant can't engage with an AHB. LAs cannot engage until the HSE confirms money available for supports.
- No joined-up thinking between government departments (Finance/Housing, etc.)

- Inconsistencies between LAs.
- Interagency co-operation is not there; the system does not like change.
- Early collaboration – CAS. It has been experienced, trying to get the letter of support from the HSE for the revenue side of things can be difficult to get. Improving collaboration and making sure that side of the funding is progressing at the same pace as the building and capital side of things.
- Applying for housing and support simultaneously cannot be done (exception in emergency cases only) – only one at a time. Greater co-operation between departments when an application crosses several sectors. There needs to be better monitoring of cases, and one department should take responsibility and the lead in the case and ensure all other parties complete their individual tasks.
- Speaker adds – Linkage between HSE and LAs and also a pathway for applying for a house and supports at the same time. Currently, you can only apply for housing in an emergency situation.
- Also, a pathway for application on the service user side.
- A level is missing. Need the departments above the HSE/LA (Departments of Children/Disability, Health and Housing to collaborate). This would help the budget lines be assigned in the right way.
- Pipeline of accessible housing. The level of need requires clarification. There is a lot of misinformation. There is a need for a live document worked on, on an annual basis with KPIs to deliver houses in time, but this starts with accurate info. Clarify the future need and who needs to be involved.
- Greater need for live/real-time data to reflect current information. Too often the data is based on reports which may be 6–12 months old and out of.
- Difficulty of having link person in LA where they are operating in municipal districts. Discussion around housing needs is difficult due to municipal districts. Maybe there are no specific targets for these areas.
- Dependent on local relationships and not on a strategy. Not every LA is structured the same way, and that may be where things can break down.
- Interagency co-operation works well but sometimes this is based on the individuals and not the wider culture.

iii.) *Complicated/Inconsistent Processes*

- Sometimes there are grants, but you are told you have to register with a specific agency in order to apply for the grant.

- One care provider spent 12 months with LA who refused to put residents onto their housing list, and they refused to do it because the registered address of the care provider is not in a particular place. This care provider runs about 25 properties, two respite homes, four large day service hubs, all in the one area. They deal with the HSE all the time with people who they support who are in independent living, semi-independent living, really light touch supports through to residential services. It's built on personality, not process. They have requested any amount of equipment from the HSE, and they have refused. If you're dealing with a different person in a different position, you might get a different answer. Decisions are not made uniformly across the agencies.
- Someone living in a nursing home is considered to be housed by the LAs. They are seen to have their housing needs met, so they are not actually able to get on to the housing list. This is a significant problem for people under the age of 65 who want to move out to the community or to independent living.
- AHB policies on tenant succession rights are not adapted for people with disabilities, and general rules apply.
- GDPRGDPR has been discussed in almost every aspect of both consultations as a massive barrier to information sharing. There is a need to develop simple and effective ways that allow different stakeholders to share information, while still following GDPR.
- A barrier that is there is GDPR. On the bottom of the social housing application form is the sharing of information between the LA and a stakeholder group. Something needs to be done in allowing the sharing of relevant information between different organisations, such as the HSE. When an application goes in for social housing, it's the LA that holds this information. Other organisations are not aware if applicants have approval for social housing or not. At the moment the LA has to write out to the individuals to get permission to share their information. It should be on an application form where the LA can share information with relevant organisations in securing a home for the individual.

iv.) Lack of supports

- Houses are no good without a support structure. People know what needs to be done, but it feels like constant 'stakeholder talk' but nothing is changing. More talk but nothing new and nothing being done.
- If support services are in place and work well, it is easy to get difficult applications through the process, and as a result you can alleviate fears about congregated settings and give clear advice on what the supports are that are available –

sometimes people forget about the genuine concerns of the broader community, so it's particularly important that there is clarity where this is happening and that there is strong and robust support services around it.

- **Lack of an effective state-led construction approach.**
- Relating to support services collaboration depends on the relationship and interface between the two agencies. Big team of social workers. Not always the same in other local authorities. Bridge the gap so that there is one person to contact when issues arise. When someone is in an area long term it might make that process a little smoother.

V.) General

- GDPR and information-sharing.
- The system is trying to focus on the person and be person-centred, but it breaks down. Value for money trumps the person-centred.
- Lack of human resources, designated staff within agencies.
- Underestimation of need – stigma around disclosing a disability on SHS Application and potential stigma of requiring/applying for SHS.
- Funding availability.
- Co-operation and collaboration.
- Communication is very difficult. The supports are not there for deaf people.
- False hope is put out there.
- Bureaucracy rather than people focus.

4.4.9 ACTIONS TO CONSIDER FOR STRATEGY

i.) General

- Wider sectoral approach in what is needed for disabled people. A more co-ordinated effective approach.
- Key point – development of a mechanism by which there can be seamless transition of the role played by LAs, relevant Departments and funding source, with a single point of contact to facilitate the process.
- Better management of priority allocations.
- There needs to be interagency collaboration for joined-up thinking across all local authorities and the Department of Social Protection.
- Early collaboration at build level to ensure better planning and co-ordination. Recognition that standard building size won't work for some people.
- In relation to information sharing, the first few meetings were around consent and a protocol was devised between all the agencies around what information would be

shared. We can build on the homelessness model and develop a protocol of what can be shared.

- Specific targets are needed in the strategy, and these should be linked to Local Authority Housing Delivery Plans, Housing for All and existing mental health strategies.

ii.) *Interagency Meetings and Decision-Making*

- In relation to interagency co-operation and collaboration specifically in relation to the disability steering groups. These would be responsible for implementing the national strategy. These meet quarterly. To get more meaningful and operational these should have a more localised ‘mandated’ sub-group, meeting more often. A quarterly meeting is not enough.
- All interagency staff should be present at all meetings in relation to housing for people with disabilities.
- All the interagency representatives should be at a meeting, so the understanding of the needs is there for everyone.
- LAs are put in a position to deal with issues that come up. LAs wouldn’t have the complete skillset to deal with all issues that come up. The resources are not there. Expertise is needed.
- When discussions are taking place the ‘decision-maker’ should be in the room.
- Where there is more advance notice given in relation to people, for example, leaving hospital, that there is more of a planned approach so that it’s more proactive than reactive. Work needs to be done around that aspect of decision-making.

iii.) *Accountability*

- Interagency co-operation: clear levels of accountability are needed which aren’t there at the moment. It’s not clear what agency is accountable. Who is taking the lead, and there needs to be very clear lines of communication?
- Define what local authorities, Approved Housing Bodies, the Department and the other stakeholders are responsible for – and who should get the funding. The HSE is under pressure to provide funding for supports, so maybe if additional funding is supplied to local authorities, this might be able to sort things out. This would be more efficient as local authorities assess the needs of the clients. In terms of information sharing, people with a disability are a complex group. The first meetings in one area were around consent, and they are just getting a protocol in place to discuss clients at meetings, which was quite difficult. But within homelessness services and agencies these are in place and could be built on.

iv.) Processes

- It has to be consistent. There are local interpretations, locally driven approaches, personality- rather than system-based approaches right across all the different local authorities and all the different HSE. So there needs to be a meaningful pathway for the person with a disability to achieving their goal in getting housing.
- The focus should be on removing all the individuals, the individual relationships and replace with a really strong, robust process with very clear pathways. Everybody could work with that, even though it might be slower.
- Working with the HSE and other groups, strong supports for those with signs of mental health issues and even stronger supports for services for people with mental health issues, assisting them to maintain their tenancies are needed. Housing Sustainment Officers are hugely important to deliver these services, and those services should be included as a key priority.
- Someone who has complex needs does not always have the support to back them up, and people might not have access to those services. It's not a one size fits all, and there needs to be more flexibility on people's needs, and this needs to be acknowledged.
- An attendee said that what the NDFA is trying to achieve is similar in terms of design requirements for housing (Part M), something on a very high level. Low-hanging fruit that would help both organisations. The number of over 65s is increasing, and most people in that age group will likely have some form of disability. A group has brought some of the adaptations into social housing. Other things, like wire doors, grounds for stair lifts, and scald units used have low cost. Bigger wet rooms, kitchens that adapt, etc. are more expensive to do. The number of people over 65 is already high.
- In relation to people not filling in the SHS forms. It is not known the real needs until the forms are filled out correctly. There may be a stigma around it that it needs to be dealt with. Also from an LA view, he feels at times that they are put in the position where they are asked to provide all the answers, which puts pressure on their resources and that they wouldn't have the complete skillset to deal with all the issues arising. Going forward, people need to look at making decisions at the time that meetings with other groups are made, as certain agencies can't come to a decision or conclusion on meetings. If you have a decision-maker in the room, it would certainly move things along quicker. In addition, where there is more advance notice given when people come out of hospital, etc. it could be more of a planned approach, and they wouldn't need to work around that piece – and could be more proactive than reactive.

- More co-operation and collaboration are needed. Steering groups are meant to be the local avenue for implementing the national strategy. On a quarterly basis they bring everything together. From an operational view, for meaningful co-operation and collaboration to work it needs to be mandated subgroups, because the issues are very specific to people with intellectual disabilities, mental health disabilities or physical disabilities. You can't get into the detail or local agreement at the quarterly meetings. Specific subgroups/actions groups required.
- On large memos on understanding and service-level agreements – A lot of the stuff is between the people rather than being directed through. If someone could minimise the volume of information of those docs, maybe make them more visual and less wordy and keep them as brief as possible ... people like me might have a bit more time to actually read through the details. With those documents as they are, people will take the time for a person in crisis rather than reading through them.
- Work with LA and social workers are great, no silo'd approach. Large SLAs and MOUs can come second to people who are in crisis. Relationship-building is between the people. Reduce info in how the SLAs and MOUs are presented, keep them as brief as possible.

v.) Funding

- Interdepartmental funding needs to be clearer and guaranteed.
- Funding – this is the root cause of housing issues.
- In one local authority, 26% of allocations go to people with disabilities, but none with a social care support package. Funding is needed for social care supports.
- Current projects are very dependent on piecemeal funding, and a new funding stream would be very positive. In terms of implementation, a lot of consultation would be needed about how the funding will work. It is thought that the idea of support workers being managed in collaboration with AHB, LA and HSE is a very helpful way to go once it is person-centred, meaning the need for support services is defined by the person as opposed to institutional fit.
- Interagency support is needed. The HSE should provide multi-annual funding so agencies can apply for CAS loans. It's hard to apply for CAS unless you have already guaranteed support funding.
- Figures from the Disability Capacity Review should be included in this strategy.

vi.) Adequate funding is required for this strategy to be effective Resources

- Increased resources, more designated roles in terms of AHB and LA responsibility and support services responsibility are needed. It's nice to say we

spend more money on houses, but it takes a lot to access a house. Starting point for strategy needs to be increased resources to make that happen. Roles in LAs, contact points more development support in case of allowance. Money and more employees are needed.

- Increase resources – more designated roles across LAs and AHBs. Outlining the LAs’ responsibility and the AHBs’ responsibility and more support services’ responsibility.
- It’s all well and good saying there is more money to deliver houses, but it takes a lot to get a house for someone with a disability across the line. Liaising with various support staff, etc.
- A starting point for the strategy is to increase resources for the sector to make this strategy happen – people and funding.

4.5 Theme 3 – Increase affordability

4.5.1 GENERAL DISCUSSION ON THEME

- It supports the individual to have a package from the HSE.
- Applying for rent supplement. One example given of a person in a city being refused rent supplement for a community house where they applied through the Department of Social Protection.
- The reason for refusal was due to being considered to be in an institutional dwelling even though they are in a house in the community with four occupants. Speaker highlighted this as discrimination and spoke of success in the same scenario in another LA area and noted the differences in results on application depending on where you are based. There needs to be more consistency and transparency for these applications.
- Affordable housing is a severe issue for people with disabilities.
- There is a high focus on what private market are expected to do and people find themselves with real barriers to accessing supports.
- There are perceived notions around disabilities and understanding needs to catch up with what people with disabilities want their services to look like.
- What are the barriers to building new homes?
- There are things missing here, and this applies mainly to people who are in employment. This section needs to also apply to people who are very dependent.
- It is discriminatory to assume that people won’t be able to afford to own their own home.

- Considering costs – Why is there cost in the strategy? Participant gave the example that if a standard home was presented to the minister with a two-foot door or no stairs to upstairs, it's the barrier you would see, not the cost. It shouldn't be about cost. Accessibility is a requirement, not a luxury.
- HAP – Made a huge difference to the cost of a support package for an individual but it is very difficult to manage HAP. There doesn't seem to be a clear pathway for HAP. Some landlords are short 50 cents one week, 3 euro another week. The participant stated that they did "the support management".
- Housing for All talks about building houses, but there are so many vacant properties, these should be used for people with disabilities.
- Housing for All makes reference to additional flexibility for people with disabilities or a person with a dependent with a disability when a house could be adapted; why is the same not included in this?
- Affordability is becoming an increasing concern and will become a crisis down the road. In context it has become increasingly difficult to acquire properties that suit their tenants. Some tenants need to live on their own in a large dwelling, because they require staff. So quite a sizeable unit would be required in such circumstance. Generally, as they are delivering on decongregation with their partner they are getting into territory where it's going to become unaffordable unless there is more money made available. AHBs need more money, and they will be able to afford more if they have more, but there is a crisis coming up because of cost of building, retrofitting, etc. It's becoming prohibitive and preventing them from delivering on their strategy, preventing them from moving people from a home that is no longer suitable. The HSE, the Department of Health and the Department of Housing can't supply ALL the funding; more collaboration is needed.
- These options may not be available in all counties across the country. It may only be available in some. If these are looked at as options of availing of housing, then it should be available countrywide. There should be equal access to these for people with disabilities.
- Decongregation – Finding it hard to find appropriate housing for individuals with specific needs then we are getting into the crisis of not being able to afford delivering homes. Need more money. Intense collaboration between the different departments.
- Affordability – Prices can be higher in towns than some other parts of the county. There should be more flexibility with regards to funding in order to ensure if people want to live in the town there is more flexibility in providing this.
- Cost rental/affordable housing purchase.

- Expansion of place finder service for those with disabilities certainly has value – however, challenge in availability and indeed availability of accessible accommodation still remains. Extremely limited supply at present.
- LAs will need to demonstrate affordability based on department’s criteria, and highly unlikely areas outside cities/large urban settings that will be achievable.
- Thinking about cost rental which has kicked off this year, an attendee is from one of the AHBs that are delivering this year. Essentially that’s an open-access process where everyone can apply once they meet income criteria and other criteria. There would be no specific provision to try to encourage people with a disability to try and access cost rental, and that’s something will need to be looked at.
- There is very little information on studies on inpatient units. In 2016 it was found that 38% of people in one group’s units had a housing need. This year 55% of people in their units have a housing need. There is a huge connection. There is the cost of providing housing but also the cost of disability services.
- No data in LAs available on housing need for disabled people outside of Social Housing List.
- No provision that requires offer of properties for people with a disability under affordable housing schemes.

4.5.2 EXTRA COSTS

- Extra costs that disabled people face.
- Interpreters can be expensive is a common statement that deaf people encounter. Deaf people have a right to communicate. The supports are not there for them.
- Transport can be a huge cost for disabled people.
- ‘Cost of Disability’ report should be published immediately.
- The report around the cost of disability, the findings of that report have still not been published. The report is essential in terms of financial accessibility.
- The costs of adapting a home (for the state) should be published.
- Houses that are no longer suitable/need adaptation – funding is required. Houses which are no longer suitable, it is difficult to get funding to adapt/change existing buildings. This is a key challenge.
- The houses are not out there. Higher percentages of persons with disability fall into the lower socioeconomic level. Housing has become unaffordable for people with disabilities, but even with housing support payments, houses are not accessible due to lack of supply. Almost no point in applying for allowances.

- Cost guidelines for second-hand properties: Those guidelines are the same for general lease housing. This is a problem. The lack of differentiation between general needs housing and community housing in terms of the extra space required. This needs to be prioritised, a separate cost guide of community properties required. Highlights the problems of general needs versus community house.
- Retrofitting state-built homes for people with disabilities after they have been constructed. Not made accessible until it is known someone with a disability is moving in. Not cost-effective.
- Profiting from accessibility – need to get away from monetisation of accessibility. One participant noted the profits made by contractors to come in and retrofit a property when it could have all been done at construction stage.
- A lot of people depending on disability loans don't have disposable income. His organisations have called for a review of the upper limit (€30,000) for housing adaption grants. They recently adapted a house for the cost of €63,000. Another issue is household means testing for the grants. The person applying for the grant is a person with disability so the reason as to why income of the people the disabled person is currently living with is taken into account is not understood.
- Cost of maintaining a disability property is higher. This cannot be passed on to the tenant, so how can mainstream AHBs be financially supported?
- Affordability will really only be addressed through a national targeted scheme for those with a disability. The current scheme will not be easily applied and will hit hurdles in certain counties due to HNDA constraints. Can the upcoming LA Housing Delivery Action Plans be the start of that?
- Affordability has become an issue there, and people are finding that grant funding is available but insufficient to meet the cost. That will become more of an issue as construction costs increase.

4.5.3 ASSISTIVE TECHNOLOGY/SUPPORTS

- Equipment needed in order for them to live independently.
- Cost of communication. Assistive technology that is needed for disabled people to live independently. It may be something like digitally been able to open a window or a door.
- Covid has thrown up the digital divide between people who have access to the equipment and the know-how to use it. Many people don't have access to it and the know-how to use it.

- Digital and assistive technology is a huge asset for people with disabilities. Needs to be funded and maintained. While you can get some grants, the issue is around the cost of servicing and maintenance. If they are not maintained, can't be insured, and then personal assistants cannot use them.
- Affordability is relevant to social supports primarily.
- Difficult to access support services.
- People may be only on social welfare. You should be able to interview the support person that will be working with you. Some people have their own budget to support themselves independently. They use this money to pay for, for example, the support person.
- Also, assisting technology and inclusion for same, like smart appliances should be included in the design part. People don't have the disposable income. More digital technology is required.
- The allocation of support services such as personal assistants, home helps, etc. should move from HSE to local authorities, where there can be joined-up thinking and planning to support people to live independently. Or perhaps both HSE and LAs have budgets and responsibilities for this area. There is an argument that personal supports are not health related. Research on what other countries are doing could be part of the strategy.

4.5.4 PRIVATE RENTAL SECTOR (PRS)

- Rents have gone up so much. If you are on a social welfare payment you won't be able to live in a house by yourself.
- Many people with disabilities are living in poverty; how will they afford rent?
- The PRS doesn't factor in disability needs, and most of the property available to rent, even new builds, are not appropriate, and as discussed above, adapting these is not an option.
- Societal attitudes in the PRS landlords not wanting to take people with a disability in the PRS – there is a perception it will be more work to manage the tenancy and may carry extra costs compared to renting to someone who doesn't have a disability.
- Assistance payments. A lot of local authorities advise people towards HAP. It makes it quite an expensive option for our service users, considering top-ups being paid to landlords. Due to the insecurities of a private tenancy, it's not a sustainable way of maintaining your house, especially when in recovery from mental health issues, as it's too much pressure. In addition, private landlords can be very discriminative too. It would be good to find a longer-term solution than HAP for disabled people. (RAS)

- HAP as a form of Social Housing Support was not yet available when the last strategy was developed. Now it's seen as major form of Social Housing Support, and especially people with mental health issues are directed to it. Affordability and availability are a major issue. If people use mental health services they might go to the local authorities and go on the Social Housing waiting list, and they are supplied with a HAP Form, it is known they won't get a house straight away. It's a complex process trying to get private rental accommodation – yet we are pointing people with disabilities that would need a lot of support towards it, and just hand them a HAP form without any support. There is a solution that is in homeless services across the country, which is place finder services, that assist vulnerable people; they might already have landlords that they work with. Extending place finder services could be a solution.
- Strong HAP reliance unsustainable for disabled people.
- Lack of support services to assist disabled people finding HAP properties.
- HAP – Uncertainty of tenure.
- HAP – Affordability is an issue. Tenants are topping up the rents, which takes more of their income.
- People with mental health issues will be directed to the HAP solution for social housing. Support and guidance are needed for people with disabilities, e.g., place finder services. There can be a lot of discrimination with private landlords in relation to people with mental health issues.
- Severe rental crisis now countrywide. HAP is seen as a major form of social housing, but the shortage of rental properties around the country is at crisis level.
- Insecure tenancies within HAP and impact on people's mental health is one of the issues. They have a constant fear of a letter from the landlord arriving, to say the house is being sold or relative needs to move in and worry about ending up homeless, and that impacts on mental health.
- Competition in private rented sector, stigma and insecurity of tenure when HAP being used has a large impact of mental health of tenants.

4.5.5 ADAPTATION GRANTS

- Adaptation needs to be thought about on a much larger scale within LAs and nationally. At present it's too piecemeal and individual. Perception of disability is that it only effects a small number of people, but the reality is that it effects everybody in society, and this needs to be considered when allocating funds.

- Adaptation grants – the caps are too restrictive – if someone is just over, they are not eligible, but we know the cost of adapting homes is high. The result will be the home will not be appropriately adapted.
- Wait time for grants is too long. Continuing requirement to prove a disability is not appropriate. These processes for grants and SHS require multiple documents proving that someone has a disability, and this requirement may be ongoing and there may be a requirement to continuously provide information to prove there still is a disability. Once there is a diagnosis there should be no further requirement to provide details (depending on diagnosis).
- Need to call for a review of the housing adaption grant limits. Limit is currently €30,000. Case e.g., €63,000 after tendering for the cost of a project, grant is only €30,000. Limit needs to be addressed.
- Upper limit of €30,000, which is totally ‘out of kilter’ with construction costs now.
- Track and Hoist: Housing adaptation grant don’t supply/support these anymore?
- If you increase the upper limit of maximum amount in grant approval to be more in sync with construction costs you need to allow for more people to avail of the grant as well. Therefore, increasing the overall budget for adaptation grants.
- Disabled Person Grants (DPGs) should be reviewed. Replacement of windows and doors are the biggest claim under this grant now for local authority properties.
- Cast a wider net for the allocation/eligibility for funding for adapting homes. The process needs to be made easier, and more funds need to be available.
- Address ‘benefits and privileges’. All residents in family home income is taken into account for adaption grants, although the adaption is nothing to do with them or with the person with a disability’s independence.
- People with disabilities, even if they don’t come from a lower socioeconomic background, often end up in the lower socioeconomic bracket, therefore the basing of grants on benefits and privileges beyond the age of 18 is a real barrier.
- The final critique is that under housing adaption grant ceiling tracking hoists have been refused by a local authority after they had been approved under housing adaption grants in the past. The fear is this would be blanket decisions – and they feel these local authorities need to be called out.
- In terms of means testing. The whole area of employment and restricting hours in order to max disability grants leaves people out and possibly needs to be reviewed. People are being discouraged from moving out because of that reason. In relation to disability grants, they think they need to be more in sync with building costs. However, if you increase the number, you must increase allocations as well.

- DPGs should be reviewed in context of aligning the grant with disabilities, as we might get better value and can increase the cap. Affordable housing and cost rental as an option would probably come with some significant additions and amendments. Affordability is identified as a criterion for Affordable Housing/Cost Rental schemes and the way the criteria is set, inclusion will not be an option nationally.
- Limitations on housing grants – not in sync with building costs.
- Means testing – people being discouraged to move out, families being means tested rather than the individual with the disability.

4.5.6 CAPITAL ASSISTANCE SCHEME (CAS)

- Nothing in about CAS ceilings, it is known that these are too low and disability housing needs space, extra facilities, extra rooms for carers.
- There was a lot of criticism on CAS funding, and it seems to be a very complex funding model. Critique was in relation to caps, items not being funded, services and supports like caretaker units not being funded, the limited amount of CAS units being identified within the Housing for All strategy.
- There is not much focus on cost and that funding mechanisms need exploring. There are various constraints about CAS funding in particular. The number of units delivered under CAS has been dropping in previous years, and this needs to be examined.
- To access CAS, HSE need to guarantee revenue funding. The HSE don't provide multi-annual funding, therefore delivering additional accommodation through CAS is extremely frustrating.
- Continuing CAS is particularly hard to deliver under, so I think that's something that needs to be looked at. CAS figures aren't at the level they could be at only 120 delivered in 2020, so everything that could be done to increase that figure would be welcome.
- The CAS funding process caps are definitely too low, and the process that people have to go through in order to get CAS funding is very tough. There is a lot of stakeholders involved assessing it, and it takes so long. It could be four years trying to deliver one CAS unit.
- As a solution for CAS, as a sort of recommendation, to review and revise the ceilings and how they are formulated for CAS properties for people with disabilities and in relation to CALF I suppose more specialist housing through CALF. Some organisations find it more difficult to use CALF. More flexibility in how the communal funding can be made available under CALF would probably be helpful and also to

streamline CAS as much as possible. And greater detail on the allowable costs under CAS and who is going to fund the other costs (HIQA?).

- CAS funding insufficient.
- By way of background, a community-based rehabilitation service provider services to over 1,300 people with brain injury across the country. Specialist housing for their residential services is provided by their sister organisation. One of the issues that wasn't discussed on the day are the challenges that disability-specific housing providers face in relation to the Capital Assistance Scheme (CAS). (This would come under Theme 2, subhead 'Funding'.) I appreciate this is a larger policy area than just disability, but the way the scheme currently operates has a direct impact on how and when people with disabilities gain access to the housing they need. Therefore, the reform of CAS merits consideration for inclusion in the disability housing strategy.
- Full-scale reform of the funding arrangements for housing associations to gain access to funds in a timely and consistent manner is needed. Currently, CAS and the processes around it are lengthy and inconsistent from one local authority to the next. CAS funding favours bigger housing associations, who are not necessarily prioritising disability, which leaves the smaller (often specialist) associations excluded. This means that the supply of housing for people with disabilities is diminished. Furthermore, it can take up to four years to get a project started, so the delays in progressing work are significant. An example of the inconsistency in the approach is where a housing floor plan will be approved by one local authority but completely dismissed by another. There is no agreement between the local authorities as to what is an acceptable baseline, and this needs to be rectified. If these process issues were addressed, then the delivery of housing to those who really need it will be timelier and more responsive.

4.5.7 FUNDING

- There was unity about more funding mechanisms and more funding availability required for all stakeholders to deliver units for disabled people, especially funding that acknowledges that the initial cost but also the ongoing maintenance of a disabled person's home is higher than for a standard acquisition and does not base caps on standard acquisitions. Funding critique also applied to Housing Grants, the limitations on same, and that they are not synced with actual costs.
- Some of their housing need has been lumped in with their HSE funding, and that makes HSE funding expensive and difficult to access.

- The value of the grants available for disability renovations – they are not enough, and there are not enough of them. There needs to be better funding to help people to afford to stay in their own home.
- Some people may need 24-hour care who did not need this before due to a change in their disability. There are people with a higher risk of earlier changing needs.
- In one city, the gap between the financial support the government can offer towards the cost of housing and the price the landlord has set can be an issue.
- Funding availability
Allocations: one-bedroom homes for single households, does not allow space for carers or family member to assist occasionally.
- One group stated they provide housing through CALF, especially where there is a specific design for older people required with bigger circulation areas and more technology, and they offer services onsite. And you also have communal rooms. Older people experience a lot of the same issues as people with disabilities (loneliness, isolation). They can deliver this in some areas and, depending on the area, it's easier to deliver through private finance and CALF than CAS. They do provide housing for people with disabilities for a lot of organisations and also their own, but it would be in collaboration with LAs. People would generally be on housing list.

4.5.8 UNIVERSAL DESIGN

- A health warning on the term universal design. People don't understand what universal design means, and that it comes in different levels. There is universal design and universal design plus.
- There is a piece of work going on at the moment with one stakeholder group, another stakeholder group are a part of this piece. There is a cost benefit analysis being done around universal design. Once finished there will be recommendations put to the department regarding going from 100% standard housing to whatever % of universal design.

4.5.9 SOCIAL HOUSING

- There are different bands in different counties for eligibility to social housing – they should be universal, as this impacts a person's choice on where to live.
- Waiting lists – If they are waiting over 10 years for a home.
- The new SHS form and process is too onerous if someone is applying for the first time. The reason is that it is unlikely any offer of a property will be made for years,

and the applicant will be required to utilise HAP in the PRS. There should be an interim procedure so someone can be given access to HAP without having to go through the whole process at the start.

- A stakeholder wanted a bit of clarification in terms of our disability strategy. It's based on our housing needs assessments. It's where people are below the threshold for Social Housing Supports. Those households are on the housing list that are included in our disability strategy that we try to accommodate through our allocations. In terms of affordability cost rental and HAP we don't have sight of the broader need outside of the housing list and their requirement for affordable housing, and my understanding of the LA affordable housing schemes is that the LA would make houses available for affordable purchase, but that would be on the basis of a call allowing people to bid or put their name in the hat to get those houses, and that there is a mechanism to allocate. But it would be scheme by scheme rather than a waiting list, so I don't know that LAs will have sight of the affordability issues other than the costs for social housing. To qualify for HAP, you have to be on waiting list.

4.5.10 FAMILY INCOMES

- Families caring for someone with a disability, one parent may not be able to work as they may be a full-time carer – this limits the available income they have to adapt a home.
- One-parent families will be completely dependent on welfare, as they will not be able to work due to being a carer.
- Many people living with parents in adulthood. Improvement Works in Lieu (IWILs) would support people to live independently. People would like to live in their own homes. People have a diversity of needs.
- People who are required to live with their parents, the parents' income is taken into account – this shouldn't be the case.

4.5.11 HOMELESSNESS

- Disabled people should be mentioned and included in the 'homelessness conversation'. Hidden homelessness is a huge issue for people with a disability.
- There is a risk of homelessness of many people living in the PRS due to unsuitable accommodation and poor landlords, rising rents, etc.
- Likely that people with disabilities could become homeless. Government not doing enough to allow people to live independently.

- The difference between a person maybe staying on and inheriting the family home and adapting it to suit their needs or being homeless and applying for a completely new house through their local authority.

4.5.12 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- There were comments made in relation to the struggle disabled people face trying to access financial supports. Many are advised to seek HAP without any assistance provided in finding accommodation on the private market. The competition in the private rented sector, insecurity of tenure and stigma related to both HAP and disabilities can have a detrimental impact on people with mental health issues. There is also no provision within the new affordable housing schemes that considers the need for a number of units to be offered and/or designed for disabled people.
- A stakeholder group is doing a cost benefit analysis for the department which is hopefully completed by year end. In the strategy they will be calling for the review of building regulations in particular for private developers. A lot of people outside Social Housing Support have the funds to provide their own property but are unable to source accommodation as there is no fitting properties available. A person needs a home and needs a space and needs a right to it – literally named.
- There is no community inclusion for people with disabilities, and some people are very isolated in their community. People want to feel like they are part of the community they are in.
- IWIL – This is a potentially good system but can only apply to someone who owns the house, not the parent of somebody with a disability.
- The limits of adaptation grants.
- Specified issues were the financial limits and the ‘benefits and privileges’ assessment.
- Some people are not entitled to housing grants because they are receiving social welfare payment and working.
 - Also, for example, sight loss can be acquired, or sight can deteriorate over time, therefore access is needed to adaptation grants so that a property is modified as a disability deteriorates. This ensures the properties are accessible throughout the person’s life.
- Likely that people with disabilities could become homeless. Government not doing enough to allow people to live independently.
- There is a level of discrimination with HAP, as landlords are less likely to rent to people with cognitive or intellectual disabilities.

- Lack of awareness, education and expertise of people working in LAs. An example was given of someone who wanted to live independently in the PRS utilising HAP and needed a two-bedroom home as a carer or family member would need to stay from time to time. The LA would only allow a single rate of HAP, meaning the person was required to top-up the rest of the rent from a single HAP rate.
- There is a problem with HAP, especially availability of homes. There is so much competition in the private rented sector. Disabled people may not be able to access available homes as quickly as others, and they are not necessarily sociable people.

4.5.13 ACTIONS TO CONSIDER FOR STRATEGY

- A grant scheme to allow people to afford housing/rent.
- Focus needs to move away from housing and towards social care supports.
- Housing for All contains targets; this strategy should include structured targets. Must include level of funding for supports.
- The time it takes to process an application for an adaptation grant needs to be reduced.

4.6 Theme 4 – Building capacity, knowledge and expertise

4.6.1 GENERAL DISCUSSION ON THEME

- Training and awareness of the needs of disabled people.
- Building knowledge and expertise in the housing sector. Local authorities and HSE. Better understanding.
- Raise awareness around disability.
- The importance around the Assistive Decision Act and the Decision Support Service.
- Staff should listen to people, what they want in life, and not been told what the staff want.
- Question regarding this as a theme – This is a ‘bizarre’ issue to bring up. It is know what needs to be done, so can that not just get done? The expertise and knowledge are there. It is known how wide a door needs to be to get a wheelchair through, it is known what accessibility to another level of a building requires; input is needed, but it’s all there already.
- There needs to be consultation with people with disabilities and get their views, otherwise nothing will change. No matter how much organisations try to represent people with disabilities, they can’t walk in the shoes of people with disabilities. There

also needs to be engagement with disabled-led organisations such as one particular stakeholder group on a policy level.

- Access to previous reports – previous Disability Participation and Consultation Network (DPCN) report made to the start was requested as it was not seen by the speaking participant.
- Lived experience piece – within the strategy it should be mandatory that all decision-making groups up to departmental level have someone with the lived experience of disability. Somebody with broad experience who can represent multiple members of various disability communities.
- Family members need training on how the systems work. Many carers are family members and find the system too complicated – particularly applying for grants or helping people with SHS.
- Question: Have people with a cognitive disability been included in the working group/advisory group?
- Disabled people need to be included throughout the policy creation phase and should include a variety of disabilities.
- LAs and experts within LAs (architects) are resistant to plans to modify houses in certain ways and are too rigid and will only accept plans and designs in line with current regulations. They are unwilling to consider plans that may provide a better solution – no thinking outside of the box.
- In relation to house design, if LAs are designing and building homes, people with disabilities should be included at the design stage and be involved throughout the process. It is too late when a design is signed off or a house is built.
- There is disability hierarchy within LAs which needs to be stopped. There should be equal treatment.
- Planning for age-friendly Ireland. When you are planning for age, you are planning for everyone.
- Homeless services. Sharing good practice. Gaps and Blocks document.
- Intro to Accessibility and universal design in housing, education and training for all stakeholders, architects, LA staff.
- Having people with lived experience involved at meetings to enhance staff's knowledge and understanding.
- Representation of people with a lived experience of a disability on Steering Groups.
- Knowledge retention. Retaining knowledge after people leave roles.

- Opportunity at a local level to co-ordinate and work together in the property management side of the LA with the estate management of the HSE. Identifying properties that can be used and not sold off.
- What needs to happen is to provide more resources to allow people to participate in it and also to allow designated people in LAs to lead on it, if it is the LAs that are leading it.
- Our capital side, e.g., architects, are very much focused on the building regulations, but it's the people in the allocations side of housing in LAs that really understand the needs of the people. They can really see first-hand the needs of some of the clients that they meet, and this is only talking about the physicality of housing; this does not include the other services and supports that are needed. There is a huge amount of information across all the agencies around 'need', and a more detailed picture of all the categories of need is required. One size does not fit all.
- The Department are bound by certain standards, e.g., building regulations, but these aren't good enough. Once an LA goes above these standards then they are not obliged to provide the 'additional funding'. This 'additional funding' is necessary, as the building regulations standard is not enough in some cases. We need to increase the standards at national level so we can access the resources to deliver the homes that are needed.
- Building expertise cross-collaboratively. Understanding the different needs. Within the different disabilities that are provided for within the disability strategy. e.g., trauma informed, the experiences of a person navigating the system with a disability, an advocate in the system. There is a lot of different issues that arise for the different groups, and throughout it all there is one theme: that everyone must fight to get the services needed. Shared understanding of what independent living means and what that looks like for different people, in the future.
- All politics is local. Capacity-building in the steering groups at a local level. Need to escalate problems. It hasn't been successful in escalating problems and barriers up to the Department through the steering groups. From everyone within the steering group understanding their role in the group.
- If there was a better mechanism to estate management. LA talking to HSE about using their expertise to work together.
- Work through General Data Protection Regulation (GDPR) with consent.
- Housing Needs Record as a good way of working, who attends MH service and who's on the Social Housing Waiting List.

- Disability awareness training is important for all LAs. There was training on various themes like mental health training, and I think the Housing Agency had a mental health training provided as well. There is an online-type training available from the Housing Agency, so over the last number of years staff had training on various types of disabilities. But to keep that going I think is important, so people are aware of the various disabilities they may come across in their work.
- Collaboration was helpful to raise awareness and to be more sympathetic to people with disabilities. Having the training and realising what would be suitable for them – not just the house but also the right location – close to services, close to transport, etc.
- There is a dedicated role within HSE in relation to housing, whereas in the disability service here, there is no focus for building knowledge and expertise, so I think it might be worth looking at a dedicated resource within the disability services or HSE with a focus on housing that doesn't get distracted by other issues.
- From an LA perspective. There is not a dedicated resource dealing specifically with disabled people, and don't have the expertise. Staff who are involved in allocations and assessing need are attending awareness training but don't necessarily have expertise. However, in other areas local authorities tend to have a dedicated resource. That's not something that is available to LAs for disability, and if there is a commitment to provide accommodation for a percentage of applicants who are disabled, that is something that should be considered.
- Some AHBs are very focused on providing housing for people with disabilities, and other AHBs would work in partnerships but it wouldn't be widespread throughout the AHB sector. So, you have a few AHBs delivering straight-forward social housing. Maybe AHBs can spread awareness. In terms of building knowledge, it is known that steering groups work.
- There is that new demand assessment tool (Housing Demand Needs Assessment (HDNA)), and it would be great to get more information about how that is going to work. And how will it be rolled out and how will it impact targets and delivery, what kind of info will it collect and forecast.
- No focused housing expertise within disability services – a dedicated resource required.
- No dedicated resource dealing specifically with disabled people in some LAs.
- People are shaped by their own experiences. A designer or planner in an LA will have whatever education they have received and when disability is mentioned they will have an idea in their mind. They may not have the expertise in relation to all the different needs in the disability sector.

- There is no planning in place for sustainability or transfer out of family care.
- Local authorities do not know how many people on its waiting list will be applying for a group home. This issue was identified years ago.
- Lack of awareness, education and expertise of people working in LAs. An example was given of someone who wanted to live independently in the PRS utilising HAP and needed a two-bedroom home, as a carer or family member would need to stay from time to time. The LA would only allow a single rate of HAP, meaning the person was required to top up the rest of the rent from a single HAP rate.
- Training: Could training needs be identified at a local level and addressed via sub-groups of the HDSGs? There is likely to be specific training needs according to each disability. These needs could be addressed locally (by housing officers or social workers, for example), particularly if they were shorter, brief sessions on specific topics. This would also assist with interagency relationship development.

4.6.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- Anyone in local authority on the allocations side understands the needs but can't get the properties to suit the level of need. Where you have new builds the standards that able to be delivered are not equivalent to what the needs are on the ground. So then local authorities need to take a unit and they need to retrofit it based on the person's needs. Brand-new houses built with accessibility using Part M are not good enough.
- Information-sharing – homeless structure is working well. Not enough knowledge of the disability sector in LAs.
- Disability Awareness Training not across all LAs.
- Resistance in communities to homes being set up.
- Staff are taken on and they have no education on the individuals who they are supporting.
- No forecasts in terms of need.

4.6.3 ACTIONS TO CONSIDER FOR STRATEGY

- (Human) Resources – In both meetings, there was a call for Housing Sustainment Officers/a dedicated resource for disabled people within local authorities and other stakeholders. Not all local authorities have a designated staff member for disabled persons services. Good relationships between stakeholders are essential for delivery of housing and support services, and dedicated staff can assist building these relationships.

- A need for disability awareness training was also noted.
- Guidance as to the definition of what constitutes a disability, especially in a mental health context, was highlighted, as well as guidance on design to cater for people with specific requirements, like intellectual disabilities. Who should receive mental health priority on the housing list? (Also noted under Mental Health Theme)
- People with the knowledge of needs being involved in the design stage of homes.
- The designers who are responsible for delivering housing for people with disabilities should be competent in the different needs that are required. More consultation with the peer groups on the needs for the individual.
- Education in communities around independent living. Community education.
- Education should be broad – specific needs for specific groups. The disability should be looked at.
- Staff needing training in how to deal with people with disabilities.
- Diverse needs – awareness training should come from peer groups.
- Spectrum in disability is so vast. Disability – designing something for disability services needs expertise in the vast spectrum of disabilities. They need specialists that can give voice to disability services that are needed. This is missing at the moment.
- Education and training for staff working in residential settings.
- Educating the stakeholders on the different types of disabilities and therefore the housing that is required. More information to the housing officers/decision-makers.
- Education and awareness around allowing residents accessibility using the footpaths, not parking on the footpaths or blocking them in estates.
- Advocacy for deaf people who are moving from residential settings to the community or independent living. Some are moved into nursing homes, and they have no way of communicating with the staff. In independent living, how do they contact the landlord, or communicate with social workers or speak to staff in local authorities? These services should be considered before independent living.
- This strategy will be subservient to the Disability Action Plan Framework. This states that funding will be set aside for some specific work but does not mention social care supports for people to live independently.
- Homeless section used to have Gaps and Blocks forms. Maybe this could be looked at for disability? If an issue is raised at the steering group, is there an answer to the issue or not, and what needs to be done to do to rectify this?

4.7 Theme 5 – Access to information

4.7.1 GENERAL DISCUSSION ON THEME

- Access to information – websites.
- Continue developing accessible information.
- Provide information from HSE and local authorities together in the one place.
- GDPR – can a person with a disability afford to disclose that they have a disability? If they mention they have a disability, will people be very sceptical about wanting to allow them to live independently?
- When a person fills out an application form for social housing support, they give permission for the local authority to check things with Revenue. It has previously been suggested that Section 7 of the application form be modified to deal with local authorities so they can properly plan by including a section that asks an applicant if they are linked with an AHB, or if they would like to be.
- Information should be available through the local authorities or HSE.
- Intersectional accessibility difficulties for some people, e.g., disability with literacy issues or with a lower level of English. Therefore, information available needs to be available to all. It needs to be simple, with people’s needs taken account of. Recommendation that the actual housing material developed and provided through LAs would also be accessible. The consultation should be a model for how the strategy is delivered.
- There is a lot of information out there on ‘easy-to-read’. There is more on Easy to Read now than there was a year ago, and that needs to continue.
- Would like to see this accessibility to information continued in the new strategy.
- The housing application form was identified as accessible and working.
- Bespoke specialised houses need to be built for many in congregated settings in order for them to exit these settings. That piece is lacking, and a well thought-out, planned approach to this. In order for decongregation to work under CAS, CAS needs to take into account the cost of refurbishment, which at present it does not.
- Decongregation needs to be addressed with a sense of urgency and written into the strategy with a sense of urgency. A lot of people remaining in congregated settings have a high cost associated because they have very complex needs.
- There was a welcoming of the recognition on the over-reliance of group homes. That needs to be considered in terms of future housing options and ensure models like these are not replicated.

- Some people have moved into shared accommodation with four to six people and sharing with this number of people would not have been their first choice.
- those still in congregated settings have significant needs, so the design needed to meet their needs will be greater than others who have been housed in the community.
- Also, there is a gap within the Department of Housing, that while one service provider provides very comprehensive OT reports to support designs put forward and the architect provides a statement to back up that design, there seems to be a lack of awareness of the content of those reports by the Department. It's suggested the Department engage their own OT to review the OT report the organisation has put forward because the standard reply is that the project should be developed for less than the cost put forward.
- Money is being wasted on buildings of a congregated setting that are no longer fit for purpose.
- Social housing provided by developers – what can happen is that units are all provided in one part of an estate, when the better solution is that people are dotted around the community, and for this to be sustainable.
- They would like the strategy to note inadequate past support.
- It is inequitable that the only way to move into the community with a support package as an adult who wishes to live independently from their family is if a parent passes away or they are in an emergency situation. A void does not mean compatibility. Some people can't live together, e.g., behavioural reasons, because of trauma, incompatibility of age. Flexibility is needed for people of complex needs. There is an understanding of the need for best value for money for the state, but not at the expense of having people live with others that they do not want to be around.
- Regulations – call for a regulatory impact assessment for any new regulations that are brought in so they can ensure balance. Health and safety measures that consider the knock-on effect and don't disempower some from accessing housing.
- Where there are CAS properties, the requirement is that someone is coming off the LA housing list. Some people in congregated settings may not be on the housing list. Provide clarity for who is responsible for making sure people in congregated settings are on the housing list and not letting them fall between two stools.
- For one organisation who recently decongregated they found a challenge was staff turnover in the council and having to educate people with each turnover. One council hosted a conference to hear the voices of individuals who moved to their own homes and the impact. Need more engagement like that, on a regular basis and consistent across the board.

- A central contact point/person who maintains the relationship for the entire submission journey, not being passed from one section/department to another.
- Assist in the move to utilise the private rental sector and to HAP, this is a battle to ensure more joined-up thinking.
- Peer to peer abuse: The highest level of abuse reported to HIQA is peer to peer, The national safeguarding office identified the same as did the disability capacity review, but people are still forced to live together. This data and the relevant agencies need to be brought together to address this.
- Three groups they feel passionately about:
 - Those in congregated settings.
 - Those whose needs are changing.
 - A group in the middle – those living at home with no opportunity to access support to live independently in the community outside of the family home. There is a high proportion of elderly people taking care of family members with disabilities. They would like to see a recognition in the strategy of people living at home who need support in a co-ordinated way between housing and health. There needs to be an action plan about how they will be adequately housed. It can't be when someone passes away. Losing a family member/carer is already traumatic without being rehoused based on that event.
- Vacancies found for an individual arising out of the above situation is never the right vacancy because, it is not planned. It is trying to shoehorn a grieving person into an existing unsuitable vacancy.
- Also, where there is no plan and an emergency situation arises, young individuals are ending up in nursing homes, which is wholly inappropriate. These are 'predictable emergencies', therefore long-term planning could prevent these scenarios occurring.
- Person reiterated that people often end up in a nursing home, and private providers won't provide appropriate support.
- Need to make sure those residing in nursing homes are reflected in the numbers.
- Support to step up to ensure that these people are living their best lives possible.
- Consult with service users on what info they want and where.
- Digital poverty. Information should be in-person too. Customer service section in LAs. Ensuring libraries continue to be great resources.
- Decision-Making Act.
- A drop-in service that supports people to get information. Would the LA have informed personnel where they can talk to people looking for information, or they can give out the information that a person is looking for. Reading online can be difficult for some people.

Cognition and not everything is in plain English. Some people may need the information read out to them.

- Library services – In local authority you have the customer service desk and the housing desk where you can access information related to their services, but in the libraries, you have access to the internet through their IT systems, and also there would always be people there. People can access these resources, but it may not be widely known and promoted. Libraries have been identified as Age-Friendly Sites Countywide.
- GDPR – Access to information between the different agencies. Work through GDPR with consent. Info-sharing agreement document mentioned by an attendee.
- Housing Needs Record as a good way of working – who attends MH service and who's on the Social Housing Waiting List.
- Standardise information on LA website. What tends to happen is information is put up in a way that is thought to be appropriate. Probably bodies provide different support and assistance, which could probably be standardised in all organisations. Independent organisations take their own view on what's relevant.
- Choice Based Lettings (CBL): The impact of CBL on people with a disability should be assessed, and any issues that emerge from this assessment should be addressed. Particular attention needs to be made to access to internet and computer literacy.
- Information on mental health issues or other disabilities not disclosed by applicants.
- Information for people with a disability is available, but quality and accessibility vary strongly between stakeholders.
- A dedicated website for housing with disabilities could be considered, but it would be important that HSE and LAs don't have conflicting information or out-of-date information. The information should be standardised across the country.
- Quality and accessibility of different LA website varies. Maybe standardised Plain English versions for all kinds of information are the way forward.
- Standardising, what tends to happen is information is put up in a way that it is thought more appropriate. Probably bodies provide different support and assistance, which could probably be standardised in all organisations. Independent organisations take their own view on what's relevant.

4.7.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- No communication resources for deaf people in contacting landlords or local authorities.
- The frustration at GDPR being used by housing authorities when support organisations are trying to impact housing situations for service users.

- Another barrier is GDPR, as the Social Housing Support Application form does not allow sharing information between an AHB and the HSE unless additional consent is obtained from the person.
- GDPR is an issue when it comes to sharing data.
- HSE/LA – houses were being built and the HSE had their list, and they couldn't tell the LA the information that they had. In the end it was found out that 21 of the people that the HSE said needed housing for one particular county, only one of them was actually on the Social Housing Waiting List. So there has to be some level of sharing information. It doesn't make sense.
- There is no point having info on how to access social care services if there are none.
- Information on mental health issues or other disabilities not disclosed by applicants.
- Information for people with a disability is available, but quality and accessibility vary strongly between stakeholders. No uniformity of information provided.

4.7.3 ACTIONS TO CONSIDER FOR STRATEGY

- Communication with/for deaf people is not supported across all organisations. (The response for access to an interpreter is 'it costs money'.) Braille/ISL should be supported across all public websites.
- No communication resources for deaf people in contacting landlords or local authorities.
- The language used in publications should be rights-based language stemming from a rights-based approach rather than what can somebody get or give. It should be focused on what people are entitled to, which is independent living.
- Interagency co-operation and the sharing of information that supports the goal of securing housing for individual disabled people.
- Public websites – the information is listed in many different languages, but not ISL. There might be just one video. This is important for deaf people.
- HSE/LA information is not in 'Easy Format'.
- Audio recordings or videos.
- Braille.
- Assistive technology.
- Dedicated website for all disability options (housing issues to be a part of that). Not just a link on Housing for All website.
- Look at what other countries are doing for research/best practice in terms of housing and access to information.

- Review choice-based lettings. Not always accessible for disabled people.

4.8 Theme 6 – Continue decongregation

4.8.1 GENERAL DISCUSSION ON THEME

- Need to avoid clusters but ensure there are choices for individuals in where they live. More information needed to determine what defines a cluster.
- Needs to be more of a push on decongregation for mental health.
- Nursing homes being considered as an alternative due to lack of options – Wasted Lives Report.
- One-beds expensive to deliver – is there any incentive for the building of one-/two-beds?
- Mental health, some successful projects have been completed to learn from.
- The interim measure for people transitioning from congregated settings that their housing need is not considered met. Could ask to be on the transfer list.
- The separation of supports and housing, not all from one provider.

4.8.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- HSE thinking that to move people into nursing homes is meeting their housing need.
- Placements in nursing homes – young people in 30s/40s being placed in nursing home settings who have diverse needs and are getting supports and are being looked after very well, but it is not an appropriate setting for them. They would have no friends, etc.
- Detailed schedule to decongregate eight residents from institutional congregated settings into a one-person, two-person, four-person and one-person semi-independent accommodation. Spending four months preparing for this and then getting a phone call to say that it simply won't work because it does not represent good value for money.
- Economists far removed from the front-line care simply don't understand the needs of the disabled person and the real costs and when it goes wrong because it's under-resourced as everybody does their very best to make it work then all the pressure comes back on front-line services and the person is put at risk.
- If deaf people want to live in a congregated setting, they are decongregated because it affects their mental health and then they are cut out because they have no communication.
- Decongregation now includes moving people out of emergency placements in nursing homes. This is occurring due to a lack of planning, and the focus should be on

preventing people from going into nursing homes in the first place. Social care supports need to be put in place.

- People moving to a new area must be made to feel part of the community.
- Time to move on from the decongregation policy and focus on protecting people who are really vulnerable.
- Decongregation can only work if it is done right; there are big risks if done wrong. Location is critical; people need to stay in their communities – it can be extremely damaging to move people out of a community.
- Equipment – a lot of individuals have mobility issues, and there is a huge amount of equipment in storage that could be used for individuals who could be decongregated.
- Decongregating – under the funding arrangements under Capital Advanced Leasing Facility (CALF), rooms dedicated to staff do not meet the criteria for funding, and that can jeopardise the whole creative approach. This needs to be taken into consideration, and not be an obstacle.
- The costs associated with decongregation. There are still up to 10,000 people who need to be considered for housing. More resources are needed to achieve targets.
- The lack of supply of housing/suitable housing is a big barrier.
- CAS and the cap on this is a barrier.

4.8.3 ACTIONS TO CONSIDER FOR STRATEGY

- Advocacy for deaf people, who are moving from residential settings to the community or independent living. Some are moved into nursing homes, and they have no way of communicating with the staff. In independent living, how do they contact the landlord, or communicate with social workers or speak to staff in local authorities. These services should be considered before independent living.
- If you want the service to work, you must look at the person and their needs and not the value for money aspect of providing independent living.
- Cluster models for people who were previously living together (individual apartments in same area for those who were in congregated living situation) should still be grouped together not to lose those connections.
- Continuing the supports to people when people decongregate into the community, such as tenancy sustainment, etc.
- People in congregated settings need to be on the housing list.

4.9 Theme 7 – Mental health

4.9.1 GENERAL DISCUSSION ON THEME

- A few questioned why ‘mental health’ was a ‘theme’ – Why was it more important than all other disabilities?
- Mental health should be recognised in all areas of the strategy, not just one theme on its own.
- The same issues apply from a design perspective when considering mental health. It is more cost-effective to design properly at the outset. Private sector models do not work – buildings need more space, and may be more expensive, but over the long term it would be better than having to retrofit and adapt homes.
- Minimum standards are not sufficient, particularly in private rental sector. If this is left to the private sector the minimum standard will always be the target. State needs to improve standards and take responsibility to build to these standards.
- Decongregation can only work if it is done right; there are big risks if done wrong. Location is critical; people need to stay in their communities – it can be extremely damaging to move people out of a community.
- It was noted that campus-style accommodation was not necessarily a bad thing. There is a risk of isolation if people are moved out of these settings.
- Community is really important for mental health.
- Care needs to be taken as from experience; there has been very significant increase on GP letters or general requests coming in that someone has mental health issues and needs particular housing.
- Care needs to be taken, as there is a difference between mental health illnesses that are chronic and temporary anxiety. What happens then is mental health becomes a generic disease, and everybody has it just to be prioritised on the Social Housing List. The general use of the term ‘mental health’ isn’t helping.
- There could be some clarification between service providers in relation to prioritisation. It would be known what their level of need is and where priority should be, and that could be dealt with if there was some real strategy. It was referenced in the previous discussion – ensure people with greatest need are prioritised.
- In relation to capital housing design, on the tech side Housing for All is proposing x one-bed units – that does not provide for a family member or carer to stay overnight. It’s a bad policy and reaction. One stakeholder group are trying to provide more three-pax properties. They focus on primary care elements rather than keeping people at home.

- On the mental health priority, experience shows there is different approaches across different areas. Some LAs will accept a letter from a GP that says x has anxiety – versus people with severe mental health issues that are long linked in with services trying to move them from congregated settings that are vastly different. Local authorities don't have any guidance on how to decide who is to receive mental health priority. That's something that should be included in the strategy.
- Regarding environment: If there is an appropriate environment it supports an individual to stay in their home. It prevents people from having to go into formal or acute settings. Just because a person is applying as an individual doesn't mean they can live as an individual 24/7.
- The jump from one- to two-bed apartment size is 10–11 sqm. The department see the cost of providing for that extra space. The real cost for the extra bedroom, because it doesn't have a need for tiling, etc. should only be c.€100 per two-bedroom sqm.
- Any housing policy that is developed needs to align with mental health strategy.
- On Mental Health Sustainment officers: as a wider social exclusion issue, people who need support in Social Housing either to access or sustain it.
- The way people access mediation and people interact in the early stages affects how people are ending up homeless. A holistic approach of joined-up thinking outside housing strategy is needed.

4.9.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- Deaf people don't have access to mental health support.
- Two local authorities highlighted the under-reported nature of mental health issues, and because of Covid, there can be expected a fallout with anxiety of people. Number of being reports would be a higher figure. There is a problem about trying to get people to report what they are suffering from and then getting the information to a local authority. The process is not very quick and efficient.
- It's not about labels or diagnoses. One stakeholder group's policy is working from need opposed to diagnosis. They recognise people are not forthcoming about wider issues, and it's a challenge.
- People who want a permanent home do not desire a one-bedroom unit. So permanent homes for people are being considered; the numbers need to be right.
- There is mental health stigma and stigma associated with accessing HAP and with landlords and what came up previously, applying for HAP can be overwhelming, but

on the other hand there can be landlords if there is a support worker available, they might pull back as well because of the query around the capacity of the individual.

- Under-reported nature of mental health issues – stigma.
- Collaboration comes down to what's at a local level. Culture change needed so it is imbedded in an organisation, so collaboration is in focus.
- Adequate funding. Specific housing needs but should talk about support services. Barriers are for support services and tenancy sustainment.
- CAS caps outside Dublin. Resources are the main issue. Finding the tenancy is the main problem.
- Supports are crucial; in the past had some negative experiences for people. Mental health perceived as anti-social. Supports are essential and must be ongoing.

4.9.3 ACTIONS TO CONSIDER FOR STRATEGY

- Guidance as to the definition of what constitutes a disability, especially in a mental health context, was highlighted, as well as guidance on design to cater for people with specific requirements, like intellectual disabilities. Who should receive mental health priority on the housing list?
- Specific housing needs – health and wellness are very important. Developing parks and parkways are important for the strategies.
- A lot of housing stock suitable for people with mental health. Supports are crucial, in the past had some negative experiences for people. Mental health perceived as anti-social. Supports essential and must be ongoing.
- Financial incentives to landlords to open up, and a piece on awareness and understanding could be solutions to this problem.
- Tenancy sustainment expansion – being able to dip in and out of it and rely on it when they do.
- Mental Health High Support Settings: The HSE has a very clear plan for people with intellectual disability regarding decongregation. No such vision exists for mental health, particularly in relation to the 1,200 people living in 24-hour supported community residences.

4.10 Theme 8 – Data collection

4.10.1 GENERAL DISCUSSION ON THEME

- Inclusive communities – a piece that is possibly missing from the strategy: inclusive communities. Accessible communities and neighbourhoods would like to be seen. What benefits people with a disability might also benefit older people, people with buggies, etc.
- Inclusive neighbourhoods/communities – a new phenomenon is restaurants getting permission from councils to move their dining out onto the footpath. This is impeding accessibility for disabled people. If this is a trend for the future this needs to be examined and also taking footpaths away for cycle lanes needs to be reviewed.
- A home's use is limited if you can't go out and about in the community.
- Additional note: Many of the areas of the National Disability Inclusion Strategy (NDIS) didn't have targets or specific measurable performance indicators. No targets against which to measure incremental changes.
- Consent for data for sharing between agencies, implications of the Assisted Decision-Making Act.
- The importance of capturing the need that is out there. The Social Housing Needs Assessment needs to be about more than just completing a social housing application form. Changing needs over time should be captured and be a live document.

4.10.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- The frustration at GDPR being used by housing authorities when support organisations are trying to impact housing situations for service users.
- Local authorities do not know how many people on its waiting list will be applying for a group home. This issue was identified years ago.
- GDPR has been discussed in almost every aspect of both consultations as a massive barrier to information-sharing. There is a need to develop simple and effective ways that allows different stakeholders to share information, while still following GDPR.
- Housing Need assessments – under-reported nature of certain disabilities. It was mentioned that there is a lack of (accurate) data, and it's not clear if we are really aware of the amount of housing that is needed, both in Social Housing and outside of it, for people with a disability.

- Overall targets for LAs seem to take priority when it comes to reporting mechanisms and targets for individual groups are often overlooked – for disability housing, there are no national targets set, each LA sets their own. (Also, in Review and Monitoring theme).

4.10.3 ACTIONS TO CONSIDER FOR STRATEGY

- There needs to be one centralised database that records all the relevant necessary data on people with disabilities. There is a current lack of data, and this means that current plans are not based on reliable data. Hidden homelessness as an example of not having all the information on the numbers of people with disabilities living in insecure, unsuitable accommodation.
- There needs to be independent assessment and data validation of the current data.
- Information is key for planning, knowing what the need is. Eight per cent approved for SHS are people with a disability, and that is thought to be an underestimation. They link in with the HSE about planning, and the HSE identified 22 people for houses – 21 of them have not yet applied for SHS. They put in a submission across disability campaign groups, to promote that, but within Housing Disability steering groups they should encourage the ‘Think Ahead, Think Housing’ campaign and ask people to put in their application for SHS now. We need to record the need.
- Greater need for live/real-time data to reflect current information. Too often the data is based on reports which may be 6–12 months old and out of date.
- Need to co-ordinate the relevant and necessary data. Need to be clear on what is meant by ‘data’.

4.11 Theme 9 – Review and monitoring

4.11.1 GENERAL DISCUSSION ON THEME

- The need for feedback on the strategy between local strategies and who is assessing it (intergovernmental/interagency).
- Biannual monitoring of that document and feeding back on local strategies and be able to address certain points.
- Ensure there is an appropriate steering group to feed information up/down with all the agencies involved on delivering on that strategy.
- The strategy needs to be underpinned with policies that can be measured and to see how successful the strategy is/has been, and amendments can be made.

- The national strategy needs to link with local housing strategies.
- Ensure the disability groups report back to the HA subgroup so there is a review of delivery on the ground at an oversight level.
- Monitor the progress of the HDSGs and implement changes as needed, e.g., are the right people involved, can they be improved in any way.
- Informal contact between services and housing sector is very important. Very difficult to get response on properties that are available.
- The HSE might have crisis cases emerging, but the support services need time to prepare for service provision.
- The futureproofing of properties needs to be done at an early stage. It is easier to do work on a house on day 1 rather than at a later date.

4.11.2 BARRIERS/CHALLENGES ARISING UNDER THIS THEME

- Overall targets for LAs seem to take priority when it comes to reporting mechanisms, and targets for individual groups are often overlooked – for disability housing, there are no national targets set, each LA sets their own.
- The monitoring of delivery has been disjointed.
- Trying to deliver appropriate housing for people with higher needs is a real challenge.

Glossary

ADM	Assisted Decision-Making Act
AHB	Approved Housing Body
CALF	Capital Advance Leasing Facility
CAS	Capital Assistance Scheme
CBL	Choice-Based Lettings
CHO	Community Health Organisation
DPG	Disabled Persons Grant
DRHE	Dublin Region Homeless Executive
GDPR	General Data Protection Regulation
HA	The Housing Agency
HAP	Housing Assistance Payment
HDSG	Housing and Disability Steering Group
HIQA	Health Information and Quality Authority
HNDA	Housing Needs Demand Assessment
HSE	Health Service Executive
ILMI	Independent Living Movement
ISL	Irish Sign Language
IWA	Irish Wheelchair Association
IWIL	Improvement works in lieu
KPI	Key Performance Indicator
LA	Local authority
LGMA	Local Government Management Agency
LL	Landlord
MH	Mental Health
MOU	Memorandum of Understanding
NDA	National Disability Authority
NDFA	National Development Finance Agency

NDIS	National Disability Inclusion Strategy
OT	Occupational Therapist
PRS	Private Rental Sector
RAS	Rental Accommodation Scheme
SH	Social Housing
SHS	Social Housing Support
SHS	Social housing supports
SLA	Service Level Agreement
TSO	Tenancy Sustainment Officer

5. Conclusion

The feedback from Round 2 of the consultation was analysed to inform the development of the final themes, outcomes, and initial actions of the new Strategy. Following the analysis, the following amendments were made:

- The feedback was so strong on living independently, that this has become an overarching aspect of the Strategy.
- Communication was discussed so frequently that it was agreed it needed to be named.
- A theme for Strategy Alignment was introduced. This is to ensure the Strategy is aligned with Housing for All, National Disability Inclusion Strategy, UNCRPD Implementation Plan, Sharing the Vision and Time to Move on from Congregated Settings in particular, as well as any other cross Governmental strategies.
- The feedback on data collection suggested that this should be across all themes rather than a single standalone theme and that this should be a focus under Interagency Cooperation and Collaboration.
- It was proposed that a section for review and monitoring of the overall Strategy will be included in the body of the document.

The original nine themes were re-organised into six themes. These themes then formed the basis of the new Strategy. These are:

Theme 1 – Accessible Housing and Communities

Theme 2 – Interagency Collaboration and the Provision of Supports

Theme 3 – Affordability of Housing

Theme 4 – Communication and Access to Information

Theme 5 – Knowledge, Capacity, and Expertise

Theme 6 – Strategy Alignment

The National Housing Strategy for Disabled People 2022-2027 was launched by the Minister for Housing, Local Government and Heritage Darragh O'Brien, TD along with his colleagues Minister Peter Burke and Minister Anne Rabbitte in January 2022.

