

The National Housing Strategy for Persons with Disabilities, 2022-2027 is being developed this year



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The New National Housing Strategy Consultation

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.

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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.

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

Disabled person	<input type="checkbox"/>
A family member of a disabled person	<input type="checkbox"/>
A carer for a disabled person	<input type="checkbox"/>
A healthcare professional	<input type="checkbox"/>
A staff member of Non-Governmental Organisation	<input checked="" type="checkbox"/>
A staff member of a Local Authority	<input type="checkbox"/>
A staff member of an Approved Housing Body	<input type="checkbox"/>
A staff member of the HSE	<input type="checkbox"/>
A staff member of a disability service	<input checked="" type="checkbox"/> Acquired Brain Injury Ireland
A member of the public	<input type="checkbox"/>

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2. Please tick the county do you live in?

Carlow	<input type="checkbox"/>	Kildare	<input type="checkbox"/>	Tipperary	<input type="checkbox"/>
Cavan	<input type="checkbox"/>	Kilkenny	<input type="checkbox"/>	Offaly	<input type="checkbox"/>
Clare	<input type="checkbox"/>	Laois	<input type="checkbox"/>	Roscommon	<input type="checkbox"/>
Cork	<input type="checkbox"/>	Leitrim	<input type="checkbox"/>	Sligo	<input type="checkbox"/>
Donegal	<input type="checkbox"/>	Limerick	<input type="checkbox"/>	Waterford	<input type="checkbox"/>
Dublin	X	Longford	<input type="checkbox"/>	Westmeath	<input type="checkbox"/>
Galway	<input type="checkbox"/>	Louth	<input type="checkbox"/>	Wexford	<input type="checkbox"/>
Kerry	<input type="checkbox"/>	Mayo	<input type="checkbox"/>	Wicklow	<input type="checkbox"/>
Kildare	<input type="checkbox"/>	Monaghan	<input type="checkbox"/>		<input type="checkbox"/>

3. What is your age range?

Under 18	<input type="checkbox"/>
18-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65+	<input type="checkbox"/>

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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	Acquired brain injury (covers physical, cognitive, emotional, behavioural and sensory disabilities, often occurring together as multiple co-morbidities)

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?

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Thinking about how the National Housing Strategy for People with a Disability (2011-2016 (extended 2021)) has worked...

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

Yes	X
No	

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	X

Please provide reasons for your answer.

Would need to see the baseline, monitoring and progress data to make an informed decision. |

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8. The below points were some of the focuses in the strategy. Please rank these from 1- 6 in order of importance to you.

Equality in accessing housing options.	3
Relevant agencies working together to facilitate a person-centred approach to the delivery of housing and support services.	1
To support people with a disability to live independently.	5
Provide housing and supports for people moving out of congregated settings.	4 assuming congregated setting includes nursing home
Provide housing and supports for people moving out of mental health facilities.	
A coordinated approach to the design and delivery of housing and supports	2
To facilitate people with a disability to access advice and information in respect of their housing needs.	6

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

Not aware	
Somewhat aware	X
Very aware	

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	X
No	

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	X
No	

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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	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

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

Housing provided directly by your Local Authority	<input checked="" type="checkbox"/>
Housing provided by Approved Housing Bodies	<input checked="" type="checkbox"/>
Housing Assistance Payment (HAP)	<input checked="" type="checkbox"/>
Housing Adaptation Grants for Older People and People with a Disability	<input checked="" type="checkbox"/>
None of these	<input type="checkbox"/>

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

Yes	
No	No

If no, how can this be improved?

The current system can be very complicated and convoluted for people to navigate. The myriad of options, not all of which are applicable to each person's circumstances at any given time, are overwhelming.

It would be helpful to narrow the options to the persons circumstances, for e.g. I have seen apps that ask for you to input a certain amount of information regarding your needs (e.g. I want to apply for housing, I was to rent, etc) which then lead you to a smaller amount of more relevant information based on your personal circumstances. Therefore, more streamlined and bespoke responses would improve the communication enormously.



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

From our experience of working with people with acquired brain injury in communities across Ireland, we know there are many limitations to the current pathway and a limited range of housing options open to our community. It is clear that we do not have the right provision in the right places. The range of options are too limited, and we continue to have a significant level of unmet housing with support needs for people with brain injury. The referrals pathway can vary from HSE, local authority, NGO and a range other services.

The criteria for 'qualification' are not clear or made explicit by the local authority. It also varies greatly from one local authority to another leading to inconsistent and unpredictable decisions being made. The assessment process is too narrow. The local area medical officer role in making key decisions around whether this person meets the threshold to qualify under their disability is not open or transparent.

Getting on to the housing list and to be eligible for social housing is a challenge for many people with a brain injury. As they have acquired a disability in adulthood, they may have owned property or had a mortgage before their injury, so this often leads them to not qualifying for social housing, despite them having a significant housing with supports need. Without getting suitable housing, they may well continue to be remain in hospital for prolonged periods or be sent to a nursing home or discharged to the family home which often may not be a suitable place. Our experience on the ground is that the interpretation of what disability is in local authority terms is largely focus on physical element of the person's disability.

Therefore, we are recommending that the new housing strategy for people with disabilities focuses on

1. Ensuring that there is clear and explicit housing pathway developed for people with disabilities than is then applied and adhered to consistently across each local authority area. This will ensure there is equity in terms of how people gain access to housing nationally.
2. Each local authority must adopt a consistent approach to the assessment process, that is a nationally led and designed with consistent local implementation. This would again address the inequities that people with disabilities experience in the system.
3. In order to really extend the options available to people with disabilities this housing strategy has to reimagine what disability is and how it is defined. 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-centered approach will then create a much wider and more inclusive range of the housing options from mainstream to the highly specialised provision.

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Looking to the New National Strategy in 2022...

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

For people with acquired brain injury, rehabilitation plays a crucial role in maximising their abilities, functioning and independence. Therefore, to enhance the opportunities for independent living and in particular (re)enablement, the role of the Rehabilitation Assistant and the clinical team supports (s.a. psychology, occupational therapy, case management) must be recognised as a key tool. The Rehabilitation Assistant role is different from the Personal Assistant role in that they place a pro-active part in implementing individualised rehabilitation plans which contain rehabilitation goals. All the processes are clinically led and supported. For some, rehabilitation in the community after their injury is a life-time journey, for others, once they have reached their potential, then the person can continue to live a good quality of life with minimal support.

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. 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 level of (specialised) supports required for different individual needs.

Crucially, stakeholder education and training on the housing needs of specific sub-groups within the overall disability category would prove to be a very useful tool to create an awareness and understanding of the housing needs as they arise within particular communities. Education programmes could target housing officers, social workers and decision makers in the various agencies who need to understand the dynamics of living with a disability from childhood or living with an acquired disability in adulthood. Community education should also be a feature, where people with disabilities are living in mainstream neighborhoods and are sometimes misunderstood and therefore viewed as fearful the other residents in that community.

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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 inter-agency working be strengthened to support this?

Firstly, there must be clear accountability within each agency that is operating at the inter-agency level. The lines of responsibility and accountability should be explicit and understood by the agency itself and the other agencies involved. Equally, at the inter-agency level, there must be clear lines of accountability and communications.

A consistent approach across the inter-agency 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. 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.

Our experience in practice would be that the local authority is often not willing to take on a client who has care/support needs but have not yet secured the care/support package they require from the HSE. If someone with a disability is in a nursing home, they cannot go on the housing list as they are deemed to be 'housed' in the nursing home setting. This is a particular challenging issue for the many young people with brain injuries (under 65s) who are in nursing homes and who, because of the lack of alternative housing and care package options, this is their only choice of a place to live.

As mentioned, building capacity using education and training for staff in the various agencies on the living life with a disability would improve the inter-agency interface. In addition, training and education in the tools and skills of working at inter-agency 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 inter-agency 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.

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

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Challenge 1

Lack of accessibility and suitability and the need to retro fit as the private market will never be responsive enough to provide fully accessible housing in the mainstream housing provision.

Challenge 2

Complete lack of affordability especially to the private rental market

Challenge 3

Multiple barriers to home-ownership and in the private rented sector such as non-acceptance of the HAP payments by landlords, overt and covert discrimination by landlords because of the disability, and having to have a range of documentation to access the private rental market including bank statements, pay slips etc. which makes it virtually impossible for someone with a disability to gain access.

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 cooperation at local level	<input type="checkbox"/>
Local Strategic Plans	<input type="checkbox"/>
Mental Health Tenancy Sustainment Officers	<input type="checkbox"/>
Production of Easy Read and Plain English Documentation	<input checked="" type="checkbox"/>

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

In relation to easy to read/plain English, it would be a positive step to see technological and digital communications solutions that improve accessibility significantly and makes the communication available to a much wider audience. The strategy document should include a national and local communications plan that is multimodal and inclusive.

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

Action 1

Full scale reform of the funding arrangements for housing associations to gain access to funds in a timely and consistent manner. Currently, the Capital Assistance Scheme (CAS) and the processes around it is 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 (often specialists) associations excluded. It can take up to 4 years to get a project started so the delays in progressing work are significant.

An example of the inconsistency is where a 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 timely and responsive. |

Action 2

The new Housing Strategy for people with Disabilities needs to adopt the highly successful principles and philosophy of the 'ageing in place' approach. The ageing in place approach ensures that older people's housing provision is all about **place** – not just about the bricks and mortar or the physical house. The emphasis in this approach is around capabilities rather than deficits (Ref: [Amartya Sen](#), 1993) Oxford). This approach sees housing as part of community. According to [Age Friendly Ireland \(2015\)](#) where you live impacts greatly on how you live, therefore choosing the right location is critical. It is about focusing on supporting our existing and new communities in a sustainable manner by securing high quality design elements that provide greater quality of life for all. Adopting these principles will ensure the right housing provision for people with disabilities in the right places.

Added to this is the need to take a life-time adaptable housing approach as advocated by the [World Health Organisation](#) in overall national housing policy as well as a commitment to universal design principles, all of which will help to make sure that mainstream housing much more tolerant of a greater number of people with disability. |

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Action 3

Develop a Quality, Regulation and Standards Framework for the provision of housing for people with disabilities.

There are so many regulations and standards to comply with it would be very positive step to see all these elements built into a Standards Framework for housing provision for people with disabilities. It would also include a central focus on quality provision. The Framework would look at where the housing provision is needed. It would provide the evidence for all the agencies to know what type of provision is necessary and where people with disabilities want to live as active and connected citizens. The Framework would also provide for better alignment and convergence of the various regulations and standards as we all know that one size does not fit all. In addition, this Framework would provide a baseline requirement for all the regulatory bodies to sign up to and having the effect of streamlining processes.

One of the agencies that must be brought into this Standards Framework is the Health Information and Quality Authority. (HIQA) Their role is crucial, and they have legal recourse. They are a very powerful agency who are currently not part of the inter-agency mix and play a vital role in terms of agencies adhering to their regulations. |

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

Engaging in research and improving the evidence base to inform and enhance policy development and service provision should be an integral part of the new housing strategy for people with disabilities. Data is a powerful tool to advocate for change and provides the evidence around the effectiveness of the interventions and models of service. It informs innovative, flexible, and agile solutions all of which are needed to address the significant unmet housing needs of people with disability.

The Disability Strategy should seek to gain a policy commitment to ensuring that all the agencies involved work together in a true and meaningful partnership nature. **A joint policy statement** from the relevant Government departments would be much welcomed as has happened in housing provision for older people.

<https://assets.gov.ie/9398/ca553fa753b64f14b20e4a8dcf9a46ab.pdf>

The availability of public transport and other type of mainstream and specialist transport services is intrinsically linked to the quality of life and independence of the person with disability. Therefore, synergies between the development of the Disability Strategy on Housing and national and local transport policy are vital in terms of developing a sense of **place** and participating in community life.

We are currently working on the development of a **blueprint document to provide policy guidance in relation to the housing needs of people with brain injury**, given the specific challenges that this community faces within the wider context of housing for people with disability. We believe this person-centred guidance document will serve to inform the new strategy and will share it when complete.