******

 ***Strategic Plan for Housing Disabled People***

***2021-2026***

**County Wexford Housing and Disability**

**Steering Group**

**Revised December 2022**

Disability Terminology

 **Language is extremely important. There are many words and terms that are used to identify disability in Ireland and internationally and the way these words are understood differs across different groups. This was apparent during the consultation to support the development of the National Housing Strategy for Disabled People 2022-2027.**

As part of the development of that Strategy, disability terminology was considered. Input was received from a number of Disabled Persons Organisations (DPOs) and international good practice was also examined.

For some people, the term ‘disabled people’ is a source of pride, identity and recognition that disabling barriers exist within society and not within individuals. This approach is in line with the social model of disability. The social model of disability looks at how society is structured and how it disables people. It is not based on a person’s impairment. It is about the barriers that exist in terms of attitudes, policy development, access or lack of supports, and how this can prevent people from participating in society as equals, with choice and control over their own lives.

For others, the term ‘people with a disability’ or ‘people with an intellectual disability’ has the same meaning and is important to those who want to be recognised as a person before their disability. In keeping with the development process of the new Strategy, and ensuring that all groups are represented, this Strategy will take an inclusive approach to disability terminology.

This Strategy was reviewed in December 2022 and now uses the term ‘disabled people’ in its title and for general use throughout. However, terms for specific groups of people, such as ‘people with intellectual disabilities’ and ‘people with psychosocial disabilities or mental health difficulties’, will also be used within the Strategy where appropriate. This is reflective of the collaborative approach to the development of the Strategy and in recognition of the need to be open to the evolving nature of language over time.

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**Article 19 of the UN Convention on the Rights of Persons with Disabilities addresses the right of people with disabilities to live in the community with a choice equal to others of where and with whom to live.**

# Purpose and Vision

This strategic plan updates the Wexford County Council Strategic Plan for Housing Persons with Disabilities 2011-2016 which was extended to 2020.It has been prepared by the Wexford Housing and Disability Steering Group (Wexford HDSG). It will feed into the new National Housing Strategy for Disabled People 2022-2027 and will provide collaborative best practice guidance around the provision of housing for disabled person in Wexford.

The development of this strategic plan will strengthen the capacity of the Wexford HDSG and its members to advance collectively, appropriate housing solutions for people residing in the community with a social housing need and people with disabilities living in a congregated setting. Interagency co-operation is a key cornerstone for good practice in the delivery of housing and other supports to people with disabilities. The Disability Sector has been represented by advocacy groups on the Steering Group and regard has been taken of the Independent Living Movement Ireland submission to the Oireachtas Committee on Housing, Planning and Local Government while revising the strategy.

The Strategy, while acknowledging the challenges, expects that this vision should be achieved within the mainstream housing environment. The core goal of the Strategy is to meet the identified housing needs of disabled people locally; whether they are currently living in the community and/or in a residential or congregated setting. It aims to promote and support the delivery of suitable accommodation for people with disabilities using all appropriate housing supply mechanisms.

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

(a) sensory disability;

(b) mental health disability;

(c) physical disability; and,

(d) intellectual disability.

While not explicitly mentioned in the Housing Strategy (for the purpose of this plan), Category (d) will be intellectual and/or Autism.

The National Implementation Framework includes the following strategic aims:

*Housing authorities will develop specific strategies to meet the identified housing needs of people with physical, intellectual, mental health and sensory disabilities locally. These strategies will be informed by the assessments of housing need and broader formalised consultation with relevant statutory agencies, service user groups and disability organisations. These strategies will form an integral part of local authority Housing Services Plans and will promote and support the delivery of accommodation for people with disabilities using all appropriate housing supply mechanisms.*

*In line with the development of specific disability housing strategies, housing authorities will consider reserving certain proportions of units to meet specific identified needs within each disability strategy.*

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

This document prepared by the Wexford HDSG aims to fulfil the requirements of the Strategy and provide the local authority and other housing providers with information that will help to inform and guide housing provision for disabled people over the next number of years.

**Public Sector Duty**

In implementing the public sector equality and human rights duty, this Strategy has identified pertinent equality and human rights issues which are outlined below:

**Dignity:**

Equality and human rights issues faced by the identified groups, relating to **dignity**, that have a relevance to the functions of the Wexford Housing Disability Steering Group are:

* Prejudice and attitudinal barriers
* Breach of privacy and data confidentiality
* Expectations held by the identified groups, of discrimination and harassment and barriers to service provision that arise from these
* Discrimination

**Inclusion:**

Equality and human rights issues faced by the identified groups, relating to **inclusion**, that have a relevance to the functions of the Wexford Housing Disability Steering Group are:

* Isolation, vulnerability, loneliness, and fear of crime
* Barriers to access services due to design, manner of delivery, and inflexibilities in meeting specific needs
* Lack of universal design, in particular for housing, buildings, public spaces, and IT infrastructure
* Barriers of communication, including issues such as lack of interpretation and translation and lack of accessible formats and media
* Lack of understanding, awareness, and recognition of diversity among service providers, and decision-makers
* Lack of attention to the specific needs of people at the intersections between the identified groups

**Social Justice:**

Equality and human rights issues faced by the identified groups, relating to **social justice**, that have a relevance to the functions of the Wexford Housing Disability Steering Group are:

* Housing insecurity, poor quality housing conditions, access barriers due to housing design or lack of adaptation, and lack of appropriate accommodation
* Health inequalities in all areas and their social determinants across the identified groups, in particular mental health
* Participation barriers due to digital literacy issues
* Participation barriers due to limited transport availability or accessibility

**Democracy:**

Equality and human rights issues faced by the identified groups, relating to **democracy**, that have a relevance to the functions of the Wexford Housing Disability Steering Group are:

* Lack of opportunities to voice perspectives and lack of influence on decision-making
* Lack of capacity, including resources and organisation, to effectively represent the voice of identified groups
* Lack of knowledge due to inadequate information flows and inappropriate channels of communication used to reach the identified groups
* Lack of transparency and accountability on the part of decision-makers

**Autonomy:**

Equality and human rights issues faced by the identified groups, relating to **autonomy**, that have a relevance to the functions of the Wexford Housing Disability Steering Group are:

* Absence of or limited options made available in services
* Lack of independence due to inadequate resources or inadequate supports.
* Congregated settings and forms of institutional care that limit choices and independence
* Lack of confidence and motivation in making choices

# Housing Need

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

The assessment of an individual need for Social Housing Support is based on the individual’s lack of ability to provide housing from their own means. The housing need is the type of house, size, adaptations, etc., that is required.

A disabled person may have live-in supports or may need to store equipment ; their overall accommodation needs should be recorded.

In relation to disabled people living in congregated settings, deinstitutionalisation refers to the move away from housing people with disabilities in residential institutions, where all services were generally provided on site, to community-based settings, (not all residential settings are congregated) . Good practice suggests that no one who can live independently with support should be in any residential setting and that no more than 4 people should be accommodated in a residential setting. Large residential institutions, while maximising the pooling of support services, segregate residents from the community and from normal social life. Research has demonstrated that such institutions are not able to deliver the same quality of life for their residents as community-based alternatives.

# Roles and Responsibilities of the Disability Steering Group

Many of the challenges facing disabled people in need of social housing services are multi-dimensional and therefore require inputs and solutions from State Agencies, Departments and other institutions. Effective interagency co-operation is an essential mechanism in meeting the housing needs and other supports needed for people with disabilities. The membership of the Steering Group needs to represent all relevant parties and should be reviewed annually to ensure that members who do not participate are replaced.

The following section outlines a brief description of the principal stakeholders and their role and responsibility within the area. The group involves local representatives from key statutory agencies and relevant disability stakeholders. The Terms of Reference for the Housing and Disability Steering Group are set at national level and it is stated that all representatives should be at a senior level and should be competent at representing the needs of the various disability groups.

It is important to note that a robust interagency framework at national level is a pre-requisite for local action. The Department of Health and Department of Housing, Local Government and Heritage are the two core National stakeholders.

## 3.1 Individuals

People with disabilities should have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others[[1]](#footnote-1).

The key considerations include:

* Location in the person’s preferred community
* Connection to families and friends
* Close to local amenities
* Access to public transport
* Access to services
* Safe and secure
* Accessible housing with suitable adaptations

An individualised approach to housing and suitable supports promotes the inclusion and participation of a disabled person in everyday life and the community in which they live. Access to housing adds value and status to the lives of all citizens. People with disabilities have the same rights as other citizens to access housing to create homes that enhance their lives and support their inclusion in, and contribution to, society.

## 3.2 Families

In many cases families are the first assistance and support in relation to the provision of appropriate accommodation for disabled person. In many cases the family also becomes the advocate for the individual with the consent of the individual. The challenge however facing that family and household must be recognised and in many instances outside assistance is required, whether that is through physical adaption, move or whether it is through provision of support services to the household.

The well-being of all members of the household must also be considered. Even in cases of relationship breakdown, families should be considered for consultation on planned actions with the permission of the individual.

## 3.3 Housing Authorities

Local Authorities acting as Housing Authorities have a key role in the provision of social housing supports for all eligible disabled person, including people currently living independently, or with families or in other arrangements.

Wexford Local Authority endeavours to make available to all qualified Social Housing Support applicants, quality, safe, affordable and well-located housing which is suited to the needs of the user. The provision, facilitation and servicing of such housing, is fundamental to the quality of life of individuals in County Wexford and is a core objective of the Local Authority. In many cases the individual will also require the support of the Health Service Executive (HSE).

Since the introduction of the National Guidelines for the Assessment and Allocation Process for Housing Provision for Disabled people, all adults with disabilities in Wexford are entitled to apply for an assessment of housing need and shall not be deemed adequately housed when their current address is a congregated setting, institution, hospital/nursing home, community based group home, or when they, although an adult, remain in the family home due to their personal circumstances and/or support needs, including their need for adapted living conditions where the family home is unsuitable.

The current numbers on the Social Housing Support list does not entirely reflect the true need for housing by disabled person in the county. It is essential that the various disability groups operating in the county encourage the people they represent, who have not applied for Social Housing Supports, but are eligible to do so, to apply for inclusion on the Council housing list.

## 3.4 Health Service Executive (HSE)

HSE is the agency tasked with responsibility for care and treatment  for those assessed as requiring its services.  In some cases, the HSE is the direct service provider to an individual. In addition, the HSE is the funding agency of support services by third parties, with Service Level Agreements (SLAs) under sections 38 and 39 of the Health Act.  The HSE is also one of the main drivers of the deinstitutionalisation of residents from congregated settings. It promotes the rights of service users to live independently in their own communities and provides rehabilitation and recovery services for those with severe and enduring mental health difficulties through the services of its Multi Disciplinary Teams.

In addition, the HSE's Social Care division must  identify individual support costs for those with physical, intellectual or sensory disabilities,  and continue to provide funding as required for residents in their new housing environments. The HSE has the overall statutory responsibility for the management and delivery of health, care and personal social services to those who require them.

The HSE is committed to developing services for disabled people in order that they are supported to participate in society and reach their full potential.

All housing arrangements for people moving from congregated settings should be in ordinary neighbourhoods (dispersed housing) in the community, with individualised supports (supported living) designed to meet their individual needs and wishes.

Dispersed housing means apartments and houses of the same types and sizes as most of the population and scattered throughout residential neighbourhoods among the rest of the population. All those moving from congregated settings should be provided with dispersed housing in the community, where they may:

* Choose to live on their own
* Share with others who do not have a disability
* Share their home with other disabled people (to a maximum of four disabled people)
* Opt for long-term placement with a family

Supported living means: providing the range and type of individualised supports to enable each person to live in a home of their choice and to be included in their community. (The Time to Move on from Congregated Settings Report HSE 2011)

With regard to individuals currently residing in a congregated type setting, the HSE strongly supports their transition to more socially inclusive community integrated services and is fully committed to ensuring that people with disabilities will be actively and effectively supported to live full inclusive lives at the heart of their family, community and society.

In respect of disability services, the HSE’s responsibility is fulfilled by the provision of services directly by the organisation and, to a very significant extent by the funding of non-statutory organisations to provide such services on its behalf. The HSE aims to support each disabled person in living as normal a life as possible, in an environment that provides opportunities for choice, personal development, fulfilling relationships and protection from exploitation and abuse.

## 3.5 TUSLA –Child & Family Agency

The Child and Family Agency is committed to providing high quality services to children and families at the earliest opportunity across all levels of need. Providing help to children and families early in the stage of a difficulty can prevent situations getting worse. TUSLA also has responsibilities to young people leaving the care system.

## 3.6 Service Providers

The HSE , as direct service providers, and non-statutory service providers have responsibilities which include:

* the development of an overall project plan to include person centred care planning for each individual
* provision of information about housing options when appropriate ;
* supporting the individual regarding application for assessment of housing needs, as appropriate
* information on access to an external advocate
* Information on support around tenancy arrangements when required
* Identification of care & support needs
* assistance with the development of circle of supports etc as required

Service providers should also participate in the local implementation teams, identify any obstacles / challenges to transition etc.

## 3.7 Approved Housing Bodies

The Approved Housing Bodies are the main housing providers under the initiatives set out in the Housing Strategy for Disabled people, whether it is through leasing or purchase models. As a result, the AHB will become the landlord and will have the normal responsibilities that are attributed to this role. Other roles include:

* Providing representation on national and local groups to assist in the delivery of the Housing Strategy
* Accepting nominations from relevant Local Authorities
* Liaising with the Service Providers in relation to Service Level Agreements,
* Sharing information as appropriate with other stakeholders
* Ensuring necessary adaptations are carried out to ensure suitability of properties
* Providing pre-tenancy training to individuals in cooperation with the relevant service provider
* Acting in their capacity as landlord on a day to day basis with their tenants

## 3.8 Department of Health

The Department’s role in relation to services for people with disabilities is to provide the policy and legislative framework to enable the ongoing strategic development, monitoring and evaluation of the performance of health and social services to support disabled people to live in the community. This includes working with other Government Departments, the HSE and relevant agencies to enhance people’s health and well-being.

## 3.9 Department of Housing, Local Government and Heritage

The Department of Housing, Local Government and Heritage has overall responsibility for developing and implementing housing policy for people with disabilities, both for those living in the community and those who will be transitioning from institutional care in the coming years.

The Department’s role is to provide the policy framework to enable the delivery of a range of housing options and solutions and to work with other Government Departments, housing authorities, HSE and relevant agencies in supporting people with disabilities to access and maintain appropriate housing suited to their changing needs within sustainable communities.

The Department of Housing, Local Government and Heritage issued Circular 45 of 2015 to clarify its role in the funding of housing provision for disabled people. The guidance should be read in conjunction with *Memorandum VHU 2/02 and VCH 2/08* in relation to CAS generally. More specifically, this guidance is consistent with and reflects the principles outlined the *National Guidelines for the Assessment and Allocation Process for Housing Provision for Disabled people,* which was adopted for implementation by housing authorities from 12 November 2014 (Circular Housing 49/2014 refers). The Guidance also has general application for other funding and delivery mechanisms that supports the provision of housing for people with disabilities (e.g. CALF and leasing).

Approved Housing Bodies (AHBs) and service providers will be required to adhere to the Guiding Principles and Specific Requirements that are set out in the Circular, which was developed in consultation with the Department of Health and the HSE. The AHB’s and service providers will be required to engage with housing authorities and the HSE in developing proposals.

#  Demand and Supply

The 2016 census shows that there are over 643,000 disabled people in Ireland.

This is 13.5% of the population. In County Wexford this figure is higher, with 15% of people living here registered as having a disability. In our ageing society, many more people will develop a disability.

The lead in time to any housing procurement can be significant and it is critical that all procurement plans can take account of both current and projected housing demand. The approach taken to providing suitable and appropriate housing to people with disabilities will ensure that agreed disability specific general requirements and known individual requirements are met in all design and procurement briefs to meet both current and projected need of present and anticipated applicants.

A proportion of any projected housing procurement may be forward planned and reserved to meet the demand from people with disabilities on local Housing Lists. An accessibility brief will be agreed and set out to inform the requirements that should be part of any brief from the outset i.e. what is this project brief required to deliver in terms of accessibility for people with disabilities, general design, numbers of units, design of units, and how will this be achieved (Section 27 Disability Act).

## 4.1 Current demand

The current demand will be determined from various sources from which a comprehensive breakdown of need can be compiled.

An element of estimation and forecast is also required to address emerging need which probably can be quantified based on previous annual averages but not specific to location.

### **4.1.1 Housing Waiting Lists**

Disabled people currently on social housing waiting lists, are tabled below:

|  |
| --- |
| **Total Number of Persons on WCC Housing List Identifying as disabled at April 2021** |
| **Category of Disability** | **Total** |
| **Physical** | 119 |
| **Sensory** | 18 |
| **Mental Health** | 97 |
| **Intellectual** | 103 |
| **Unspecified** | 3 |
| **Total** | **340** |

4.1.2 Housing Transfer Lists

Annually a number of tenants, through disability – new or progressive or injury, require alternative accommodation due to the inadequate nature of their existing living accommodation. This can be addressed through a transfer arrangement if appropriate accommodation is available. HAP tenants are also added to our Transfer List and the figures below include HAP tenants who have identified as being disabled.

The decision to transfer may be made as a less costly alternative to adaptation works or where necessary adaptation works are not feasible due to the nature of the property.

|  |
| --- |
| **Total Number of Persons on WCC Transfer List Identifying as disabled at April 2021** |
| **Category of Disability** | **Total** |
| **Physical** | 167 |
| **Sensory** | 15 |
| **Mental Health** | 78 |
| **Intellectual** | 23 |
| **Unspecified** | 9 |
| **Total** | **292** |

### 4.1.3 Owner Occupied Stock

Requirements for adaptation or alternative accommodation due to disability arise in Owner Occupier properties. From a housing authority perspective, this can be seen in the number of applications made annually for either Housing Adaptation Grants or Mobility Aids Grants.

The table below outlines the number of applications made annually under these schemes for the last three years. Note: The 2020 numbers may be reduced due to the impact on construction during the global pandemic

|  |
| --- |
| **Owner Occupied Stock: Grant Applications to accommodate a disabled person in a privately-owned property** |
|  | **2018** | **2019** | **2020** |
| **Housing Adaption Grants** | 36 | 58 | 93 |
| **Mobility Aids Grants** | 174 | 167 | 106 |
| **Total** | **210** | **225** | **199** |

### 4.1.4 Congregated Settings

There are a number of Congregated Settings in most counties. The table below identifies the number of people per Service Provider that remain in each facility at the 30th April 2021.

|  |
| --- |
| **Persons in Congregated Settings in County Wexford at 30th April 2021** |
| **Service Provider** | **No of Individuals**  |
| HSE Facility | 8 |
| HSE Facility | 7 |
| HSE Facility  | 6 |
| HSE Facility | 8 |
| HSE Facility | 5 |
| HSE Facility | 5 |
| HSE Facility | 5 |
| **Total** | **44** |

### 4.1.5 Mental Health

The Housing Strategy for Disabled people recognises that “there are limitations in existing data in relation to the living arrangements of people with a mental health disability”. The lack of data on housing need among people with a mental health disability has arisen due to a number of factors which include hesitancy about disclosing a mental health disability to local authority officials and a lack of knowledge among mental health service users and their family members about how to apply for social housing supports.

In addition, the housing strategy recognises that "there has been some concern that some housing authorities might not always consider people with a mental health disability currently residing in HSE community residences, family homes or hospitals as a priority for housing as they might be perceived as being appropriately housed."

These factors, among others, have led to a traditional under-reporting of housing need among people with a mental health disability which now needs to be rectified for the purposes of the 5-year Strategic Plans.

The table below lists the number of bed spaces that are currently available in Low and Medium HSE owned mental Health residences. One of the deliverables in the Housing Strategy is that some of these properties would be transferred to the Local Authority or to an Approved Housing Body. This is contingent on factors including title, consent of the residents to engage in the project, availability of CAS funding to renovate etc.

It is reasonable to assume that bed space listed in the table below is taken up by an individual. It should also be noted while each of these individuals has an identified housing need this need may be met in their current accommodation if that accommodation is transferred to the Local Authority or Approved Housing Body and the individual is given a tenancy to the property. It needs to be noted that these are tenancies within a supported model of shared housing, and the individual may seek their own tenancy in their own property as their recovery progresses. A special condition may be required for individuals availing of the Transfer Project that would facilitate them keeping their pathway to social housing open should they be in a position to no longer require shared supportive housing.

|  |
| --- |
| **Bed Space Availability in Low / Medium HSE Owned Mental Health Residences**  |
| **Area** | **No. of Properties** | **No. of Beds** | **No. of Occupants** |
| Wexford | 10 | 37 | 27 |

|  |
| --- |
| **Mental Health High Support Residential Services:**  |
| **Address** | **No of Beds** |
| Enniscorthy | 12 |
| Enniscorthy | 13 |
| Ardamine | 9 |

|  |  |  |
| --- | --- | --- |
| **No. of Properties Identified for National Transfer Project**  | **No. of Beds Identified for National Transfer Project**  | **No. of Occupants identified for National Transfer Project** |
| 4 | 10 | 7 |

### 4.1.6 Total Disability Need

Arising from Paragraph 4.1.1 to 4.1.5, it is evident that there is a significant disability housing need in the county. The type of properties that are required will be difficult to determine as a forensic assessment of the individuals or their specific needs has not been carried out. However, the table below summarises the basic disability needs within the county.

|  |
| --- |
| **Disability Housing Need in County Wexford at April 2021**  |
|  | **Total** |
| **Physical**# | 286 |
| **Sensory**# | 28 |
| **Mental Health**# | 175 |
| **Intellectual**# | 126 |
| **Unspecified**# | 12 |
| **Congregated Settings** | 44 |
| **Mental Health Property Transfer\*\*** | 7 |
| **Total** | **678** |

*# Total need across each Disability Category from tables 4.1.1. - 4.1.2*

*\*\*Please note some residents may opt to stay in existing accommodation resulting in a reduced need*

#  Delivery and Supply Mechanisms

The model for social housing delivery changed considerably from 2008 to 2013 from a position where capital housing expenditure supplying built or acquired units by the local authorities (including through Part V) and Approved Housing Bodies was the main vehicle of social housing supply to where leasing, P&A, RAS and HAP had become the main vehicles of supply.

The development of this Strategic Plan for Housing Persons with Disabilities is taking place against a background of reinvestment of Exchequer funding for housing under Rebuilding Ireland: An Action Plan for Housing and Homelessness 2016-2021. The figures below show delivery of housing solutions in all categories exceeded the targets for 2016 to 2019, delivery for 2020 was affected by the global pandemic and the knock-on restrictions on the construction industry.

|  |
| --- |
| **Rebuilding Ireland Targets and Delivery** |
|  | **Target 2016** | **Output 2016** | **Target 2017** | **Output 2017** | **Target 2018** | **Output 2018**  | **Target 2019** | **Output 2019**  | **Target 2020** | **Output 2020** |
| Build | 2,260 | 2,965 | 3,200 | 4,054 | 4,969 | 4,811 | 6,545 | 6,074 | 7,736 | 5,073 |
| Acquisition | 1,755 | 1,957 | 1,250 | 2,214 | 900 | 2,610 | 1,325 | 2,772 | 800 | 1,314 |
| Lease | 225 | 792 | 600 | 827 | 2,000 | 1,001 | 2,130 | 1,161 | 2,631 | 1,440 |
| **Subtotal**  | **4,240** | **5,714** | **5,050** | **7,095** | **7,869** | **8,422** | **10,000** | **10,007** | **11,167** | **7,827** |
| RAS | 1,000 | 1,256 | 1,000 | 890 | 600 | 755 | 600 | 1,043 | 600 | 913 |
| HAP | 12,000 | 12,075 | 15,000 | 17,916 | 17,000 | 17,926 | 16,760 | 17,025 | 15,750 | 15,885 |
| **Subtotal** | **13,000** | **13,331** | **16,000** | **18,806** | **17,600** | **18,681** | **17,360** | **18,068** | **16,350** | **16,798** |
| **Overall Total**  | **17,240** | **19,045** | **21,050** | **25,901** | **25,469** | **27,103** | **27,360** | **28,075** | **27,517** | **24,625** |

Currently, there are three main providers of social housing accommodation; Local Authorities, Approved Housing Bodies and sourcing social housing supports through the Private Rented Sector. However, there are widely acknowledged pressures on all three channels of social housing provision .

The challenge to the delivery of housing for people with disabilities through the mainstream housing environment needs to be cognisant of this broader picture of the delivery and supply mechanisms

## 5.1 Local Authority Stock

An individual must apply to the Local Authority for Social Housing Support in order to be considered for housing and there are a number of criteria that need to be met including income limits, being unable to provide housing from their own means and being considered as being inadequately housed in their current accommodation.

Currently there are 4,531 Local Authority rented properties in the county of Wexford. Between 2017 and 2020, 515 of these units were adapted to meet the needs of disabled person who were existing tenants of the Local Authority.

## 5.2 Approved Housing Body Stock

Approved Housing Bodies have become a major player in the provision of Social Housing Support to people from all sections of the community.

Nationwide there are approximately 540 Approved Housing Bodies of varying types and sizes. The sector provides over 30,000 homes across the country. The housing provision of these also differs. Some approved housing bodies deal primarily with general housing provision while others have a more specialised role. This includes the following type of accommodation:

* General housing
* Older person accommodation
* Housing for people with disabilities
* Homeless accommodation

The normal allocation pathway towards a tenancy with an Approved Housing Body is from nomination from the Local Authority Social Housing Support List. However, there are instances where the AHB will allocate a property from their own housing list. Approved Housing Bodies provide accommodation through:

* New build
* Purchases
* Leasing

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

* Capital Assistance Scheme
* Capital Advance Leasing Facility
* Payment and Availability Agreements

**A.H.B Units given CAS funding in County Wexford**

|  |  |
| --- | --- |
| ***Approved Housing Body Units Owned in County Wexford*** | ***Number Owned*** |
| Society St. Vincent De Paul, Thomas Street | *27* |
| St. Aidan’s Day Care, Gorey | 19 |
| Grantstown Vol Housing Assoc. Ltd | 24 |
| Wexford Community Workshop, New Ross | 30 |
| Society St. Vincent De Paul, Gorey | 24 |
| New Dawn Housing Association Ltd | 17 |
| Slinua Housing Association Ltd | 3 |
| Respond Voluntary Housing Association, New Ross | 38 |
| Respond Voluntary Housing Association, Wexford | 67 |
| Respond Voluntary Housing Association, Enniscorthy | 10 |
| Tagoat Community Housing Assoc Ltd | 10 |
| Wexford Mental Health Assoc Ltd, Gorey | 13 |
| Wexford Mental Health Assoc Ltd, Oylegate | 8 |
| Camphill Communities of Ireland, Duffcarrig | 13 |
| Camphill Communities of Ireland, Ballymoney | 5 |
| Kilanerin Sheltered Housing, Gorey | 6 |
| Cumann Tithiochta Soisialta an Bhreacadh Nua Teo,  Wexford | 14 |
| Pilgrim House Community, Gorey | 10 |
| Senior Citizens Concern Ltd, Ramsgrange | 10 |
| Enniscorthy Community Housing Ltd., Enniscorthy | 27 |
| Co-Operative Housing Ireland, Gorey | 50 |
| Co-Operative Housing Ireland, Enniscorthy | 70 |
| Co-Operative Housing Ireland, Wexford | 20 |
| Cluid Housing Association, Enniscorthy | 29 |
| Cluid Housing Association, Gorey | 10 |
| Tuath Housing Association, Gorey | 57 |
| Tuath Housing Association, Enniscorthy | 41 |
| Tuath Housing Association, Wexford | 44 |
| Circle Voluntary Housing Association | 16 |
| Focus Ireland | 22 |
| Peter McVerry Trust | 12 |
| Oaklee Housing Trust | 43 |
| **Total** | **789** |

|  |  |
| --- | --- |
| ***Approved Housing Body Units Leased in County Wexford*** | ***Number Leased*** |
| Cluid Housing Association, Enniscorthy | *29* |
| Cluid Housing Association, Gorey | *20* |
| Co-operative Housing, Ireland – Enniscorthy | 18 |
| Co-operative Housing, Ireland – Gorey | 6 |
| STEER, Adamstown, New Ross | 11 |
| **Total** | **84** |

## 5.3 Private Rented Accommodation /Housing Assistance Payment

There are 8324 private tenancies in Co Wexford. The Housing Assistance Payment (HAP) is a form of social housing support for people who have a long-term housing need. The scheme is administered by the local authority, who pay the landlords directly. Tenants pay a weekly HAP rent contribution to the local authority (average €48), based on their income and ability to pay and a direct contribution to the landlord (average €33 per week). **Under the HAP scheme you can take up full-time employment and keep your housing support.** There are currently 1591 HAP tenancies in Co Wexford paying an affordable rent averaging at €81 per week.

##  Social Leasing / Rental Accommodation Scheme

These options are available to all people who qualify for social housing supports, including those moving from congregated settings and those residing in the community requiring housing on disability / medical grounds.

Long-term social leasing (10 years) and Short-term leasing (4 years) eligibility is based on a long-term housing need assessment. Wexford Local Authority makes allocations to approved social housing support applicants for both long- and short-term leasing in accordance with the Wexford Co Council’s Scheme of Allocations. There are 552 such properties in Wexford at the end April 2021.

## 5.5 Owner Occupied

This category of households is the largest in the county and their only recourse in the case of provision for a disability need is through the grants scheme, operated by the Local Authority. Payments of over €6.5 m have been made in the last three years under the various grant schemes available to private homeowners.

#  Potential Supply

Each of the supply mechanisms listed above has been analysed to examine the potential of each to provide housing in the coming years. It is important that we are realistic with any policy that is put in place in forecasting that it is done to try to meet the needs of people with disability under each scheme.

## 6.1 Local Authority Stock

Housing Authorities maintain a stock of units including Disability specific accommodation. Where specific new builds are required, the current delivery mechanism for social stock is through purpose built local authority houses and through the Part V process. The Housing Authority maintains a list of applicants under disability categories, including completed Occupational Therapist Reports outlining their specific needs. Wexford Local Authority has a panel of Occupational Therapists in place who undertake assessments at the request of the Housing Section in cases of applications from disabled person, in order to identify their specific housing needs. The Disability and Medical Information form which must now accompany an Application for Social Housing if applying for adapted housing will improve the method available to Local Authorities to assess potential need and plan accordingly.

At the moment there are 201 **Local Authority Own Builds** either currently under construction or at various stages of approval. This includes 4 specially adapted units and a minimum of 20% of the other units are to be adaptable. A further 74 are at proposal stage.

Local Authority **Turnkey** acquisitions have increasingly become a method of social housing delivery in recent years.  Where Wexford County Council acquires an entire development , 20% of units are required to be adaptable in line with the County Development Plan.  Where only a percentage of units are being acquired the Local Authority should seek to acquire adaptable units where possible (subject to unit size and cost) . There should also be an increased awareness relayed to developers around the need for adaptable units. At the moment Wexford Co Council are acquiring 141 Turnkey projects of which 29 will be adaptable.

The **Part V** process requires developers to commit to providing social units within any developments being constructed. The Local Authority engages with the developer at Pre-Planning stage where discussions around unit type and number are discussed. It is requested that where the Part V liability is greater than 5 units, 20% would be lifetime homes/adaptable.

Developers are required to show an accessible route to the residential units from the boundary of the property. Proximity and access to local services must also be considered relative to the units which are accessible.

There are currently 38 Part V units in the pipeline of which 7 will be adaptable/lifetime homes. 225 Part V Agreements in Principle are in place ( based on Planning Permissions granted since 2018 that have yet to commence) Should all these developments proceed the LA would expect approx. 45 adaptable/lifetime homes to be provided.

In order to minimise future adaption works, the Housing Authority in other new build cases will utilise Universal Design models where feasible.

### **6.1.1 Local Authority Stock Policy**

1. Where a vacancy arises in an adapted or disability designed dwelling, the subsequent allocation will be taken from the current housing disability priority list in accordance with the Scheme of Allocations
2. Part V delivery to be used as a mechanism for delivery of units to meet specific disability needs, where appropriate, in agreement with the developer.
3. The principal of Universal Design will be incorporated into all new builds
4. The Housing Authority will work with transfer applicants to find the most appropriate solution for their needs, which may include an adaptation or a move to more suitable property

## 6.2 Approved Housing Body Stock

Approved Housing Bodies maintain a stock of units including disability specific accommodation. At the time of allocation of these units, as a rule the AHB will seek nominations from the Local Authority from their Social Housing Supports List.

1. Where a vacancy arises in a Capital Assistance Scheme (CAS) funded project, the subsequent allocation will be taken from the current housing list
2. Approved Housing Bodies will continue to develop Capital Assistance Scheme (CAS) proposals in conjunction with Local Authorities who will have identified the need
3. The principal of Universal Design will be incorporated into all new builds, such accommodation will also be designated as units that will always be retained in the stock of the AHB for future use for similar applicants
4. The AHB will always consider a transfer option to a more suitable property before committing to adapting the existing property

##  Private Rented Sector

The Housing and Disability Steering Groups urge engagement with the private rented sector to include information sessions to raise awareness of the benefits of disabled people as tenants.

##  Housing Assistance Payment

Unless private landlords are financially incentivised to provide for the needs of the disabled person, with subsequent re-instatement, it would appear unlikely that they would be willing to carry out any adaptations necessary to accommodate a disabled person in their private rented accommodation.

##  Social Leasing / Rental Accommodation Scheme

In terms of the provision of disabled accommodation through social leasing unless there are financial incentives towards adaptations and subsequent re-instatement, it is unlikely that social leasing will be a viable option.

1. In any Multiple Leasing Model being considered, a disability element shall be requested to be included
2. It will be recognised that this model may be best suited to those in the Mental Health or Sensory cohort

##  Owner Occupied

Currently Private developments are required to provide 20% of new homes as Lifetime Homes in accordance with the County Development Plan .

The existing grants schemes for private homeowners runs successfully and has contributed €6.5 m towards adaptations in the last 3 years. It is hoped that funding for these grants continues and increases in the lifetime of this strategy. It is recommended that the existing grants schemes continue

# 7.      Support Services Initiatives

**All HSE funded services either directly provided or through disability provider services are resource dependent and can only be provided from the existing and approved budget.**

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

*7.1 and 7.2 below are Housing Support packages that enable individuals to live independently in their homes.*

## 7.1      Personal Assistance

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

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

## 7.2      Home Support

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

The provision of home support is based on a care needs assessment carried out by a number of disciplines in the community such as the Liaison Public Health Nurse or Social Worker. This is resource dependent and approval for funding is required from HSE prior to any support being put in place.

Generally, the service is carried out by non HSE providers.

Each Home Support package aims to meet the needs of the individual within the available resources as far as is reasonably practicable, by providing essential personal care hours to the person in their own home. This support compliments the PCT Services available in the Community such as public health nurses, day care, respite care, and various PCT therapies including physiotherapy and occupational therapy and social work services if indicated.

## 7.3      Day Services

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

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

New Directions is the  policy relating to Adult day services, which envisages that supports available in local communities will be accessible to people with disabilities.  This will give people with disabilities the widest possible choices and options about how they will live their lives and how and where they spend their time. It places a premium on making sure that being part of one’s local community is a real option.  It recognizes that people with profound and severe disabilities may need specialised support throughout their lives.

The guiding principle is that as far as is practicable, that supports will be tailored to individual need and will be flexible, responsive and person centred. Having choices and doing interesting and useful things in one’s time, learning new skills, meeting people and enjoying their company are normal aspirations for all people, including people with disabilities. Adult day services have in the past been organised as segregated services, separate from local communities and offering limited options, choices and experiences. New Directions sets about moving from group to individual supports, from segregated to inclusive, to support each client to access local community services through their individual personal plan.

New Directions is  implemented by a National Implementation Team which will support local Community Health Organisations and local area implementation groups.

## 7.4      Respite Services

Respite services offers short term temporary supported breaks. Such support helps to maintain the independence for a disabled person by encouraging interaction with their peers, this can be on a sessional basis or overnight residential respite

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

|  |
| --- |
| **Providers of Residential respite Services in County Wexford for people with an intellectual disability** |
| Ard Aoibhinn Services, An Bhreachadh Nua, Wexford |
| St. Aidans Day Care, Gorey, Wexford |
| Co. Wexford Community Workshop, Ltd., Enniscorthy, Wexford |
| Cumas, New Ross, County Wexford |

For a person with a Physical or Sensory disability respite breaks are organised through local disability organisations and have access to out of county services. This resource is based on availability and resources available HSE support voluntary agencies to provide these such as Irish Wheelchair Association, Cheshire and Chime.

## 7.5      Residential Services

Residential Services, both full and part time are provided by direct provision of the HSE or through non HSE agencies in the area of disability. The provision of residential services is based on a needs assessment, availability and approval for funding by the supporting voluntary agency or the HSE. Applications for residential services can be made directly to the local HSE.

|  |
| --- |
| **Residential Services: Wexford Mental Health Services, Rehab Team, Wexford** |
| **Address** | **No of Beds** |
| Enniscorthy | 4 |
| Enniscorthy | 5 |
| Enniscorthy | 5 |
| Enniscorthy | 3 |
| Enniscorthy | 3 |
| Oylegate | 3 |
| **Intellectual Disability Residential Services: Praxis Rosslare Wexford** |
| **Address** | **No of Beds** |
| Rosslare  | 5 |
| Rosslare | 4 |

|  |
| --- |
| **Intellectual Disability Residential Services: Ard Aoibhinn Services, An Bhreachadh Nua, Wexford** |
| **Address** | **No of Beds** |
| WexfordWexfordWexford | 736 |
| Children’s residential service | 1 |

|  |
| --- |
| **Intellectual Disability Residential Services: Co. Wexford Community Workshop, Enniscorthy** |
| **Address** | **No of Beds** |
|  Enniscorthy | 4 |
|  Enniscorthy | 4 |
| Enniscorthy | 8 |

|  |
| --- |
| **Intellectual Disability Residential Services: St. Aidans Day Care Centre, Gorey** |
| **Address** | **No of Beds** |
|  Gorey | 6 |
|  Gorey | 6 |
|  Gorey | 3 |
| Gorey | 3 |
| Gorey | 6 |

|  |
| --- |
| **Intellectual disability Residential Services Cumas**  |
| **Address** | **No of Beds** |
| New Ross | 11 |
| **Acquired Brain Injury  Residential Services:**  |
| **Address** | **No of Beds** |
| Enniscorthy | 4 |

|  |
| --- |
| **Intellectual Disability Residential Services: Camphill Community, Duffcarig, Gorey** |
| **Address** | **No of Beds** |
| Gorey | 24 |
| Gorey | 6 |

|  |
| --- |
| **Residential Services: Wexford Residential Intellectual Disability Services**  |
| **Address** | **No of Beds** |
| Wexford | 5 |
| Enniscorthy | 8 |
| Enniscorthy | 7 |
| Wexford | 6 |
| Ferns | 5 |
| Oulart,  | 4 |
| Castlebridge | 3 |
| Enniscorthy | 3 |
| Rosslare | 5 |

# 8. Mental Health Services

‘Sharing the Vision, A Mental Health Policy for Everyone’ Dept of Health, 2020:Proposes an interdepartmental and interagency approach to housing for people in the mental health services and recommends the following:

* Tailored measures should be in place in relevant government departments to ensure that individuals with mental health difficulties can avail, without discrimination, of employment, housing and education opportunities and have an adequate income.
* Local authorities should liaise with statutory mental health services to include the housing needs of people with complex mental health difficulties as part of their local housing plans.
* The Department of Health and the Department of Housing, Local Government and Heritage in consultation with relevant stakeholders, should develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living.
* In conjunction with supports provided by the HSE including Intensive Recovery Support teams, sustainable resourcing should be in place for tenancy- related/independent living supports for service users with complex mental health difficulties.

## 8.1 START

The recommendations above were embodied by a new initiative called START (Support for Tenancy and Recovery Targets). This was a pilot project which aimed to provide and/or sustain secure tenancies with support for mental health service users with identified housing needs. The project was guided by the principles of the National Housing Strategy for Disabled people 2011 – 2016 and the HSE’s National Framework for Recovery in Mental Health 2018-2020. This Project was a collaboration between the Housing Department in Wexford County Council (WCC) , Focus Ireland and the HSE Mental Health Services with support funding from HSE Service Reform Fund (SRF).

Six tenancies with tenancy support have been provided to mental health clients as a result of the project. A further three properties are nearing completion and prospective tenants have been provided with tenancy support to prepare them to sustain their new tenancy. In the longer term, another three properties are to be identified.

The project built strong interagency relationships which embody the aims of ‘Sharing the Vision, A Mental Health Policy for Everyone’, and which will continue into the future.

## 8.2 National Mental Health Transfer Project

The National Mental Health Transfer Project involves the transfer of low and medium support HSE residences to Focus Ireland ownerships. This involves transitioning the status of mental health service users as residents to tenants of an Approved Housing Body with tenancy sustainment support.

|  |  |  |
| --- | --- | --- |
| **No. of Properties Identified for National Transfer Project**  | **No. of Beds Identified for National Transfer Project**  | **No. of Occupants identified for National Transfer Project** |
| 4 | 10 | 7 |

## 8.3 Available services

**HSE Community Mental Health Services in Wexford**

* Summerhill, Wexford
* Maryville, New Ross
* Carn House, Enniscorthy
* Tara House, Gorey

The community based multi-disciplinary teams at the above locations, and the Rehabilitation and Recovery Team provide a range of supports and interventions to promote recovery and independent living as required. The Occupational Therapists are available for assessments in this regard. One aspect of the Social Work service is the provision of support and advocacy in relation to housing matters, particularly when there is a risk of homelessness or safeguarding issues.

## 8.4 ROSAN

**Review of Support and Accommodation Needs**

The ROSAN Programme is an interagency approach between the HSE Mental Health Services and Focus Ireland to assess and give voice to the needs of those residing in HSE mental health provided accommodation. The ROSAN Workers are integrated onto the relevant HSE Mental Health Teams and complete the review (ROSAN), which was developed through a facilitated process with Waterford Institute of Technology. It is standardised across the counties of the South East to identify housing needs, supports and preferred living options of people residing in HSE accommodation.

The ROSAN findings, together with input from  the mental health teams and family members/carers will create a recovery-oriented, person-centred plan that supports active citizenship in environments of the person’s own choosing. Where appropriate, the ROSAN Worker supports the implementation of the Individual Care Plan. The ROSAN Worker also collates the data from the completed ROSANs for service planning reports. This will  assist with the development of recommendations for the reconfiguration of HSE/Local Authority and AHB resources. This in turn will better serve individuals with high, medium and low mental health support needs who require  social housing.

## 8.5 Project Manager for Housing Coordination (PMHC)

The PMHC plays a role in implementing the NHSPWD by promoting support for mental health service users in accessing and maintaining their tenancies through the following activities:

**Consultation**

TheHousing Implementation Group (HIG) for SECH was formed in March 2019 and is chaired by the PMHC. There is now a wide membership which includes the General Managers, representation from all professional disciplines, service users, carers and Approved Housing Bodies. The role of the Housing Implementation Group (HIG) is to promote a rights-based approach for independent living in the community and to support the Project Manager for Housing Coordination inworking with stakeholders to implement the National Housing Strategy for Disabled people.

**Training**

An HSELanD module, ‘Assisting people who use Mental Health services to access social housing support’ went live in December 2020 and continues to be promoted by the Project Manager for Housing Coordination.

Training on understanding and working with people with personality disorder was delivered by 2 Wexford based clinical psychologists to support workers and social workers, including those employed by the LA.

**Briefing/Information giving**

The PMHC has briefed all Multi-Disciplinary Teams in Co Wexford on housing pathways.

As a result, the MHS will support service users to use

* The new medical / disability form
* The co correspondent form, as required
* The housing application form

The MHS will encourage and support all residents in rehabilitation residents to be registered for social housing if appropriate.

**Liaising and advocating**

The PMHC has close liaison with the Social Work teams who deal with housing matters and is available for consultation to them.

The PMHC has developed interagency collaboration to develop the START project and support the Transfer Project

**Data collection**

The Project Manager for Housing Coordination (PMHC) will support the LA to produce information as required by the strategy to assist in planning to identify and meet the housing needs. She has agreed with the Mental Health Social Work Team that from September 2021, they will submit a record of housing need to her either annually or biannually, subject to service user consent and compliance with GDPR. This record will be shared with the LA and will identify:

* current mental health service users who are registered on local authority housing waiting list and their housing reference number, if known
* household entitlement/number of bedrooms required
* Preferred location
* length of time on the local authority housing waiting list
* specific eligibility for some schemes e.g. over 55s or for the START Programme
* if there is a willingness to share this information with the LA
* community mental health team the individual attends, the treating consultant, the named mental health supporter/referrer

If/when further details are required by the local authority, these can, with the individual’s consent be provided through the identified named people. For example,

• any adaptations required,

• The support/ care plan

The PMHC will provide their figures on current and projected housing need to feed into the relevant local authority strategy. This will address house needs of service users in the community and facilitate appropriate flow-through / discharge from mental health rehabilitation residences, delayed discharge, out of area placements.

# **9.** **Local Initiatives/Projects**

## 9.1 Wexford Local Authority

Wexford Local Authority has been recognised as a model county for accessibility, winning the Council of the Year 2016 along with the Community & Council Awards for services for Disability. These highly prestigious awards recognise that Wexford local authority had gone above and beyond for the people of the community.

Other significant awards include

**Excellence through Accessibility Awards**

2007:   Enniscorthy District Office

2008:   New Ross Branch Library

2008:   New Ross Branch Library

2010:   Bunclody Branch Library

2014:   New Ross Quay Front Redevelopment (Local Authority Engineering Initiative Award)

2020: Chambers Ireland Excellence in Local Government Awards 2020 (Min Ryan Park Communications Board )

These awards highlighted the accumulation of extensive and innovative work in integrating access and accessibility issues into every aspect of the Local Authority’s services in the most accessible, sustainable and inclusive manner possible. Such services as the introduction of innovative Beach Wheelchairs initiatives, promotion of accessible gardens, parks and community spaces, accessibility amenities, connectivity of public footpaths and buildings including housing.

## 9.2 Website

The Disability and Access for All page on our website details the initiatives, supports and services available to support disabled people access our services and include:

**Recite Me** is innovative cloud-based software that transcribes text to making it accessible and inclusive in particular for people who have common conditions like sight loss, colour blindness and dyslexia and other forms of intellectual disabilities. It also assists people who experience challenges accessing information due to poor literacy skills and meets the needs of people who don’t speak English as their first language, with the ability to translate our web content into over 100 different languages.

[**Irish Remote Interpreting Service (IRIS)**](https://www.wexfordcoco.ie/disability-access-for-all/accessibility-supports/irish-remote-interpreting-service-iris)**: Details on** This service which provides a live video-link to an Irish Sign Language Interpreter, (Pre-booking essential) this service is invaluable for supported interaction and inclusion of the Deaf Community.

**Mapping information Service** providing details of locations of

* Accessible Playgrounds:
* Accessible Parking
* Accessible Beaches
* Accessible WC

**Accessibility Guidance for Retailers:** This guidance booklet aims to assist retailers improve access to their business to make it more accessible to a broader customer base without incurring excessive, if any, costs.

**Access for All Gardens, Parks & Community Spaces Booklet:** Guidance booklet on how communities can upgrade their existing facilities or design new ones to make them accessible for all.

## 9.3 Disability Inclusion Strategy for Services 2019–2022

This strategy document published in 2020 sets out Wexford County Council's goals and actions in line with our duties in the National Disability Inclusion Strategy 2017 - 2021. Progress on the goals is subject to review at the end of 2021.

Our vision in Wexford County Council is to:

promote equality

prevent discrimination

protect the human rights of our employees, customers and service users

With our aim to keep access for all at the centre of our activities, we explored new ways to report on the actions of the strategy. The outcome being that each section within Wexford County Council will be responsible for reporting on how accessible their services are.

Thus, supporting the overall objective that, across our entire organisation, accessible services for everyone are provided.

We acknowledge how important this is for us as a local authority, for the people we serve now and into the future.

**The goals relevant to Housing are as follows:**

* We want to continue to actively engage disabled people, through committees and other suitable meetings.
* We want to continue to encourage a culture and process of early engagement in mainstream service design and evaluation.
* We want to continue to carry out the objectives of “Time to Move on from Congregated Settings: A Strategy for Community Inclusion”.
* This gives disabled people who live in institutions and congregated settings the choice and control over where and with whom they live within the community.
* We want to continue to deliver appropriate and relevant housing in keeping with the “National Housing Strategy for Disabled people 2011–2016”.

By the Following Actions

* Continuing to support ongoing quarterly meetings of the WCC Housing Steering Committee.
* Developing a suite of adaptable housing designs using the principles of universal design.
* Developing design instructions which include universal design principles as well as Part M Building Control standards
* Develop a policy for buying Part V adaptable housing units
* Continue to disability proof all part VIII planning applications from the housing Department to ensure projects not only on achieved the minimum Building Regulations requirements but where possible also incorporate universal design best practice.

## 9.4 Housing Projects

**Bosheen**: This project by Wexford Local Authority involved demolishing a rundown estate in New Ross and the development of 16 new, visually attractive and foremost accessible housing units supporting integration of communities and a vibrancy of diversity in the area. The Local Authority Access Officer worked closely with the Local Authority construction team on this project which developed housing units ensuring they were fully adaptable and supported life time housing options.

**Shanna Court**: This project provided eight energy efficient houses in Wexford Town, six of which were specially adapted 2,3 and 4 bed units.

## 9.5 Tenancy Sustainment Workers

Wexford Local Authority and Focus Ireland have worked collaboratively in bringing a Tenancy Sustainment Worker to Wexford. This service operates out of the Local Authority and provides a Focus Ireland employee that works directly with Local Authority tenants and Private Rented tenants in sustaining their existing tenancies. The protected workload allows the TSS worker the time to work closely with the tenant, and to support them in working towards maintaining their tenancy.

Wexford Local Authority and Focus Ireland have also worked together in the provision of a Housing Led worker for Wexford County. The Housing Led worker is based in the Local Authority and is involved with persons who are deemed to be in need of support and assistance around day to day living. The Housing Led worker has a protected workload which allows them the necesary time to work closely with their client.

## 9.6 Access to Social Housing Support

Persons in need of support in enquiring about or making a social housing support application can avail of a one to one service with a Housing Officer in Wexford Local Authority. Housing clinics in each of the four districts in Wexford: New Ross, Gorey, Enniscorthy and Wexford are held weekly to facilitate persons meeting and discussion their support options. This allows the applicant and / or their advocate face to face time with the Housing Officer to assist with application forms as well as advice and information around Social Housing Supports. This service has been suspended due to Covid but will resume when restrictions are eased.

## 9.7 Grants awareness

The grants section in Wexford Co Council have been providing information and advice sessions to various groups in the Community to promote the suite of grants available to homeowners. Private homeowners are often unaware that there is assistance available to them to have adaptations carried out to make their homes more accessible.

## 9.8 Tenant Information Booklets

All tenants of Wexford Co Council have been provided with two booklets to help them navigate their tenancy. One explains maintenance issues and one general terms of the tenancy. Both booklets have been approved by NALA and received the Plain English stamp which makes them easy to understand.

## 9.9 START

(**S**upport for **T**enancy **and** **R**ecovery **T**argets). As outlined in 8.1 above this was a pilot project which aimed toprovide and/or sustain secure tenancies with support for mental health service users with identified housing needs. This Project was a collaboration between the Housing Department in Wexford County Council (WCC) , Focus Ireland and the HSE Mental Health Services with support funding from HSE Service Reform Fund (SRF).

Six tenancies with tenancy support have been provided to mental health clients as a result of the project. A further three properties are nearing completion and prospective tenants have been provided with tenancy support to prepare them to sustain their new tenancy.

The project built strong interagency relationships which embody the aims of ‘Sharing the Vision, A Mental Health Policy for Everyone’, and which will continue into the future.

## 9.10 Education

The Saoirse Training Centre, St. Aidan’s Day Care Centre, Wexford is a fully accredited centre for disabled person that offers OCR vocational qualifications recognised by Oxford / Cambridge RSA examiners and Sheltered Occupational Services.

The training centre is located in the centre of Gorey which affords greater involvement in the community for the participants. Courses available at the centre lead to greater independence, occupational and social interaction and person autonomy.

The Enniscorthy Community Workshop has been delivering Training Programmes in Wexford since 1986. The courses are designed to equip trainees with specific skills which will improve their prospects of getting employment and offer modules around: Personal development, independent living skills, self-advocacy, social literacy and communication.

Their Rehabilitative Training programme focuses on the development of an individual’s core life skills, social skills and basic work skills. The aim of the programme is to equip trainees with the skills required to increase their level of independence in everyday life thus enabling them to achieve an improved quality of life and a greater level of participation in mainstream society.

# **10.** **Challenges**

There are several challenges that will have to be addressed in order to achieve the vision of Housing Strategy for Disabled people 2021-2026, but we must approach the task in a positive manner. We must strive to give hope to people of real choice in how they live their lives while managing expectation.

The supply of housing is a common challenge that is faced by all individuals, young and old, trying to source appropriate accommodation whether it is through social housing support, the private rental market or private home ownership. However, for some disabled people where their income is limited or there is a requirement to have the property adapted, the challenge is even bigger.

Many of the challenges facing disabled people in need of social housing supports are multi-dimensional and therefore require inputs and solutions from various state bodies and other organisations working together to facilitate integrated and timely responses to the housing needs of disabled people.

Effective interagency cooperation is essential and developing a partnership such as the Wexford Housing and Disability Steering Group. The response is not the sole responsibility of one individual, group or statutory body and it poses significant challenges to all stakeholders.

This is particularly the case for people transitioning from a congregated setting where the stakeholders who must work most closely together with the disabled person at local level, are the Housing Authority, Service Provider and the HSE.

Many people with disabilities feel they do not have a right to live independently, or may be concerned, that they will not have adequate supports. For many people with disabilities who have lived in congregated services or with their families for long periods of time, there is often a fear associated with moving into one’s own home in the community. Similarly, an individual’s family or friends can also be anxious and fearful and unintentionally be a block to independent living, preferring to keep the disabled family member living at home where there is a support base.

It is vital therefore that appropriate care and support services are put in place that can enable the individual to live as independent a life as is possible. The support of an individual’s family and friends are invaluable throughout the process.

A significant challenge in terms of the Plan generally is, that not only is it essential to maintain the social housing waiting list up to date, due to the nature and the extent of the disabilities experienced by many clients, their needs can change significantly over a short period of time. There is therefore a need for recognition of this fact by all agencies coupled with the associated need for a degree of flexibility in responding to such changing circumstances.

The challenges faced in the provision of housing for disabled people are outlined as follows and grouped under the following headings:

* Funding
* Housing Supply
* Housing Priority
* Support Services
* Data/Lack of Data
* Congregated Settings

## 10.1 Funding

1. The transitioning process for those under the deinstitutionalising programme necessitates a multi-agency approach, in line with individual choice, the development of person-centred care plans and the availability of suitable housing options. Funding requirements for the deinstitutionalisation programme will have to be continually reviewed at a national basis.
2. As referenced within the Social Housing Strategy, initial experience with the National Housing Strategy for disabled people suggests that concerns about costs of adaptation or the impact of adaptations in the property is limiting delivery, particularly in relation to leased and social housing units for disabled people. The development of a national funding stream for such adaptation to houses for those in leased and social housing units needs to be developed as a matter of urgency.
3. The continued availability of funding, both capital and revenue is a challenge for the Strategic Plan. A need exists within the wider community (not solely in the area of congregated settings) for long term solutions in relation to housing but also in relation to provision of care as care needs increase or become more complex over time. It is vital that adequate supports are available to enable people to live as independently as possible in the community. An integrated relationship between the care provider and the housing authority is crucial to address these challenges on an ongoing basis. It is essential that local authorities continue to have enough funding to enable works to take place in individual’s homes both from the point of view of tenants of the local authority but also for tenants of other social housing and private housing.
4. It is critical that adequate funding is provided nationally to deliver appropriate housing solutions for people with disabilities arising over the period to 2026 as part of the National Strategy and to meet on-going commitments thereafter. This is particularly important in light of existing pressures on local authority housing waiting lists.
5. The responsibility for funding recovery support workers for those with mental health disabilities who struggle to obtain and sustain tenancies needs clarification.

## 10.2 Housing Supply

1. Accommodation will have to be matched to the needs of the individuals taking up residence as the concept of “a home for life” will have to consider likely changes of need over time.
2. There is currently no funding from DHLGH for second-hand acquisitions by the Local Authority so this this is no longer a delivery option. A small number of Acquisitions via AHB will be funded on a case by case basis.
3. Going forward the DHLGH will no longer fund Wexford County Council’s larger sized 3 bed 2 storey semi-detached units. The size on these units must be reduced so in future developments they will not be designed to universal design standards. This will have a negative impact on the ability to deliver adaptable units.
4. The inadequacy of the HAP , given the escalation of rents, is a challenge for many in trying to maintain their tenancies, and of particular concern for more vulnerable mental health service users.
5. Substandard accommodation in the private rental sector remains problematic suggesting that current regulatory processes require review

## 10.3 Housing Priority

1. The way housing support is assessed must ensure that housing is allocated for disabled people in accordance with the appropriate priority in the Housing Allocation Scheme. The housing needs assessment must continue to ensure that vulnerable groups such as people with disabilities are accurately reflected within the assessment process in light of their additional support requirements, so that the social housing delivered matches the profile of the need.

## 10.4 Supports Services

1. It must also be noted that in a number of cases even if the most appropriate property was identified they would not be able to avail of the opportunity due to the lack of support to live independently.
2. Training and ongoing support in independent living skills should be made available to social housing applicants who require this .
3. Persons Centred Plans – Quality person centred plans are essential to maintain tenancies.
4. Individuals relocating to community settings must have medical and support facilities and local services within a reasonable distance for access. This will mean that accommodation will have to be located in and around towns.
5. It is vital that adequate supports are available to enable people to live as independently as is possible, in the community. An integrated relationship between the care provider and the housing authority is crucial, to address these challenges, on an on-going basis.
6. The provision of high quality, effective and self-directed living supports to individuals.
7. As people move from congregated services into the community, opportunities exist to improve the provision of community-based supports, through continuous learning. It is clear that in order for an individual’s support services to be effective, they must be driven by the individual themselves, directly (where that is possible).
8. Under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Article 12) every person has the right to be presumed to have legal capacity (i.e. the capacity to enter into legally binding contracts). The only derogation from this principle is where it can be established that the person doesn’t have legal capacity. This presumption is further outlined in the Assisted Decision Making Capacity legislation in the guiding principles.
9. Therefore, if a service provider or a landlord presumes a person’s legal capacity, as they cannot show to the contrary that the individual doesn’t have capacity, there are real issues around non-registration as a designated centre, if HIQA later disagrees and believes that the person’s tenancy agreement is not ‘lawful’ and/or meaningful.

## 10.5 Data / Lack of Data

1. Lack of a detailed analysis of housing lists to develop a clearer understanding of housing need for people with disabilities, including those in institutional care needs has been an issue for a number of years. The new Disability and Medical Information Form which now accompanies a Social Housing Application for a disabled person will assist in quantifying specific needs of those on the Local Authority’s waiting list.
2. Up until now data could not be considered as a true reflection of need. Also, duplication may arise across databases, people who register for social housing may not always declare that they are disabled and not all persons in supported accommodation are on the social housing list.
3. The Council recognises that a key challenge is the updating of its Housing Waiting List where it is considered to understate the level of accommodation or social housing supports required for disabled people. The annual Summary of Social Housing Assessment (SSHA) for 2021 and going forward should focus on capturing the level of need for disabled person.
4. A significant challenge in terms of the Plan generally is, that not only is it essential to maintain the social housing waiting list up to date, due to the nature and the extent of the disabilities experienced by many clients, their needs can change significantly over a short period of time.

## 10.6 Congregated Settings

1. It has also to be recognised that within the grouping of service users currently in congregated settings there is a cohort who are considered medically fragile and their needs will continue to fall within the care provider.
2. During the transition process there can often be funding deficits that should remedy themselves once the congregated service closes. However, in the interim service providers are often trying to provide services in circumstances where no resources are available.

# **11.**  **Opportunities**

## 11.1 High quality, effective and self-directed living supports to individuals

As people move from congregated services into the community opportunities exist to improve the provision of community-based supports through continuous learning. It is clear that for an individual’s support services to be effective they must be driven by the individual themselves directly (where that is possible).

People will have opportunities when they move into their new communities to embark on the kind of life they wish to lead, a good life from their point of view. Social Role Valorisation theory gives some guidance as to what that could mean for an individual:

There exists a high degree of consensus about what the good things in life are.   To mention only a few major examples, they include home and family; friendship; being accorded dignity, respect, acceptance; a sense of belonging; an education, and the development and exercise of one's capacities; a voice in the affairs of one's community and society; opportunities to participate; a decent material standard of living; and at least normative place to live; and opportunities for work and self-support[[2]](#footnote-2)

Where individuals are able to access some vital components of the ‘good life’ such as appropriate housing suitable for their needs, the development of one’s capacities and opportunities to participate in society more generally long term sustainable, integrated communities can be created.

## **11.2 Use of Technology**

There have been major advances on assisted living technologies that allow people to stay in their homes longer and to live more independent lives while having the security of the assistance of the technology. Some of the technologies that could be considered for use are:

* Remote Monitoring Systems
* Fall Prevention / Detection Systems
* Person Alarm Systems
* Environment Controls Systems including access, lighting, heat, ventilation, smoke alarms, CO alarms, etc

## **11.3 Universal Design**

‘Universal design refers to the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability.’[[3]](#footnote-3)

Universal design places human diversity at the heart of the design process so that buildings and environments can be designed to meet the needs of all users. It therefore covers all persons regardless of their age or size and those who have any particular physical, sensory, mental health or intellectual ability or disability. It is about achieving good design so that people can access, use, and understand the environment to the greatest extent and in the most independent and natural manner possible, without the need for adaptations or specialised solutions’.[[4]](#footnote-4) The adoption of Universal Design as an approach will result in long-term cost savings through the avoidance of retrofit and adaptation costs.

Therefore, Universal Design will be considered as a minimum specification for some or all of new build and newly acquired housing. Issues for consideration will include minimum size of housing units, the appropriate percentage of units to be universally designed, and requirements for appropriate design of other buildings, services and external spaces.

## **11.****4 Local Authority target**

Currently Wexford Co Council aim to acquire 20% adaptable units in Part V agreement where the Part V liability is for greater than 5 units. A review of this to seek to secure more adaptable units with agreement from developer could see an increase in adaptable units.

There may be potential (with early discussions with developers) to acquire fully adapted Part V units to meet specific client needs. DHLGH will fund delivery of adapted units where the need is clearly demonstrated. It is more cost effect to have adaptations included at construction stage.

Wexford County Council’s targets could be reviewed/monitored  by Housing Capital Team. This could be enhanced by regular review meetings with stakeholders, such as those on the Housing and Disability Steering Group.

## **11.5 The Land Development Agency**

The Land Development Agency could be a key driver of units for disabled person in the coming years. As they have land in Bunclody and Wexford and possibly other unconfirmed sites, early engagement with their strategy in the county could prove positive. Learnings could be taken from their sites elsewhere in the country with a nascent development on the Wicklow/Dublin border giving all other Local Authorities an opportunity to see the proposed mix of units and design.

11.6 Interagency collaboration

The opportunity to build on good interagency collaboration with Service Providers, AHBs and the LA. Waterford Institute of Technology has completed an evaluation of START and the learning from this will inform practices going forward.

# **12.** **Aims and Objectives**

**The overall aim of this Strategy is to ensure equal access to appropriate social housing for people with disabilities so as to promote independent living, choice and access to support and community services.**

In accordance withThe United Nations Convention for the Rights of People with Disabilities, articles 19 & 28d, 2006 and The National Housing Strategy for Disabled people 2011-2016 (NHSPWD)and Public Sector Duty, Section 42 of the Irish Human Rights and Equality Act 2014: Public sector bodies must assess, identify and address the human rights and equality issues that are relevant to their functions.

Collaboration with all stakeholders, including service users from early stages is essential to meeting the following objectives:

**Objective 1:Quantify and describe current and emerging needs on an ongoing basis.**

**Actions:**

* Gather data from the medical priority forms about design, choice, location, bedroom and spatial requirements, supports required and age/disability related factors.
* Develop protocols for annual reviews of housing and support needs involving agreed stakeholders.
* **Think Ahead, Think Housing** is a national campaign, which Irish Wheelchair Association are running in 2021, to encourage and support people with disabilities across all sectors to complete the social housing application form and submit it to their local authority. The campaign will assist local authorities to identify current and emerging housing requirements which will enable them to plan for appropriate design and development of accessible housing for people with disabilities in sustainable and integrated communities nationally.
* Agree the methodology for interagency data reviews: Each organization represented on the HDSG will have gathered its own data and this should be submitted to the LA (in line with GDPR) to enhance data validity.
* Cross reference data provided by service providers who will have consulted with those service users who require housing and /or support.
* Identify themes among those with complex needs informed by fuller assessments by service providers and/or carers as required
* Analyse and present data to HDSG annually.
* Use data to inform planning, including housing pipeline and development of required supports.

**Objective 2: Plan for housing delivery aligned to the development of sustainable communities close to services and resources required and enjoyed by disabled people as active citizens.**

 **Actions:**

* Build on local best practice regarding existing collaborations such as the START project
* Liaise with the HSE and other government agencies to ensure housing is close to services such as Primary Care centres, Community Health Networks, Outreach programmes, Post offices, Community Centres etc.

**Objective 3: Develop effective interagency protocols to ensure housing delivery with effective support services to those who require it.**

**Actions:**

* Continue to support the national mental health Transfer Project, involving the transfer of low and medium support HSE residences to Focus Ireland ownerships. This involves transitioning the status of mental health service users as residents to tenants of an Approved Housing Body
* Identify sustainable funding sources for a range of support packages to enable service users sustain their tenancies and integrate into their local communities.
* Build on existing good practice interagency initiatives such as the START project, which includes allocation advisory groups and consent processes aligned to GDPR.
* Review status of housing applications by disabled people annually with the relevant service provider, service users and their carers as required.
* Ensure medical priority forms are completed.
* Communicate the use of the Co correspondent form to service users, families and service providers.
* Continue to support the de congregation of those residences which house more than 10 service users
* Liaise with other Government departments in relation to lands and properties which may be available to develop appropriate housing for disabled people, particularly for those who may require low support clustered housing.
* Research effective protocols in other LA areas, e.g. Kildare, Tallaght and Galway.

**Objective 4: Communicate relevant information to all stakeholders and the wider community regarding the local strategy.**

**Actions:**

* Develop a strategy to increase local awareness of the strategy.
* Place the Strategy on our websites.
* Distribute hard copies of the Strategy to County Libraries.
* Distribute hard copies of the Strategy through The PPN (Public Participation Network).
* Manage expectations about what it will deliver.
* Ask each member of the HDSG to take responsibility for communicating within their own organization and promoting awareness of the Strategy.
* Continue to give advice and information on the availability of adaptation grants to the wider community.
* Commit to having this strategy available in Plain English certified by NALA.

**Objective** **5:** **Service User Engagement in all strategic actions to ensure quality person-centred deliverables.**

**Actions:**

* Develop mechanisms to enable the participation of service users with lived experience of having had housing need, and their carers, in developing, implementing and reviewing the local strategy.
* A person with lived experience is an essential member of the steering group in accordance with “Nothing about us without us” principles.
* Ask each member of the HDSG to consult within their organization concerning this.
* Ensure service user participation in all evaluations or other quality assurance activities.
* Ensure service user participation in training for Local Authority staff

**Objective 6: The delivery of universally accessible housing units and adaptations to meet need-based demand**

**Actions**

* collaboration with voluntary and statutory care providers in defining need; consultation with Occupational therapists and Psychologists as required.
* An accessibility brief will be agreed and set out to inform the requirements that should be part of any brief from the outset i.e. what is this project brief required to deliver in terms of accessibility for people with disabilities, general design, numbers of units, design of units, and how will this be achieved.
* Develop a policy regarding Part V houses.
* In order to minimise future adaption works, the Housing Authority in other new build cases will utilise Universal Design models where feasible.
* Engage with the private rented sector to include information sessions to raise awareness of the benefits of disabled people as tenants.
* Irish Wheelchair Association will share its resources of (i) Irish Wheelchair Association Best Practice Access Guidelines Edition 4 and (ii) Great Outdoors with the HDSG and its stakeholders
* Support a review of Part M of the building Regulations.

**Objective 7**: **Identify barriers, risks and challenges to these objectives as they arise, and develop prompt and flexible responses through interagency collaboration.**

**Actions:**

* Access the research on trends in relation to dual diagnosis and changing diagnostic practices in mental health services.
* Access the research on trends in all disabilities, including Sensory and ABI.
* Conduct focus groups with service users and service providers to identify current challenges and discuss ways of addressing them.

**Objective 8: Share organizational learning**

**Actions:**

* Develop a resource library .
* Agree agendas at HDSGs which include learning opportunities on all disabilities and services.
* Share information on funding sources and application opportunities for support services etc.
* Involve service users to develop learning, through groups such as the SE Recovery College.
* Have regard to the submission made by the Irish Wheelchair Association.

# **13.** **Delivery Targets**

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| --- | --- |
|  |  |
| **New Builds** | 20% of new builds will be reserved for disabled people who are qualified for Social Housing Support. Principal of Universal Design incorporated into new builds |
| **Vacant** | 20% of vacant stock will reserved for disabled people who are qualified for Social Housing Support, however this will be governed by suitability of stock. |
| **Part V** | In every Part V discussion with developers the Housing Authority will require an element of disability specific accommodation. Such accommodation will also be designated as units that will always be retained in the stock of the housing authorities for future use for similar applicants. Wexford Local Authority will ensure that 20% of dwellings in all new housing estates of five dwellings or more are suitable to accommodate or are adaptable to provide accommodation for people with disabilities. Principal of Universal Design incorporated into new builds |
| **RAS/HAP/Leasing** | We aspire to reserve 10% for disabled people who are qualified for Social Housing Support. |
| **Comments** | Continued Training on Disability Awareness for Staff |

# **14. Reporting**

* Annual reporting to the Housing Agency of the Implementation of the Strategy Targets
* Review the Strategy after 12 months to allow for incorporation of any revised national disability strategies, regulations or legislation.
* Strategy to be reviewed annually by the Steering Group.
1. [Article 19 of the UN Convention of the Rights of Persons with Disabilities](http://www.un.org/disabilities/default.asp?id=279) [↑](#footnote-ref-1)
2. Osburn, J (1998) entitled *An Overview of Social Role Valorisation Theory,*<http://www.socialrolevalorization.com/articles/overview-of-srv-theory.html>. [↑](#footnote-ref-2)
3. Synopsis of the Disability Act, 2005, cited in Building for Everyone: A Universal Design Approach, Planning and Policy (9), 2013, NDA: Dublin [↑](#footnote-ref-3)
4. Building for Everyone: A Universal Design Approach, Planning and Policy (9), 2013, NDA: Dublin [↑](#footnote-ref-4)