

“That this Council acknowledges that those recognised as disabled under the Disability Act 2005 living within our community may have special needs which may be affected by adjacent planning decisions. Consequently this Council asks that government would amend standard planning guidelines to include consideration of those special needs when they are supported by medical expertise”.

Local government is all about social inclusion. A feature of social inclusion is that those with disabilities would be integrated as fully as possible into the community. One key aspect in achieving social inclusion for those with disabilities is to have secure and appropriate housing.

That is why the overall objective of the building and planning codes is to ensure that an effective legislative framework is in place to make the built environment accessible to all. Part M of the Building Regulations provides key design specifications to ensure people with disabilities can live comfortably in regular residential dwellings.

And local authorities further support that aim by requiring Disability Access Certificates for apartment blocks and by running the Mobility Aids Grant Scheme and the Housing Adaptation Grant for People with a Disability.

But in the context of the Building Regulations, Part M relates to physical disability and mobility issues. Contrary to this, the Disability Act 2005 considers the term disability to have a far broader remit. It defines disability as being a physical, sensory, mental health or intellectual impairment resulting in a significant difficulty in communication, learning, mobility or in significantly disordered cognitive processes giving rise to an ongoing need for supportive services.

In other words, disability does not solely relate to physical impairment.

To address this deficit in the Building Regulations, the government published a National Housing Strategy for People with a Disability in 2011. This aim of this publication was to mainstream access to independent living for adults with physical, mental, sensory and intellectual disabilities and to direct the efforts of housing authorities and the HSE to support people with a disability of any nature to live independently in their own homes.

The concept of the Strategy is worthy and welcome. But again, it is limited. It focuses only on the provision of appropriate social housing to those with any kind of a disability. There is neither legislation nor guidance from government to assist those with disabilities living in their own private homes.

The National Intellectual Disability Database Committee reported in 2009⁴ that 74.4% of the population with an intellectual disability lives in private accommodation. In 2014, they estimated that some 66.8% of those with an intellectual disability live at home with family.

All documentation discussing the mainstreaming of people with disabilities into society refers to the need for a secure environment. What provides that essential security for people with an intellectual or mental disability living in their own private homes?

Security, whether able-bodied or otherwise, is important to all who live in their own homes. But for those with a mental disability, it can be critical.

A recent case in County Cork illustrates the current lack of support for those with intellectual disabilities living in their own homes. A boy with severe autism lives with his family in a relatively tight suburban estate. He presents with learning difficulties and acute sensory sensitivities. He wears ear defenders in the home to protect against everyday noise. Their home has been adapted to provide the safe spaces and environment he needs. The mother is a full time carer.

A planning application is submitted for the house immediately next door. The effect of the proposed works would be to materially alter the boy's safe spaces. The construction noise would be, for him, beyond intolerable. The parents appealed to the planning authority, including letters of medical support from both their family doctor and specialised support services. Planning permission was granted. Why? Because the assessment of social/medical issues fell outside the normal remit of a planning application.

There is little point in a local government system providing secure social housing for those with mental disabilities when the planning system fails the appropriate housing needs of those living in their own homes.

Those living with disabilities in our communities, whether alone or as part of a family, are some of the most vulnerable in our society. Proper planning and sustainable development simply must consider the most vulnerable; otherwise how can it be sustainable? It is therefore vital that planning guidelines must require de facto consideration of the disabled already living in the community.

This is not the massive step it sounds. The structures are already in place. The needs of those with special vulnerabilities are already recognised and generally supported by the Health Service Executive and other specialised services under Part 2 of the Disability Act. The independent assessment of need legislated for in Part 2 will indicate the nature and extent of a person's disability and their particular needs.

Guidance for planning considerations is already provided to planning authorities in a range of documents.

The best of advice towards providing fully integrated housing to those with disabilities repeatedly recommends the need for integration between the different services. The National Housing Strategy for People with a Disability³ states that "effectively meeting the housing needs of people with a disability requires an integrated, flexible and responsive approach".

If a planning application is under consideration and that planning application has the potential to impact negatively on the special, medically recognised needs of a disabled person living adjacent, it is natural that the next step would for a planning authority to consult with the health and social services to obtain the benefit of their expertise. Only this way will a fair, holistic and sustainable decision be reached on that planning application.

We as a society owe a huge debt to those caring for the disabled in our communities. They devote their lives to society's most vulnerable, giving them the best opportunity for a quality of life, the best opportunity to respond to their individual needs and the best opportunity to avoid institutional care. This is a stated objective of the government and of the HSE.

But often those carers' ability to cope is balanced on a knife-edge. An adjacent planning decision which does not take their very often sensitive needs into consideration can topple that delicate balance, causing more distress and suffering than is humane. This one change in our statutory planning considerations could change that for the better for all the disabled and their carers.