

# **NDA Factsheet 5: Where do Persons with Disabilities Live?**

**December 2020**



**Údarás Náisiúnta Míchumais  
National Disability Authority**

## Introduction

This factsheet looks at the question of where persons with disabilities live. Access to appropriate and secure housing has been recognised as a key factor in assisting persons with disabilities (PWD) to lead independent and fulfilling lives in the community. The Convention on the Rights of Persons with Disabilities (CRPD) expresses a right for persons with disabilities to live independently and to be included in their communities. This right is set out in Article 19 of the convention.

### **Article 19 – Living independently and being included in the community**

“States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.”

The Committee on the Rights of Persons with Disabilities (CRPD Committee) stressed in its General Comment on Article 19 that Article 19 lies at the heart of the CRPD. It “plays a distinct role as one of the widest ranging and most intersectional articles of the Convention and has to be considered as integral for the implementation of the Convention across all articles”. The article brings together the principles of equality, autonomy and inclusion, which underpin the human rights-based approach to disability anchored in the convention. While it does not define the scope of the term ‘independently’, the convention does link independence to choice and control over daily living arrangements.<sup>1</sup>

The General comment adds -

“Persons with disabilities have historically been denied their personal and individual choice and control across all areas of their lives. Many

---

<sup>1</sup> [https://www.ohchr.org/Documents/HRBodies/CRPD/GC/CRPD\\_C\\_18\\_R\\_1.docx](https://www.ohchr.org/Documents/HRBodies/CRPD/GC/CRPD_C_18_R_1.docx)

have been presumed to be unable to live independently in their self-chosen communities. Support is unavailable or tied to particular living arrangements and community infrastructure is not universally designed. Resources are invested in institutions instead of in developing possibilities for persons with disabilities to live independently in the community. This has led to abandonment, dependence on family, institutionalization, isolation and segregation.”

This paper sets out to understand the housing circumstances of persons with disabilities in Ireland. More specifically, it poses the question as to where persons with disabilities live in Ireland. This is the first in a series of NDA research papers on the issue of housing. Future research will consider issues such as the societal benefits of adopting Universal Design (UD) principles and the provision of public housing for persons with disabilities. A list of definitions of the various terms that are important in order to understand the issues of housing, homelessness and disability is provided in Appendix A at the end of this report. The vast majority of the data presented in this factsheet is derived from the census of the population. Details regarding this and other data resources on the issue of housing and persons with a disability is provided in Appendix B.

## **Where do Persons with Disabilities Live?**

One of the key considerations when seeking to understand the experience of persons with disabilities in relation to housing is the distribution of persons with disabilities across different types of housing circumstances. These may be found to differ from the general population (Gen Pop) as a whole or may vary across different categories of disabilities. There are three overarching categories of housing circumstances enumerated in the census; (1) Private Households; (2) Communal Establishments and; (3) Homelessness.<sup>2</sup> Private Households are broken down into two distinct categories; Permanent and Temporary Private Households.<sup>3</sup> Communal Establishments are broken down into eleven distinct categories.<sup>4</sup> The vast majority

---

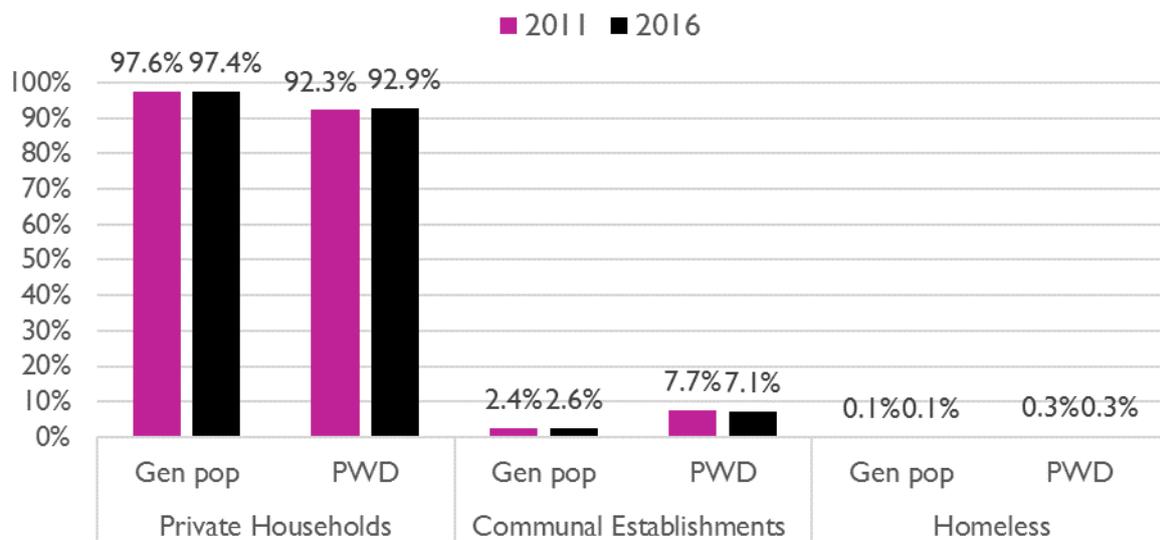
<sup>2</sup> A private household is defined as one or more persons living at the same address with common housekeeping arrangements, such as sharing meals together or sharing a common living room. A Communal Establishment is defined as an establishment which provides managed residential accommodation. The term Homelessness denotes sleeping rough or staying in temporary accommodation because one has nowhere else to go and is generally unable to provide accommodation from one's own resources. (See Appendix A)

<sup>3</sup> A permanent private household is a private household occupying a permanent dwelling such as a house, flat or bed-sit. A temporary private household is a private household occupying a caravan, mobile home or other temporary dwelling.

<sup>4</sup> These are (a) Hotel, (b) Guest house, boarding house or B&B, (c) Tourist hostel, youth hostel or campsite, (d) Educational establishment, (e) Religious community, (f) Nursing home or children's home, (g) Hospital, (h) Defence establishment, (i) Prison, (j) Shelter or refuge (including

(92.9%) of persons with disabilities live in private accommodation. However, this share is lower than for the general population as a whole (97.4%) (see Figure 1). While fewer persons with disabilities were living in private accommodation on census night 2016 compared to 2011, this share has actually risen by 0.6% since 2011. This trend of more persons with disabilities transitioning from communal establishments settings to living in private accommodation is a positive one. Of the 643,131 persons with a disability recorded in the 2016 census, 44,531 were living in a communal establishment on census night. This amounts to 7% of all persons with disabilities, a far higher share than the figure of 2.6% recorded for the general population (see Figure 2). While a higher proportion of persons with disabilities continue to reside in communal establishments compared to the general population writ-large, this share has fallen in recent years, declining from 7.7% in 2011 to 7% in 2016. As well as being more likely to reside in communal establishments, persons with disabilities are also more likely to be homeless. While 0.14% of the general population were homeless in 2016, this figure stood at 0.3% for persons with disabilities. Unfortunately, the proportion of persons with disabilities who are homeless has remained largely unchanged in recent years (see Figure 3).

**Figure 1: General Population and Persons with Disabilities by Setting Type and Census Year**

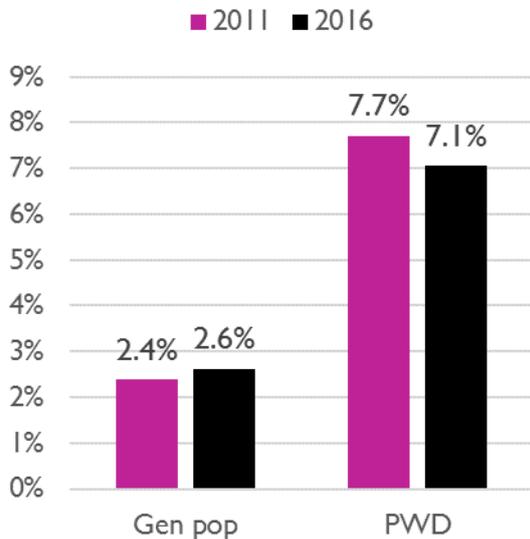


Source: Census Data<sup>5</sup>

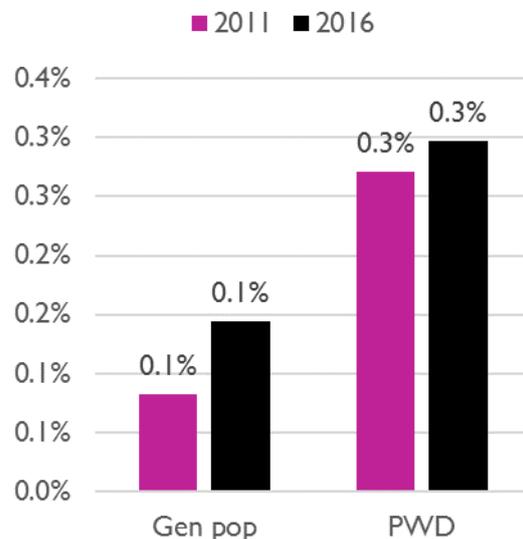
accommodation for homeless persons), (k) Civilian ships, boats and barges and (l) Other types of establishments. (See Appendix A)

<sup>5</sup> Figures across all settings do not sum to 100% as all persons that were classified as homeless in Census 2016 were included in either the Private Household or Communal Establishment figure. Communal establishments includes shelters for the homeless.

**Figure 2: Share of General Population and Persons with Disabilities living in Communal Establishments**



**Figure 3: Share of General Population and Persons with Disabilities who are Homeless**



Source: Census Data

## Communal Establishments

This section looks at the circumstances with respect to persons with a disabilities who live in communal establishments. The Central Statistics Office (CSO) enumerates individuals who are living in communal establishments such as hotels, religious communities, nursing homes and hospitals. On census night there were 126,199 people staying in a communal establishment, of which 44,531 were persons with a disability (see Table 1). This represents a decline as compared to 2011, when there were 44,952 persons with disabilities living in communal establishments. This is despite the fact that the total number of persons with disabilities rose from 595,335 to 643,131 over the same period.

The previously noted trend of persons with disabilities transitioning from residing in communal establishments to private accommodation is also observable in the reduced of persons with disabilities in communal establishments in 2016 (35.3%) as compared to 2011 (40.9%) (see Table 4).

The largest numbers of persons with disabilities in communal establishments on census night were in Nursing and Children’s Homes (25,356) and Hospitals (9,515). The proportion of persons with disabilities was highest in Nursing and Children’s Homes (87.4%), Hospitals (55.1%) and Religious Communities (40.5%), a fact that is largely attributable to demographic factors. Interestingly, the prevalence of persons with disabilities in hospitals has fallen by 6.9% over the 2016 to 2011 period.

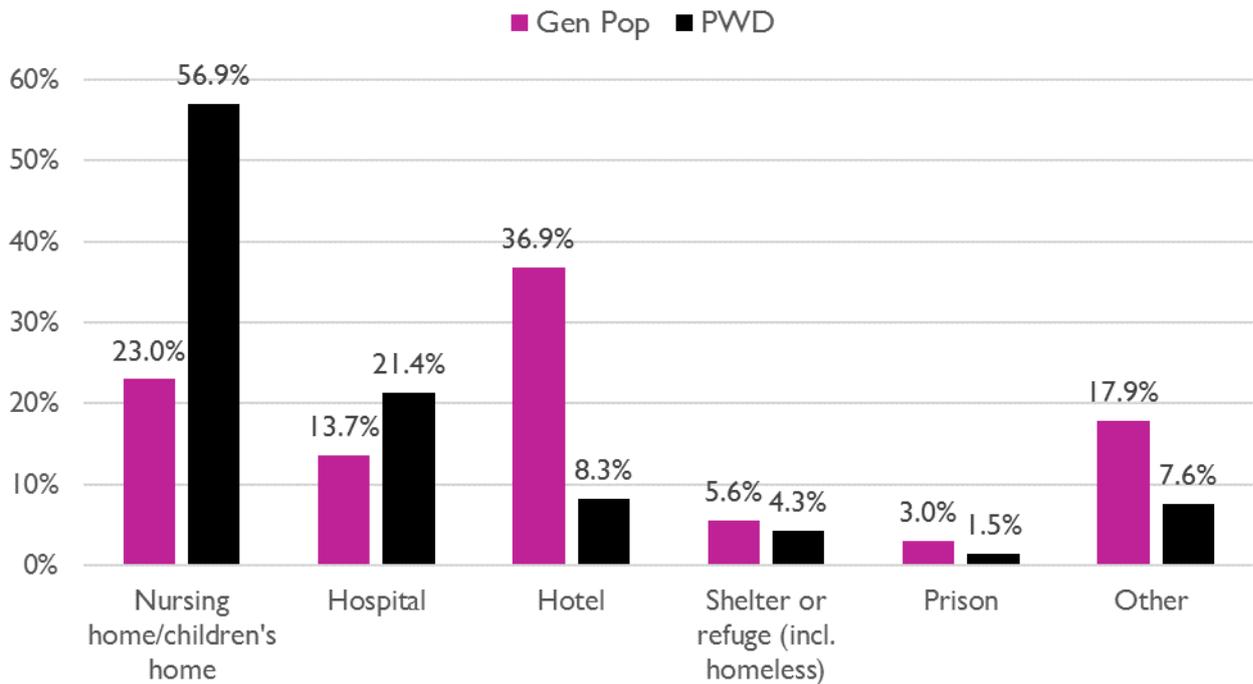
**Table I: General Population and Persons with Disabilities in Communal Establishments by Census Year**

	Gen Pop		PWD		Percentage PWD	
	2011	2016	2011	2016	2011	2016
Nursing or children's homes	28,395	29,024	24,743	25,356	87.1%	87.4%
Hospital	18,514	17,264	11,481	9,515	62.0%	55.1%
Religious community	5,065	3,819	1,924	1,548	38.0%	40.5%
Shelter or refuge (incl. for homeless)	5,057	7,040	1,714	1,920	33.9%	27.3%
Prison	4,557	3,791	988	650	21.7%	17.1%
Educational establishment	4,711	5,473	520	726	11.0%	13.3%
Hotel	33,936	46,524	2,764	3,690	8.1%	7.9%
Guest and boarding houses or B&Bs	4,169	6,636	403	500	9.7%	7.5%
Tourist/youth hostel or campsite	3,331	4,008	225	251	6.8%	6.3%
Defence establishment	678	658	29	25	4.3%	3.8%
Civilian ships, boats and barges	335	741	4	7	1.2%	0.9%
Other types of establishments	1,149	1,221	157	343	13.7%	28.1%
<b>All types of establishments</b>	<b>109,897</b>	<b>126,199</b>	<b>44,952</b>	<b>44,531</b>	<b>40.9%</b>	<b>35.3%</b>

Source: Census Data

Not only are persons with a disability more likely to live in a communal establishment than the general population writ-large, but the type of establishment that persons with disabilities tend to generally reside in also differs. By far the most common type of communal establishment for persons with disabilities on census night was Nursing and Children's Homes, which housed over half of all persons with disabilities resident in communal establishments. However, for the general population as a whole the most common type of communal establishment was Hotels, which accommodated 36.9% of the general population in communal establishments on census night. Additionally, the proportion of persons with disabilities in hospitals is also significantly higher (see Figure 4.)

**Figure 4: Proportion of the General Population and Persons with Disabilities by Type of Communal Establishment 2016**

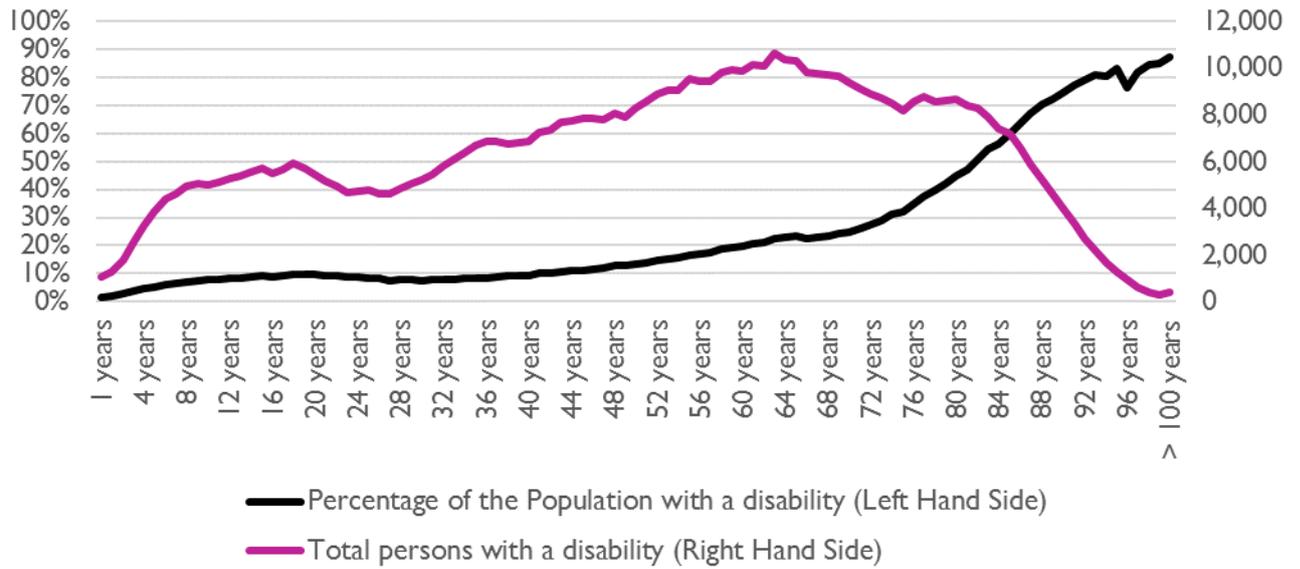


Source: Census Data

### **Nursing and Children's Homes**

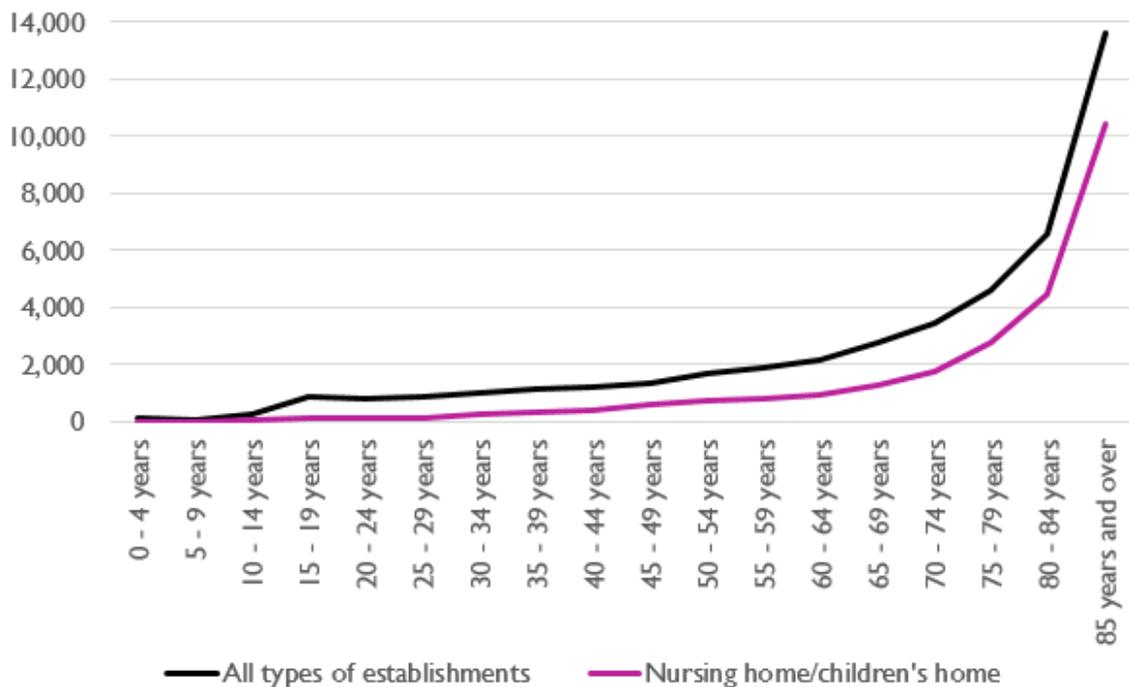
In thinking about ageing and disability, it is generally useful to distinguish between those who are ageing with disability and those who acquire disabilities as they age. Persons with a disability age and persons without a disability tend to become disabled as they age (see Figure 5). Historically the latter group have generally entered residential long-term care settings for older people. Given the higher prevalence of persons with disabilities among older age groups, and the likely location of many older individuals in long-term care settings for older persons, a majority of persons with disabilities living in communal establishments are found to be resident in the Nursing and Children's Homes category of communal establishments (see Figure 6). However, the census data does not allow us to differentiate between long-term care settings for older persons and designated centres for persons with disabilities.

**Figure 5: Number and proportion of Persons with a Disability by Age**



Source: Census Data

**Figure 6: Persons with Disabilities in Communal Establishments and Nursing and Children's Homes by Age Profile 2016**



Source: Census Data

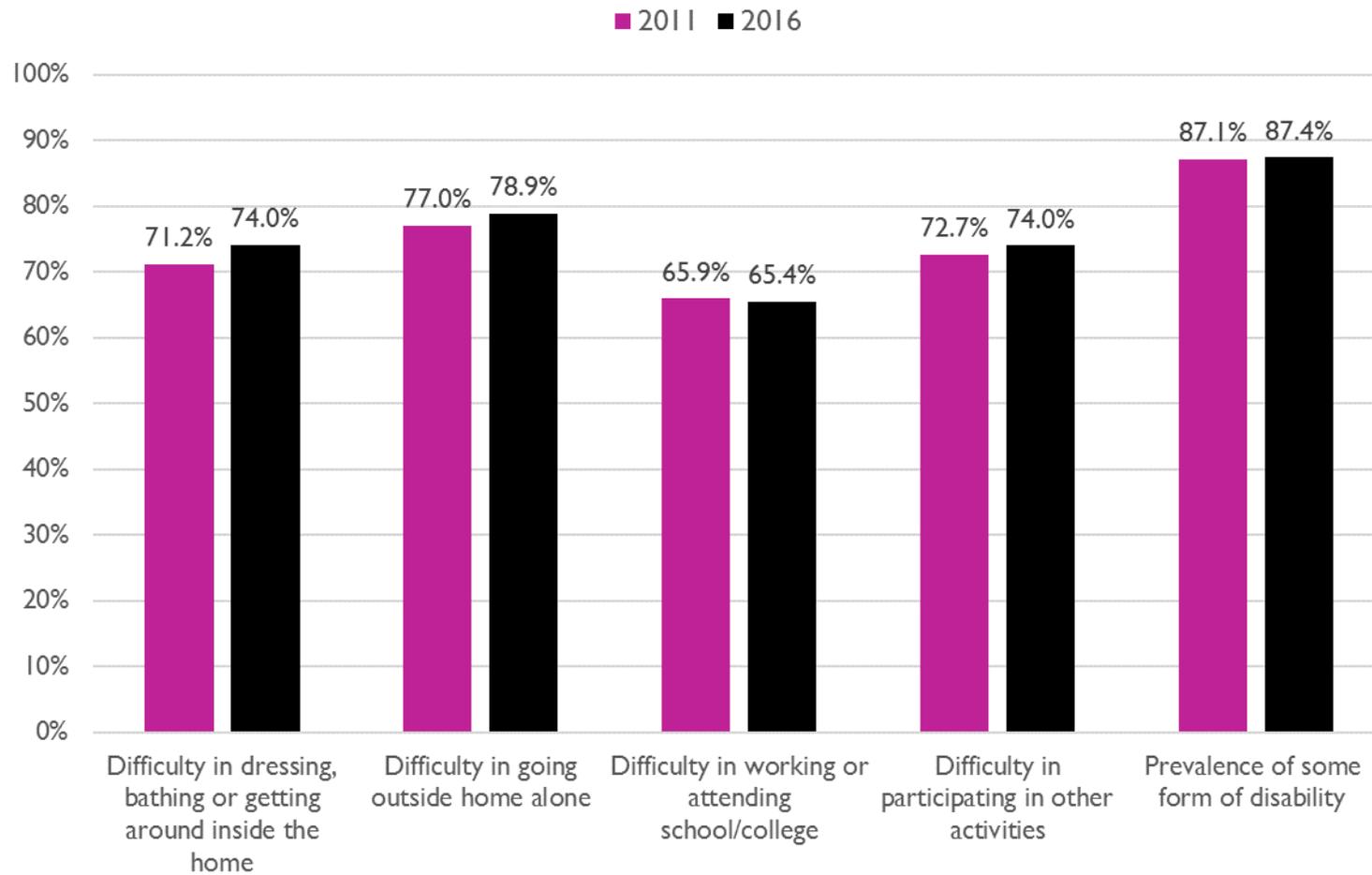
The number of persons with disabilities in Nursing and Children’s Homes rose by 2.4% over the 2011 to 2016 period, rising from 24,743 to 25,356 (see Table 2) This rate of increase is broadly in line with the increase in total residents in Nursing and Children’s Homes (+2.2%) over the same period. In terms of which specific types of disabilities are most prevalent in Nursing and Children’s Homes, these are Difficulty in Going Outside Alone (78.9%), Difficulty in Dressing, Bathing or Getting Around Inside (74%) and a Condition that Substantially Limiting One or More Basic Activity (69.8%) (see Figure 7). Disabilities such as Blindness or a Serious Visual Impairment (11.3%), Deafness or a Serious Hearing Impairment (13.4%) and an Intellectual Disability (19.7%) are found to be comparatively less common in the Nursing and Children’s Homes category of communal establishments (see Figure 8). However, this finding is due to the fact that the census data amalgamates two distinct types of institution, i.e. long-term care settings for older persons and designated centres for persons with a disabilities. Designated centres for persons with disabilities are in fact likely to have a far higher share of residents with intellectual disabilities. Likewise, the share of residents in long-term care settings for older persons with intellectual disabilities is likely to be far lower than the figure of 19.7% recorded for Nursing and Children’s Homes in the census.

**Table 2: Number and Percentage of Persons with Disabilities in Children and Nursing Homes by census year.**

	Persons with Disability		Percentage with Disability	
	2011	2016	2011	2016
Blindness or a serious vision impairment	3,386	3,268	11.9%	11.3%
Deafness or a serious hearing impairment	3,923	3,875	13.8%	13.4%
A condition that substantially limits one or more basic physical activities	19,240	20,250	67.8%	69.8%
An intellectual disability	6,279	5,707	22.1%	19.7%
Difficulty in learning, remembering or concentrating	15,068	15,965	53.1%	55.0%
Psychological or emotional condition	9,697	9,324	34.2%	32.1%
Other disability, including chronic illness	12,722	12,999	44.8%	44.8%
Difficulty in dressing, bathing or getting around inside the home	20,216	21,474	71.2%	74.0%
Difficulty in going outside home alone	21,852	22,903	77.0%	78.9%
Difficulty in working or attending school/college	18,711	18,980	65.9%	65.4%
Difficulty in participating in other activities	20,631	21,470	72.7%	74.0%
<b>Total persons with a disability</b>	<b>24,743</b>	<b>25,356</b>	<b>87.1%</b>	<b>87.4%</b>

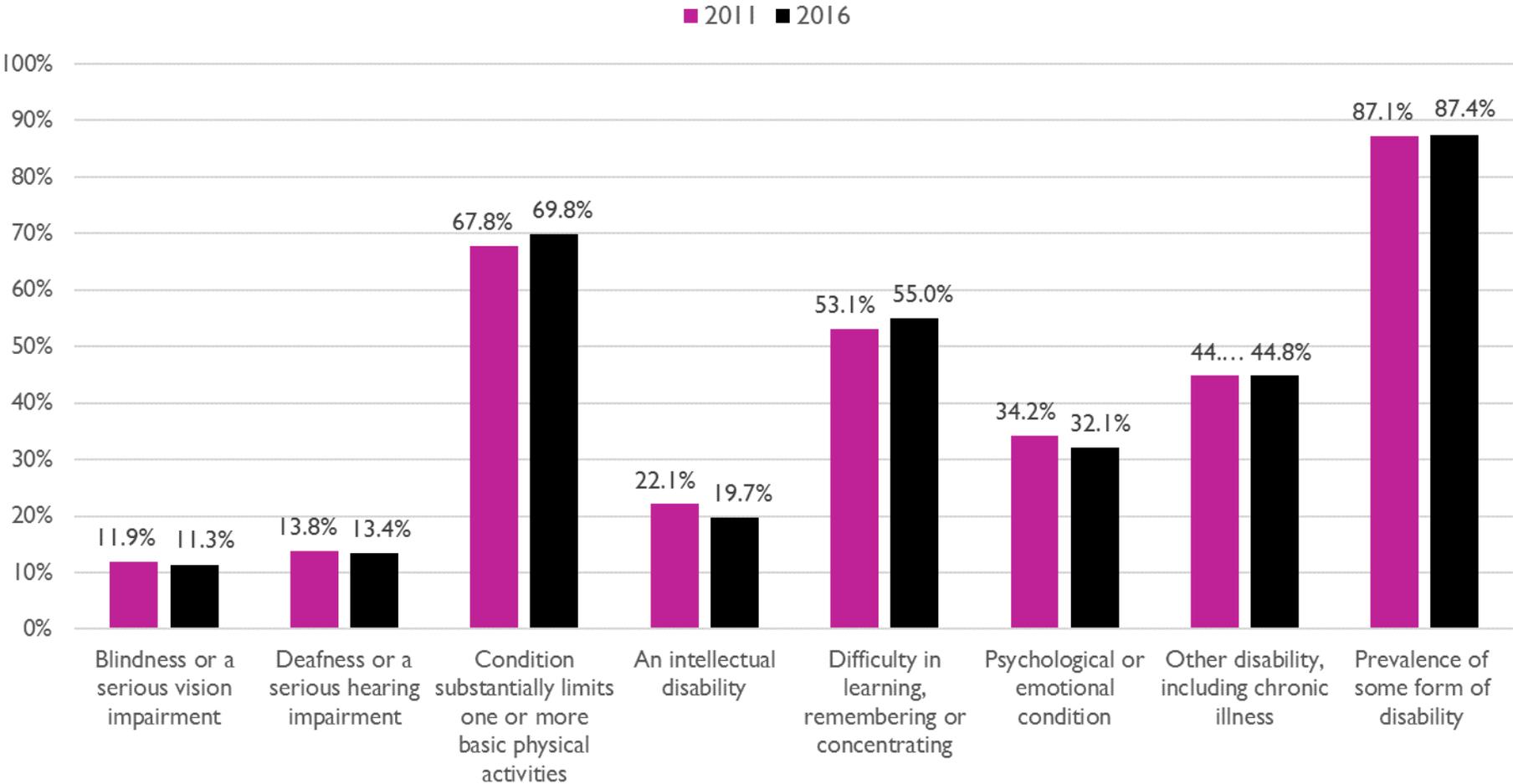
Source: Census Data

**Figure 7: Share of Persons in Nursing and Children's Homes with Disabilities by Disability Type and Census Year - Functional Disability Group**



Source: Census Data

**Figure 8: Share of Persons in Nursing and Children's Homes with Disabilities by Disability Type and Census Year - Long Lasting Conditions Group**



Source: Census Data

## **Younger Persons with Disabilities in Designated Centres and Long-Term Care Settings for older persons**

A clear shortcoming of the census data is that individuals residing in nursing homes for the elderly, children's homes or some designated centres for persons with disabilities can all be enumerated under the Nursing and Children's Homes category of communal establishment. This makes it difficult to discern precisely how many younger persons with disabilities are in long-term care settings for older persons. Younger persons with disabilities may be allocated to nursing homes when being discharged from acute hospital settings. Factors such as an urgent need to free-up hospital beds and pressure on staff to discharge can contribute to the inappropriate placement of younger persons with disabilities in nursing homes.<sup>6</sup>

There is a diverse range of residential services for adults and children with disabilities currently in operation in Ireland, such as those operating on large campus settings, dispersed community housing and respite services. Approximately 7% of all persons with disabilities living in communal establishments in Ireland reside in designated centres for persons with disabilities. The statutory and regulatory basis for defining designated centres presents complications in terms of interpreting the results of the census of the population. Firstly, the legal definition of a 'designated centre' includes nursing homes as defined in Section 2 of the Health (Nursing Homes) Act 1990. Again, this is unfortunate as it encompasses two distinct types of institution, i.e. long-term care settings for older persons and designated centres for persons with disabilities. Secondly, a majority of persons with disabilities resident in designated centres in the form of community-based housing or single occupancy residential units are likely to have been enumerated in the census as being resident in private households.

We know from the census data that there were 25,356 persons with disabilities resident in the Nursing and Children's Homes category of communal establishment in 2016. Of these, 4,654 were under the age of 65. A further 1,107 were under the age of 40 and 203 were under the age of 20. The question arises as to how many of these younger persons with disabilities were actually resident in designated centres for persons with disabilities. One way to address this issue is to look at other data resources beyond the census. According to data from the Health and Information Quality Authority (HIQA) at the end of 2019 there were 1,268 designated centres for persons with disabilities in the State with 9,064 residents. The census found that there were 4,654 persons with disabilities under the age of 65 resident in the Nursing and Children's Homes category of communal establishment, leaving approximately 4,400 persons with disabilities unaccounted for by this designation.<sup>7</sup> These remaining individuals are likely to be enumerated in the census as being resident in Private Households. If we select census data for Private Households with 5 or more persons with disabilities living together, whereby all occupants of the

---

<sup>6</sup> [https://www.disability-federation.ie/assets/files/pdf/dfi\\_rr\\_2018\\_web.pdf](https://www.disability-federation.ie/assets/files/pdf/dfi_rr_2018_web.pdf)

<sup>7</sup> It should be noted there are some over 65s resident in designated centres.

property are persons with disabilities, we find this to be 480 households with 2,737 persons with disabilities. Of these, 203 are households where all residents are unrelated, comprising 1,215 persons with disabilities (see Table 3) A majority of these multi-occupancy properties, as well as very many additional properties with fewer residents, are in fact housing units within designated centres for persons with disabilities.

**Table 3: Private Households with Five or More residents with all residents Persons with Disabilities 2016**

	Households	Persons
All Unrelated Persons	203	1,215
Total	480	2,737

Source: Census Data

Another consideration which arises is that of congregated settings for persons with disabilities.<sup>8</sup> It is the stated goal of Irish government policy that persons who live in congregated settings should move on to live in their own homes in the community with the support they need.<sup>9</sup> Of the 9,064 persons with disabilities in designated centres in Ireland registered by HIQA in 2019, 2,368 were living in campus-based settings and 546 residents were living in stand-alone congregated settings. This suggests that 6,150 persons with disabilities live in designated centres of 10 or less residents, i.e. designated centres that are not classified as congregated settings.

## Hospitals

In terms of the number of persons with disabilities in hospitals on census night, this figure fell from 11,481 in 2011 to reach 9,515 in 2016, representing a 17.1% overall decline. This trend of reduced numbers of persons with disabilities in hospitals is perhaps indicative of progress towards the goal of providing care in other more appropriate settings. While the share of persons with some form of disability in hospitals (55.1%) is second only to nursing homes (87.4%), the share of residents with specific categories of disabilities tends to be lower in hospitals than in nursing homes (see Figure 9). This is reflective of the fact that older nursing home residents tend to acquire multiple disabilities as they age. The most common disabilities among individuals in hospital on census night were a condition that substantially limits one or more basic physical activity (39.5%) and difficulty going outside alone (38.3%) (see Figure 10).

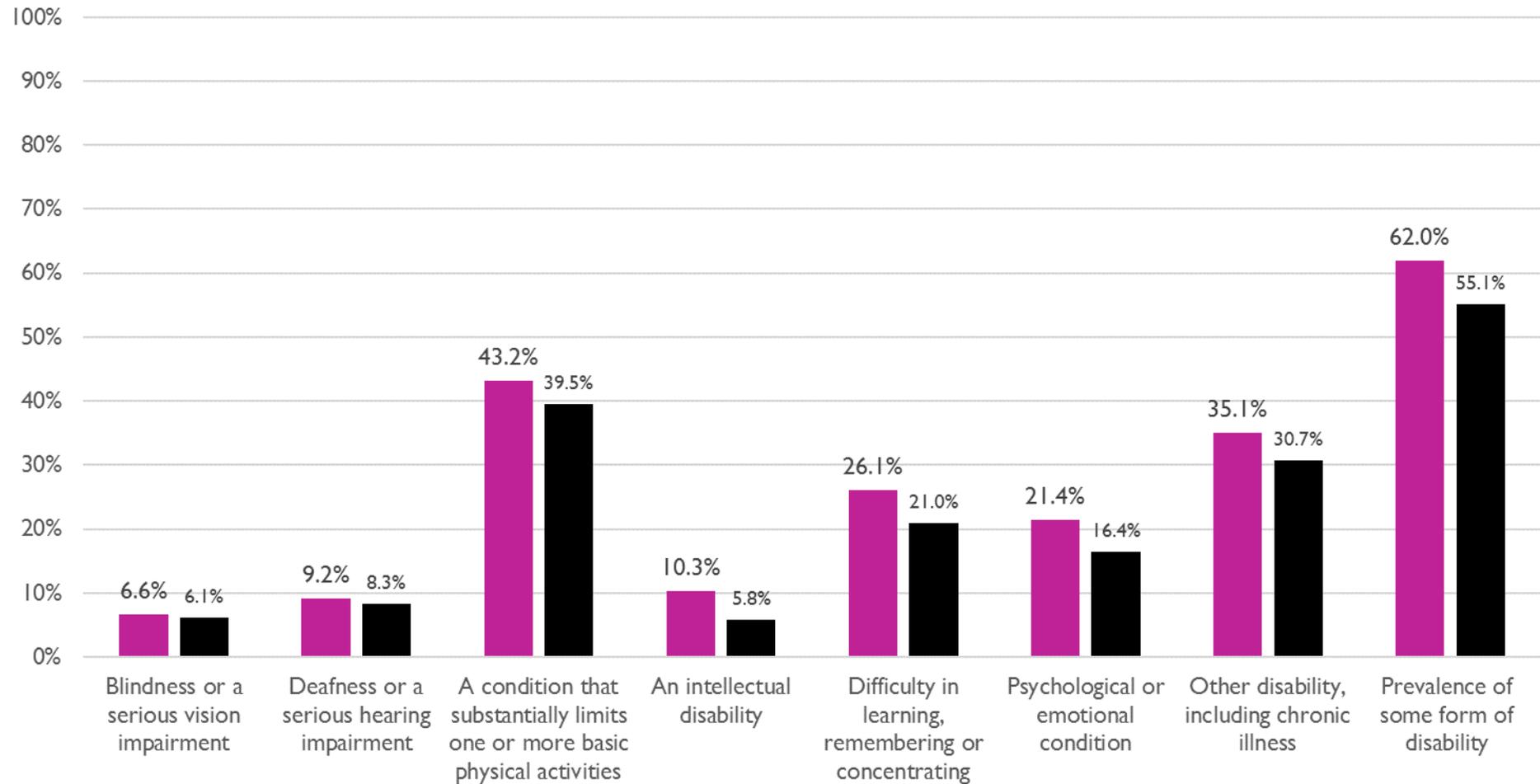
---

<sup>8</sup> Congregated settings are defined by the Health Service Executive (HSE) as places where 10 or more person with a disability live together in a single living unit or are living in smaller homes but in a campus type setting. (See Appendix A)

<sup>9</sup> <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/timetomoveon.html>

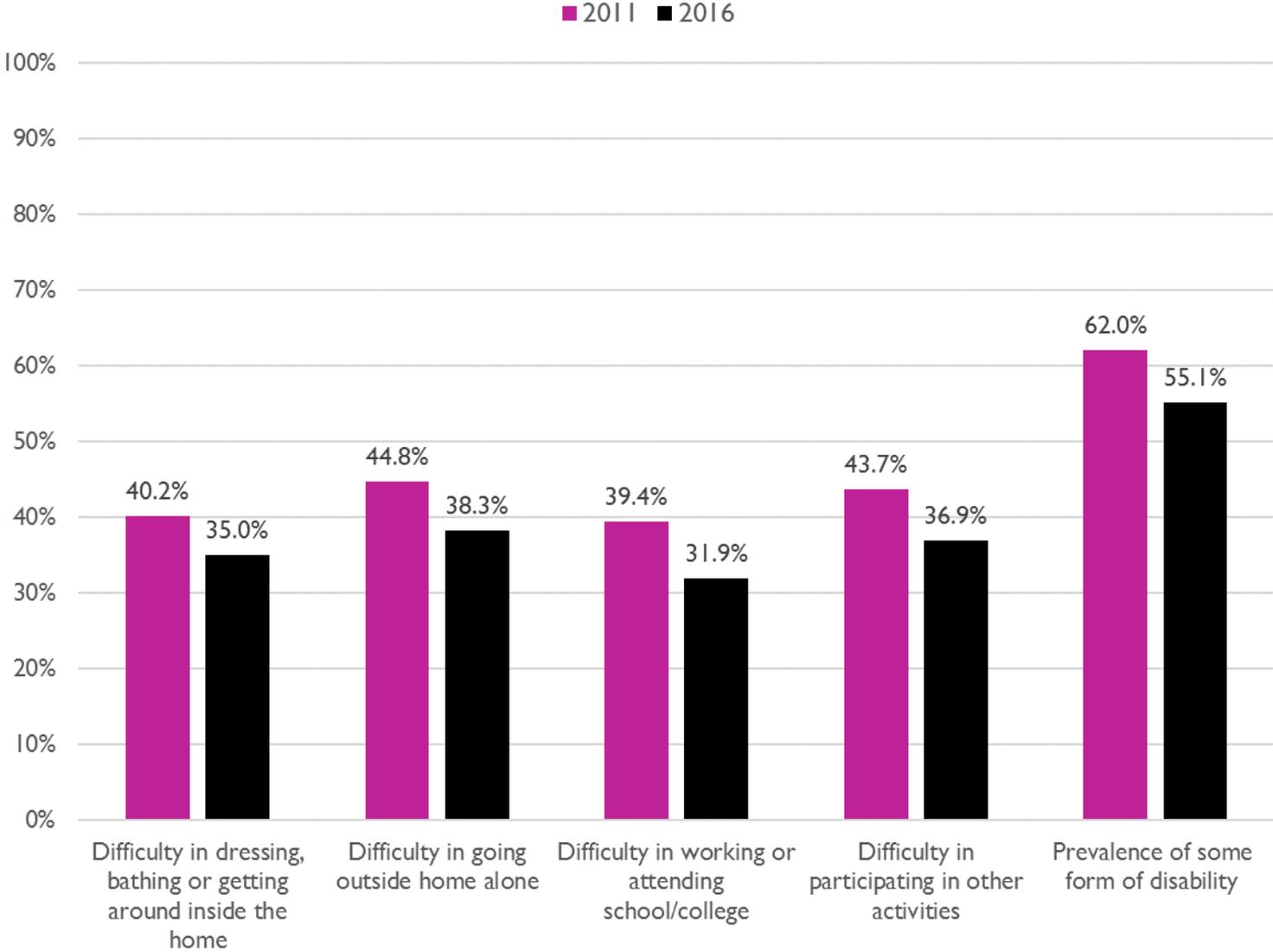
**Figure 9: Share of Persons in Hospitals with Disabilities  
by Disability Type and Census Year - Long Lasting Conditions Group**

■ 2011 ■ 2016



Source: Census Data

**Figure 10: Share of Persons in Hospitals with Disabilities by Disability Type and Census Year - Functional Disability Group**



Source: Census Data

## Private Households

As is the case for the general population as a whole, the vast majority of persons with disabilities live in private households. A total of 585,639 persons with disabilities were resident in private households in 2016, an increase of 8.9% as compared to 2011. This far outstrips the 3.7% rate of increase in residents living in private accommodation seen for the general population as a whole over the same period. This finding may provide further evidence of the gradual transition of persons with disabilities away from communal establishments and into private accommodation in recent years. It may also provide evidence of increased numbers of older people with disabilities living at home with supports rather than in long-term care settings for older persons.

While the trend of more persons with disabilities transitioning to private accommodation is a positive one, the experience of persons with disabilities living in private accommodation can vary significantly depending upon their particular circumstances and disability. A key issue to consider is the nature of the occupancy of persons with disabilities resident in private accommodation. Persons with a disability are significantly more likely to be living in a property without a mortgage than the general population writ-large. This finding reflects the higher prevalence of persons with disabilities among older segments of the population, a majority of which will have paid-off their mortgage by the time they retire.

The total share of persons with disabilities living in rented accommodation (25.8%) is comparable to that for the general population as a whole (26.2%). However, the share of persons with disabilities renting from a Local Authority (13.4%) is significantly higher than that for the general population (8.4%). Considering specific categories of disability, the proportion of persons renting from a Local Authority, a Voluntary Body and occupying free of rent is highest for person with an intellectual disability (see Table 4).

**Table 4: General Population and Persons with Disabilities by  
Occupancy Type and Disability Type**

	Owner occupied with loan or mortgage	Owner occupied without loan or mortgage	Rented from private landlord	Rented from a Local Authority	Rented from a Voluntary Body	Occupied free of rent
Blindness or a serious vision impairment	18.6%	47.9%	11.8%	15.6%	1.8%	1.8%
Deafness or a serious hearing impairment	17.9%	61.5%	6.3%	9.6%	1.1%	1.8%
Substantially limits one or more basic physical activity	17.5%	54.3%	8.2%	14.3%	1.6%	1.8%
An intellectual disability	28.0%	31.8%	12.6%	18.7%	3.1%	2.3%
Difficulty in learning, remembering or concentrating	27.6%	36.3%	13.2%	16.4%	2.1%	1.9%
Psychological or emotional condition	27.9%	28.2%	18.9%	17.9%	2.5%	1.8%
Other disability, including chronic illness	24.6%	44.6%	11.9%	13.9%	1.5%	1.6%
Difficulty in dressing, bathing or getting around inside the home	19.6%	50.6%	9.1%	14.5%	1.7%	2.0%
Difficulty in going outside home alone	18.4%	51.4%	9.3%	14.6%	1.9%	2.0%
Difficulty in working or attending school/college	25.5%	41.8%	12.2%	14.6%	1.9%	1.8%
Difficulty in participating in other activities	22.9%	47.8%	9.9%	13.7%	1.7%	1.8%
Total persons with a disability	<b>24.7%</b>	<b>44.1%</b>	<b>12.4%</b>	<b>13.4%</b>	<b>1.6%</b>	<b>1.7%</b>
General Population	<b>38.6%</b>	<b>30.4%</b>	<b>17.8%</b>	<b>8.4%</b>	<b>0.8%</b>	<b>1.2%</b>

Source: Census Data

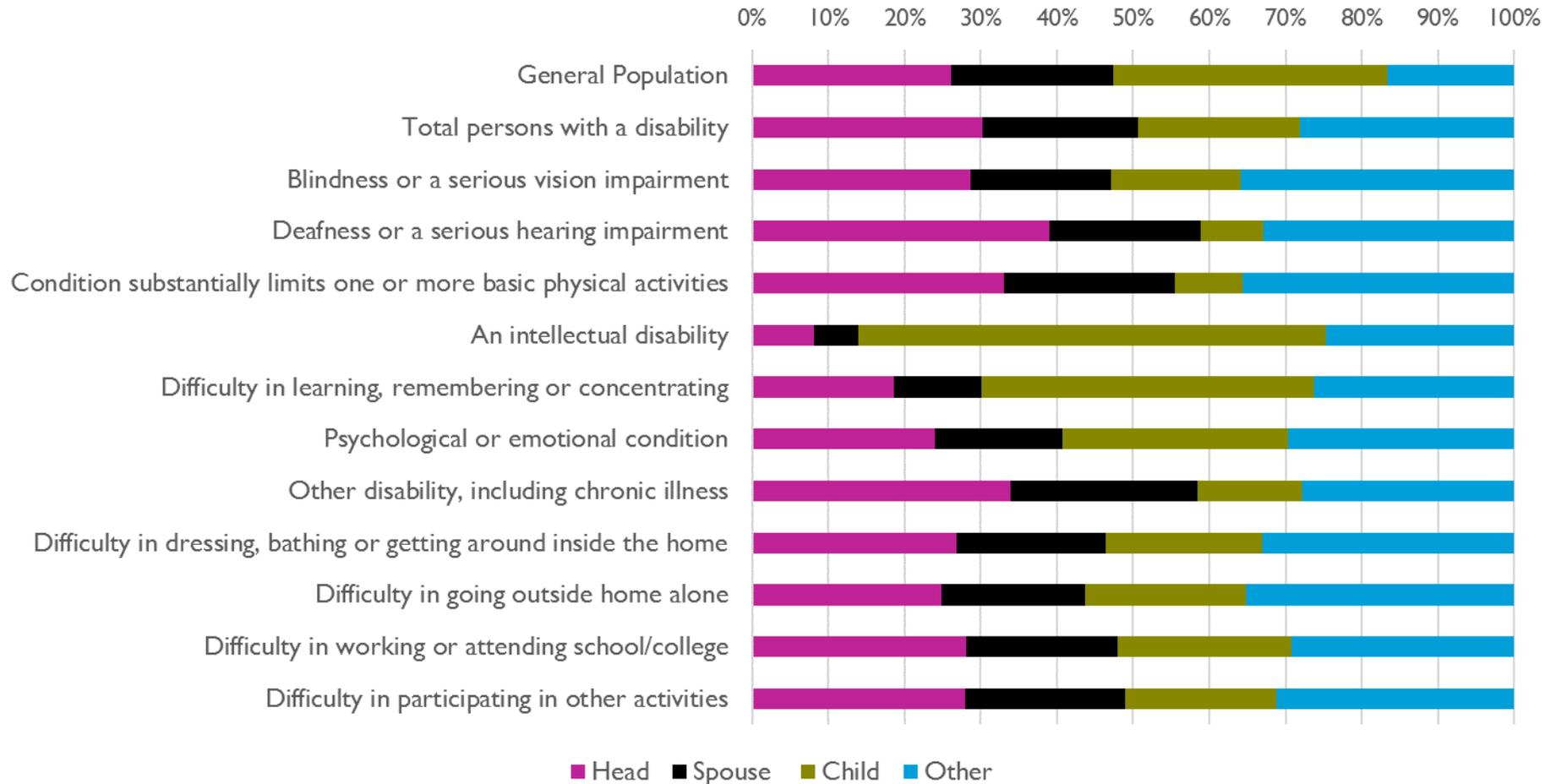
## **Status within the Family Nucleus**

Another issue worthy of consideration is the status of persons with disabilities within the family nucleus. The CSO enumerates the status of individuals within the family nucleus resident in private households using the categories of; (1) head; (2) spouse; (3) child and; (4) other. The total proportion of persons with disabilities designated as the head of family units was actually higher for persons with disabilities as a whole (30.2%) in 2016 than it is for the general population (26.1%) (see Figure 11). This is because of the higher prevalence of persons with disabilities among older segments of the population.

However, individuals with particular categories of disabilities are far less likely to be designated as being the head of the family unit. Just 8.1% of persons with intellectual disabilities were the heads of a family nucleus in 2016, while 18.6% of persons with difficulty in learning, remembering or concentrating held the same status. Persons with these disabilities are also far more likely to hold the status of children within the family unit. Of persons with an intellectual disability living in private households, 61.4% held the status of children within the family unit while 43.7% of persons with difficulty in learning, remembering or concentrating held the same status (see Figure 12) This is due to the fact that a higher proportion of individuals in these categories tend to live at home together with their parents, and for longer, as compared to persons with other categories of disabilities or the general population as a whole. Most other categories of persons with disabilities have a lower proportion of individuals designated as having the status of children within family units because these other types of disability are more common among older segments of the general population.

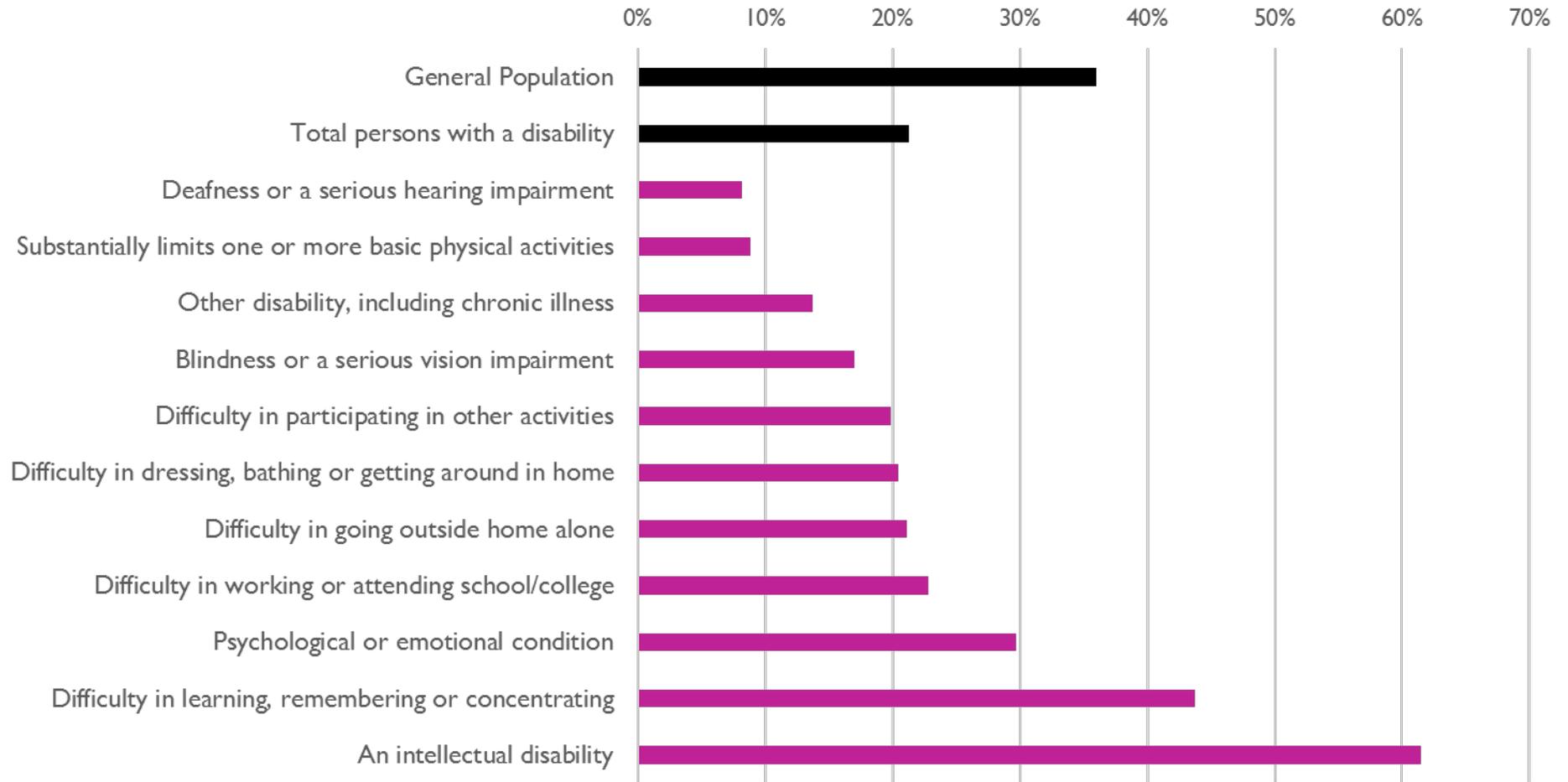
Another noteworthy trend among persons with disabilities is that a far higher proportion are designated as 'Other' within the family nucleus within the census data. As previously observed, many persons with disabilities cohabit designated centres in the form of community-based housing which is often enumerated as private households in the census data. This partly explains the larger proportion of persons with disabilities that identify as 'Other' within the family nucleus.

**Figure 11: Persons in the General Population and with a Disability in Private Households by Status in the Family Unit 2016**



Source: Census Data

**Figure 12: Share of Persons in General Population and Persons with a Disability designated as Children in the Family Unit by Disability Type 2016**



Source: Census Data

## Temporary Private Accommodation

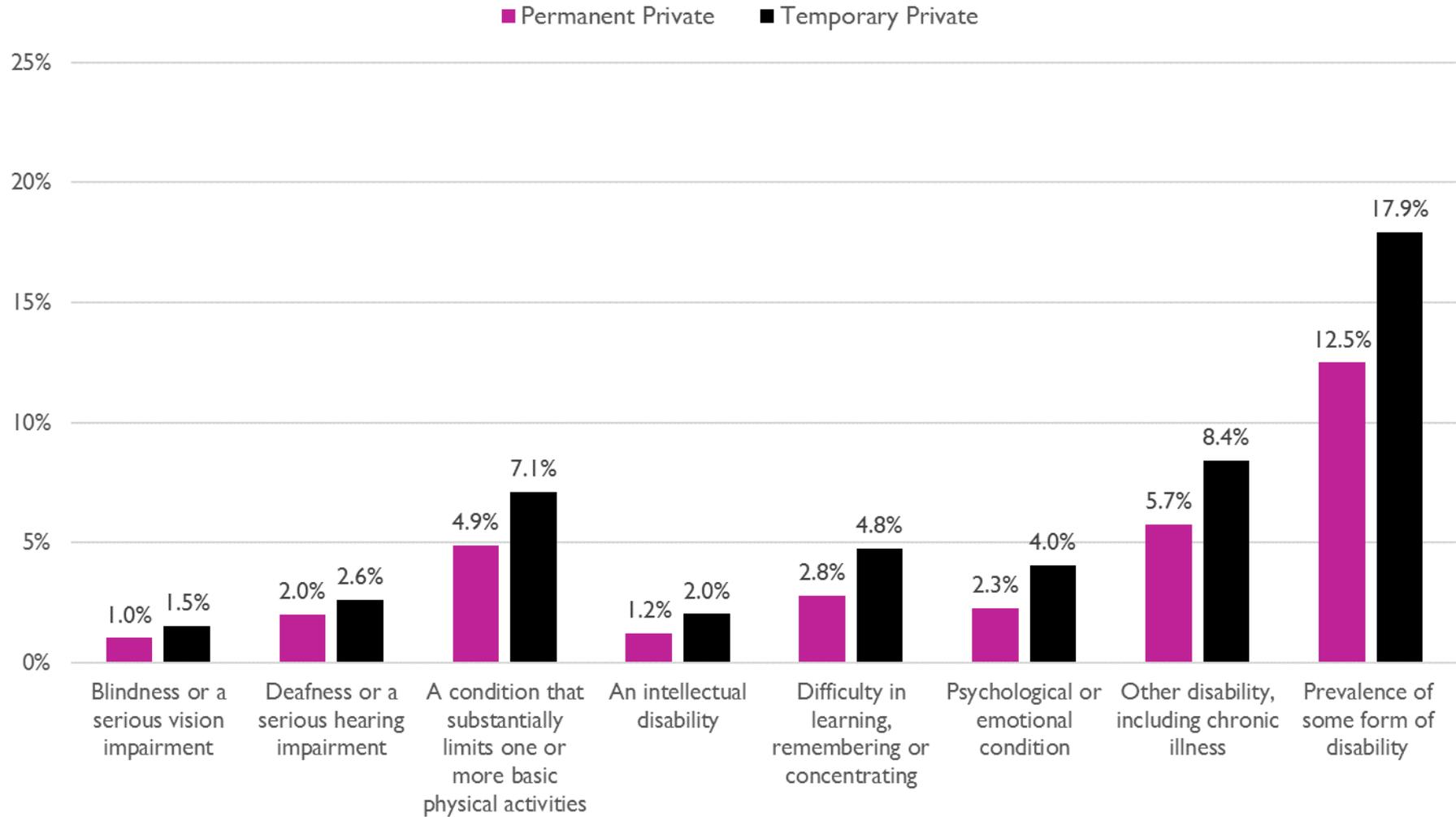
Another important distinction when examining the experience of persons with disabilities living in private households is that between permanent private accommodation and temporary private accommodation. A permanent private household is a private household occupying a permanent dwelling such as a house, flat or bed-sit. A temporary private household is a private household occupying a caravan, mobile home or other temporary dwelling. While a generally small minority of individuals live in temporary private accommodation, this is proportionally higher for persons with disabilities (0.31%) than it is for the general population as a whole (0.22%). (See Table 5)

**Table 5: Percentage of People living in Permanent or Temporary private Accommodation by Disability Type**

	Permanent private	Temporary private	Not stated
Blindness or a serious vision impairment	98.01%	0.33%	1.66%
Deafness or a serious hearing impairment	98.47%	0.28%	1.25%
A condition that substantially limits one or more basic physical activities	98.23%	0.32%	1.45%
An intellectual disability	97.84%	0.36%	1.80%
Difficulty in learning, remembering or concentrating	98.05%	0.37%	1.58%
Psychological or emotional condition	98.16%	0.39%	1.45%
Other disability, including chronic illness	98.38%	0.32%	1.30%
Difficulty in dressing, bathing or getting around inside the home	98.21%	0.29%	1.50%
Difficulty in going outside home alone	98.18%	0.30%	1.51%
Difficulty in working or attending school/college	98.47%	0.34%	1.19%
Difficulty in participating in other activities	98.44%	0.31%	1.25%
Total persons with a disability	<b>98.27%</b>	<b>0.31%</b>	<b>1.42%</b>
General Population	<b>98.46%</b>	<b>0.22%</b>	<b>1.32%</b>
Source: Census Data			

The prevalence of persons with disabilities among individuals living in temporary private accommodation is also higher than that for individuals living in permanent private accommodation. At 17.9%, the general prevalence of persons with disabilities of 5.4% is higher for persons living in temporary private accommodation than for those living in permanent private accommodation. (see Figure 13)

**Figure 13: Percentage of Persons in Permanent and Temporary Private Accommodation with Disabilities by Disability Type 2016**

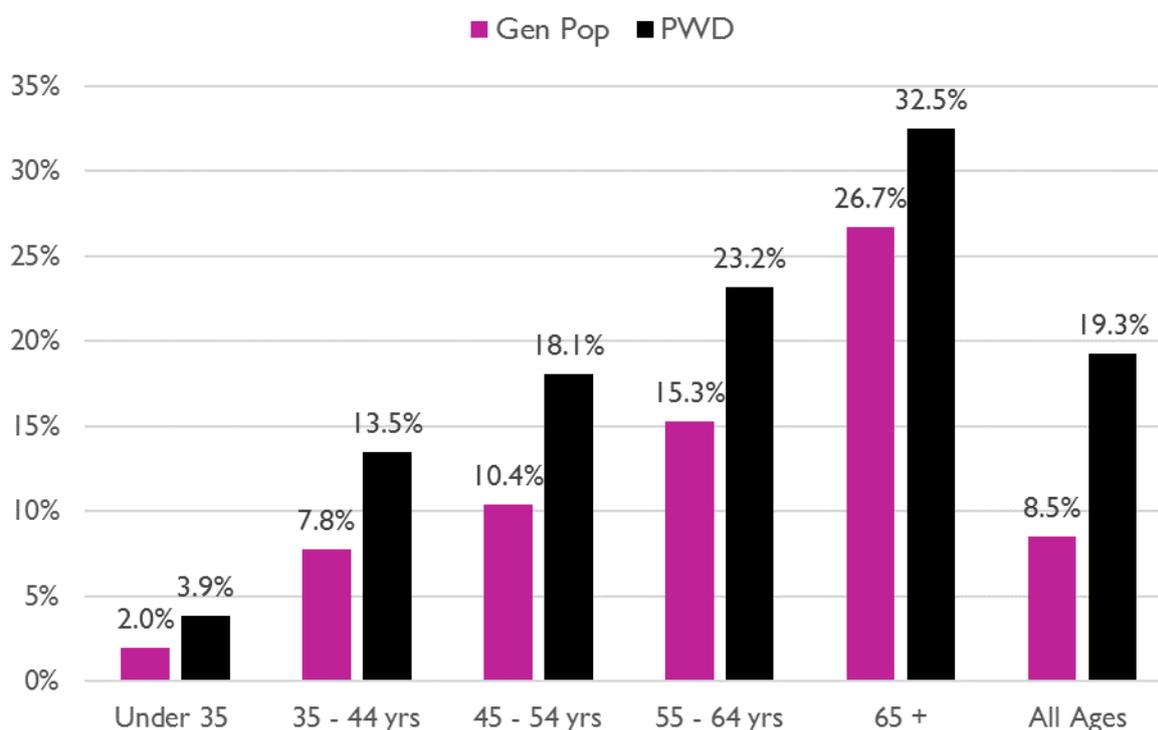


Source: Census Data

## Persons with Disabilities Living Alone

Another important issue to consider is that of persons with disabilities living alone. Past research has found that persons with disabilities who live alone place greater emphasis on the need for privacy and the right to have personal control over their own lives.<sup>10</sup> Living alone may be preferable to living within a family unit as individuals benefit from enhanced privacy and the fact of not being answerable to others as they go about their daily lives. At the same time, living alone in private accommodation can also be an isolating experience, both for persons with disabilities and persons without disabilities. Generally speaking persons with disabilities living in private accommodation are more likely to be living alone as compared to the general population. Of persons with disabilities living in private accommodation, 19.3% were found to be living alone on census night, as compared to 8.5% for the general population. The gap between the proportion of persons with disabilities living alone and proportion of the general population living alone is most pronounced in the 35-64 age range (see Figure 15). This is due to the fact that more persons without disabilities become widowed in old age.

**Figure 15: General Population and Persons with Disabilities Living Alone by Age Group 2016**



Source: Census Data

<sup>10</sup> <http://nda.ie/File-upload/Living-at-Home-with-a-disability-the-experience-of-people-with-disabilities-of-support-from-their-community-PDF-Format.pdf>

## Homelessness

This section examines the experience of persons with disabilities in relation to the issue of homelessness.<sup>11</sup> Persons with disabilities can often be more exposed to the risk of homelessness than others, depending upon their particular type of disability or their personal circumstances. Past research has found that it is generally more difficult for young single persons with disabilities on low incomes to be housed by local authorities.<sup>12</sup> Individuals with psychiatric disabilities can often face particularly serious accommodation problems after being discharged from hospital. Such challenges can lead to persons with disabilities experiencing a significantly increased risk of homelessness.

A comprehensive approach to measuring homelessness was adopted for the first time as part of Census 2011. However, the nature and extent of homelessness changed over the 2011 to 2016 period, not only in scale but also in terms of the type of accommodation used to accommodate homeless persons. For example, at the time of the census in April 2016 there were significant numbers of homeless persons being accommodated in what is termed Private Emergency Accommodation (PEA), namely commercial hotels and B&Bs, which posed particular challenges for enumeration. Another significant change in 2016 as compared to 2011 was that persons in Long-Term Accommodation (LTA) were excluded from the main homelessness results of the census data.<sup>13</sup>

The 2016 census recorded 1,817 homeless persons with some form of disability in Ireland. This represents an increase of 18.7% in the total number of homeless persons with a disability since the previous census in 2011. However, the overall increase in homelessness, i.e. the total number of homeless persons both with and without a disability, was 81.4% over the same period. This figure would suggest that while the number of homeless persons with disabilities has increased in recent years, the proportion of persons with disabilities in the homeless community has declined. The overall prevalence of persons with disabilities among persons who were homeless on census night 2016 was 27.1%. This represents a steep decline as compared to 2011 when this figure stood at 41.5%. Several factors are likely to have contributed to this outcome, including a significant overall increase in homelessness and the changed demographic of the homeless population as more families enter homelessness. The largest groups among homeless persons with disabilities in 2016 were those defined as having Other Disabilities including Chronic Illness (840),

---

<sup>11</sup> A definition for homelessness is provided in Appendix A.

<sup>12</sup> <http://nda.ie/Publications/Environment-Housing/Housing-Publications/Social-Housing-and-People-with-Mental-Health-Difficulties/>

<sup>13</sup> Census 2016 recorded 1,772 individuals in LTAs on Census Night. In 2011 the figure for long-term homelessness was 992.

Psychological or Emotional Conditions<sup>14</sup> (825), Difficulty in Learning, Remembering or Concentrating (621) and Difficulty in Working or Attending School or College (619) (see Table 5)

**Table 5: Homeless Persons with Disabilities by Disability Type and Census Year**

	Number of homeless persons with disabilities		Change	Percentage of Persons with disability	
	2011	2016	2016 vs 2011	2011	2016
Blindness or a serious vision impairment	140	158	12.9%	3.7%	2.3%
Deafness or a serious hearing impairment	144	131	-9.0%	3.8%	1.9%
A condition that substantially limits one or more basic physical activities	492	581	18.1%	12.9%	8.4%
An intellectual disability	214	213	-0.5%	5.6%	3.1%
Difficulty in learning, remembering or concentrating	532	621	16.7%	14.0%	9.0%
Psychological or emotional condition	740	825	11.5%	19.4%	11.9%
Other disability, including chronic illness	697	840	20.5%	18.3%	12.2%
Difficulty in dressing, bathing or getting around inside the home	180	246	36.7%	4.7%	3.6%
Difficulty in going outside home alone	277	362	30.7%	7.3%	5.2%
Difficulty in working or attending school/college	578	619	7.1%	15.2%	9.0%
Difficulty in participating in other activities	408	509	24.8%	10.7%	7.4%
Total persons with a disability	<b>1,581</b>	<b>1,871</b>	<b>18.3%</b>	<b>41.5%</b>	<b>27.1%</b>
General Population	<b>3,808</b>	<b>6,906</b>	<b>81.4%</b>		

Source: Census Data

<sup>14</sup> This category encompasses persons with autism.

## Housing, Disability and Gender

### Examining the issue of housing through the lens of gender

The Equal Status Acts (2000-2015) prohibit discrimination in the provision of accommodation on ten grounds. These grounds define the equality groups as: gender, marital status, family status, age, disability, sexual orientation, race, religion, and membership of the Traveller community. Research has found that for the general population as a whole women are more likely than males to experience environmental deprivation, but are less likely to be homeless. At the same time, among the general population gender is generally found to not be a significant factor for housing discrimination, i.e. men and women do not experience different levels of discrimination.<sup>15</sup>

Housing outcomes across gender groups among persons with disabilities are found to be generally comparable with those for the general population as a whole. However, trends that do emerge across gender groups for the general population are found to be more pronounced for persons with disabilities (see Figure 21). For example, the proportion of females in the general population living alone in private households is 8.7%. This is 0.3% higher than for males (8.4%). However, the proportion of female persons with disabilities living alone in private households is 20.7%. This is 2.9% higher than for males (17.8%). The proportion of females in the general population living in communal establishments is 2.68%. This is only marginally higher than that for males (2.65%) in the general population. However, the proportion of female persons with disabilities living in communal establishments is 7.86%. This is 1.64% higher than that for male persons with disabilities (6.22%). This finding is generally reflected in the gender balance of persons within each population. While 51.2% of people in communal establishments are female for the general population as a whole, this figure rises to 57.3% for persons with disabilities living in communal establishments. These findings can partly be explained by demographic factors. Disabilities are more prevalent among older cohorts of the population. The current life expectancy at birth in Ireland is 78.4 years for men and 82.8 years for women.<sup>16</sup> As women are more likely to outlive men there are generally more women both living alone in private households and in long-term care settings for older persons. This additionality in the average life expectancy of the female population naturally coincides with particularly high prevalence of persons with disabilities. The general prevalence of persons with disabilities among women over the age of 65 living alone in private households is 41%, significantly higher than the figure of 36.6% observed for males (see Table 6). Similarly, the general prevalence of

---

<sup>15</sup> <https://www.ihrec.ie/app/uploads/2018/06/Discrimination-and-Inequality-in-Housing-in-Ireland..pdf>

<sup>16</sup>

<https://www.cso.ie/en/interactivezone/statisticsexplained/birthsdeathsandmarriages/lifeexpectancytables/>

persons with disabilities among women over the age of 65 living in communal establishments is 72.6%, significantly higher than the figure of 65.5% observed for males. In terms of the issue of homelessness, among the general population men are more likely to be homeless. The percentage of all males in Ireland who are homeless is 0.17%, as compared to 0.12% for females (see Table 6). As a result, 58.2% of all homeless persons in Ireland are male. This higher likelihood of homelessness among males is even more pronounced for male persons with disabilities than it is for the general population. The percentage of all male persons with a disability in Ireland who are homeless is 0.39%, as compared to 0.2% for female persons with disabilities. Of all homeless persons with a disability in Ireland 65.3% are male. As a result, the general prevalence of persons with disabilities in the homeless population in Ireland is higher among males (30.2%) than for females (22.5%) (see Table 7).

**Table 6: Share of General Population and Persons with Disabilities by Setting, Gender and Gender Balance**

				Gender Balance
Private Households	Gen Pop	Both Sexes	97.37%	
		Male	98.50%	49.59%
		Female	97.93%	50.41%
	PWD	Both Sexes	92.90%	
		Male	93.80%	48.94%
		Female	92.10%	51.06%
Living Alone (Private Households)	Gen Pop	Both Sexes	8.50%	
		Male	8.40%	48.99%
		Female	8.70%	51.01%
	PWD	Both Sexes	19.30%	
		Male	17.80%	48.94%
		Female	20.70%	51.06%
Communal Establishments	Gen Pop	Both Sexes	2.63%	
		Male	2.65%	48.83%
		Female	2.68%	51.17%
	PWD	Both Sexes	7.07%	
		Male	6.22%	42.70%
		Female	7.86%	57.30%
Homeless	Gen Pop	Both Sexes	0.14%	
		Male	0.17%	58.18%
		Female	0.12%	41.82%
	PWD	Both Sexes	0.29%	
		Male	0.39%	65.31%
		Female	0.20%	34.69%

Source: Census Data

**Table 7: Proportion of Persons with Disabilities  
by Setting, Age Groups and Gender**

Private Households	Both Sexes	12.52%	2016
	Male	12.36%	
	Female	12.68%	
Living Alone in Private Households	Both Sexes	28.36%	2016
	Male	26.16%	
	Female	30.47%	
Living Alone - Over 65s	Both Sexes	39.39%	2016
	Male	36.61%	
	Female	41.07%	
Communal Establishments	Both Sexes	35.29%	2016
	Male	30.86%	
	Female	39.51%	
Communal Establishments - Over 65s	Both Sexes	70.02%	2011*
	Male	65.57%	
	Female	72.60%	
Homeless	Both Sexes	27.09%	2016
	Male	30.41%	
	Female	22.47%	
* Gender breakdown data unavailable for 2016 for this category			

Source: Census Data

## Appendix A - Definitions

### Disability

Disability can be defined in different ways: self-reported disability (where a person describes themselves as having a disability) or by other objective criteria. The National Disability Authority Act, 1999 defines "disability" to mean:

"a substantial restriction in the capacity of a person to participate in economic, social or cultural life on account of an enduring physical, sensory, learning, mental health or emotional impairment."

The Equality Acts (Employment Equality Acts and the Equal Status Acts), which outlaw discrimination on grounds of disability, use a wider definition, and cover past as well as current disability. Under the Equality Acts "disability" means:

"(a) the total or partial absence of a person's bodily or mental functions, including the absence of a part of a person's body; (b) the presence in the body of organisms causing, or likely to cause, chronic disease or illness; (c) the malfunction, malformation or disfigurement of a part of a person's body; (d) a condition or malfunction which results in a person learning differently from a person without the condition or malfunction; or (e) a condition, disease or illness which affects a person's thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour."

Data on disability used in this paper was derived from answers to questions 16 and 17 of the Census questionnaire. The census questions on disability incorporate the Washington group approach by using a set of questions based on international classification of functioning disability and health. Question 16 was a seven-part question that asked about the existence of the following long lasting conditions:

- (a) blindness or a serious vision impairment,
- (b) deafness or a severe hearing impairment,
- (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying,
- (d) an intellectual disability
- (e) a difficulty with learning, remembering or concentrating,
- (f) a psychological or emotional condition and
- (g) a difficulty with pain, breathing or any other chronic illness or condition.

If a person answered YES to any of the parts of Q16, they were then asked to answer Question 17. This question was a four-part question that asked whether an individual had a difficulty doing any of the following activities:

- (a) dressing, bathing or getting around inside the home (self-care disability);
- (b) going outside the home alone to shop or visit a doctor's surgery (going outside the home disability);
- (c) working at a job or business or attending school or college (employment disability) and
- (d) participating in other activities, such as leisure or using transport.

Individuals were classified as having a disability if they answered YES to any part of the above two questions, including, in particular, if they ticked YES to any of the parts of Q17 even though they may not have ticked YES to any of the parts of Q16.<sup>17</sup> Some the graphics employed in this report display results for the seven long lasting condition categories of disabilities alone. In all cases the total prevalence of persons with disabilities in various settings are calculated taking account of the prevalence of persons with disabilities inclusive of all eleven categories of disability, i.e. the seven long lasting conditions and the four functional disability categories.

## **Communal Establishment**

A Communal Establishment is defined as an establishment providing managed residential accommodation. Managed means full-time or part-time supervision of the accommodation. For the purpose of the Census communal establishments are broken down into the following categories: (a) Hotel, (b) Guest house, boarding house or B&B, (c) Tourist hostel, youth hostel or campsite, (d) Educational establishment, (e) Religious community, (f) Nursing home or children's home, (g) Hospital, (h) Defence establishment, (i) Prison, (j) Shelter or refuge (including accommodation for homeless persons), (k) Civilian ships, boats and barges and (l) Other types of establishments.

A communal establishment may include usual residents or visitors. However, proprietors and managers of hotels, principals of boarding schools, persons in charge of various other types of institutions and members of staff who, with or without their families, occupy separate living accommodation on the premises are classified as private households. Many of what we think of as designated centres for persons with disabilities are probably enumerated as 'Nursing and Children's Homes' within the census data.<sup>18</sup> This is unfortunate as it conflates two separate types of institution:

---

<sup>17</sup> Note than in the next Census 2022 some changes to the disability questions have been made, namely to ask people to indicate the level of a disability they have. The requirement to only answer Q17 if have answered yes to Q16 is being removed.

<sup>18</sup> Section 2 (l) of the Health Act 2007 defines a 'designated centre' as "an institution (a) at which residential services are provided by the Executive, a service provider or a person that is not a

long-term care settings for older persons and designated centres for persons with a disability. At the same time, many designated centres for persons with disabilities in the form of community-based housing or single occupancy residential units have been enumerated as private households in the census data.

### **Congregated settings**

Congregated settings are defined by the Health Service Executive (HSE)<sup>19</sup> as places where 10 or more person with a disability live together in a single living unit or are living in smaller homes but in a campus type setting. In many cases, persons in these settings live isolated lives away from the community, family and friends. Some experience institutional living conditions where they lack basic privacy and dignity.

### **Private Household**

A private household comprises either one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping arrangements - that is, sharing at least one meal a day or sharing a living room or sitting room. In order to be included in the household, a person had to be a usual resident at the time of the census. Therefore, visitors to the household on Census Night were excluded, while usual residents temporarily absent (for less than 12 months) were included. It is likely that some designated centres for persons with disabilities are classified in the census as private households. Where disability services have de-congregated residents to the community often a few houses are amalgamated to form a designated centre. However, census enumerators record the individual houses as private households.

### **Permanent and Temporary Private Household**

A permanent private household is a private household occupying a permanent dwelling such as a house, flat or bed-sit. A temporary private household is a private household occupying a caravan, mobile home or other temporary dwelling.

### **Family Unit**

A family unit or nucleus is defined as either; (1) a married couple or cohabiting couple; (2) a married couple or cohabiting couple together with one or more usually resident never-married children of any age; or (3) one parent together with one or more usually resident never-married children of any age.

---

service provider but who receives assistance under section 39 of the Health Act 2004 or under section 10 of the Child Care Act 1991 - (i) in accordance with the Child Care Act 1991, (ii) to persons with disabilities, in relation to their disabilities, or (iii) to other dependent persons, in relation to their dependencies, or (b) that is a nursing home as defined in Section 2 of the Health (Nursing Homes) Act 1990”.

<sup>19</sup> HSE (2011) ‘Time to Move on from Congregated Settings: A Strategy for Community Inclusion’ <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

## Housing Unit

A housing unit is a separate and independent place of abode intended for habitation by a single household, or one not intended for habitation but occupied as living quarters by a household at the time of the census. Thus it may be an occupied or vacant dwelling, an occupied mobile or improvised housing unit or any other place occupied as living quarters by a household at the time of the census. This category includes housing of various levels of permanency and acceptability.

## Homelessness

Section 2 of the Housing Act 1988 states that an individual is considered to be homeless if - (a) there is no accommodation available which they, together with any other person who normally resides with them or who might reasonably be expected to reside with them, can reasonably occupy or remain in occupation of, or (b) they are living in a hospital, county home, night shelter or other such institution, and is so living because they have no accommodation of the kind referred to in paragraph (a), and is unable to provide accommodation from their own resources. In general, an individual may be considered to be homeless if they are sleeping rough, staying in an emergency hostel or refuge, staying in bed and breakfast or hotel accommodation on a temporary basis, staying temporarily with friends or family because they have nowhere else to go, or if they are squatting (occupying a building illegally). Often the term 'out-of-home' is used to refer to individuals who have nowhere to live. This term recognises the fact that an individual may have a home that they cannot return to (for whatever reason). A European descriptive typology (ETHOS) has been developed as a research tool to provide a way of structuring research on homelessness so that valid comparisons can be made across European countries. Within this typology are four conceptual categories of homeless persons, namely roofless, homeless, insecure and inadequate.

Individuals are classified as being homeless for the purposes of the data employed in this report on the basis of where they spent census night, as opposed to some element of self-identification, such as responding to a specific question on the census form. Persons were classified as homeless in cases where they were resident in accommodation which was designated as providing shelter for homeless persons. A significant change in the 2016 census was that persons in Long-Term Accommodation (LTA) were not included in the homeless population count. Census 2016 recorded 1,772 individuals in LTAs on census night, up from 992 in 2011. Although these long-term residents may require a certain level of support, they are considered to be tenants in the census 2016 data and are not included in the homeless population count. The 2016 census recorded 123 people who were sleeping rough.<sup>20</sup>

---

<sup>20</sup> People staying with friends and relatives (couch/sofa surfers) who are homeless with no other options are not included in the census homeless data. These individuals are captured within private household census forms as being a guest on the night in question.

## Appendix B - Data Resources

There are multiple sources of data on the experience of housing and persons with a disability in Ireland. These include:

- The Census of the Population
- Health Information and Quality Authority (HIQA)
- The Health Research Board (HRB) databases on disability including mental health
- The Health Service Executive (HSE) service plan
- The Department of Housing

These resources can sometimes use different definitions and categorisations of disability, and if compared can provide mutually inconsistent information. In light of such inconsistencies the information presented in this factsheet does not integrate or otherwise blend data from these different resources. Any data included is presented as a standalone statistic from a single resource. The vast majority of the data presented in this factsheet is derived from the most comprehensive of these resources, i.e. the census of the population. A census of the population was most recently taken on the night of Sunday, 24 April 2016. The census figures relate to the de facto population, i.e. all persons present within the boundaries of the State on the census night. The figures, therefore, include visitors present on census night as well as those in residence, while usual residents temporarily absent from the area are excluded.