



LONGFORD COUNTY COUNCIL

***STRATEGIC PLAN FOR HOUSING PEOPLE WITH A
DISABILITY***

Strategic Plan for Housing People with a Disability

1. Purpose and Goal

The National Housing Strategy for People with a Disability 2011 - 2016, published in 2011, and the associated National Implementation Framework, which are joint publications by the Department of Environment, Community and Local Government and the Department of Health were developed as a part of a coherent framework, in conjunction with the A Vision for Change (the Government's mental health policy) and a Time to Move on from Congregated Settings (the Report of the Working Group on Congregated Settings) to support people with disabilities in community based living with maximum independence and choice.

The vision of the Strategy is to facilitate access, for people with disabilities, to the appropriate range of housing and related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living.

The Strategy expects while acknowledging the challenges that this should be achieved within the mainstream housing environment. The core goal of the Strategy is to meet the identified housing needs of people with disabilities locally whether they are currently living in the community and or in a congregated setting.

The four categories of disability referred to in the 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 users 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 need 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 that has been prepared by the Housing and Disability Steering Group 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 people with a disability over the next number of years.

2. Housing Need

LOCAL AUTHORITY:

In order to qualify for any housing support an applicant must first be assessed and deemed eligible to be included on Longford County Council's housing list. Once on the housing list, the following options may become available:

1. Social House – Longford County Council have approximately 1911 houses tenanted broken down as follows:
 - 452 no. 2 bed
 - 1369 no. 3 bed
2. Rental Accommodation Scheme (RAS) – If an applicant is in receipt of rent supplement for a period of eighteen months or longer, the local authority may enter into a contract with a landlord to rent the dwelling or another dwelling for a number of years. The standard RAS lease is a four year term. The local authority pays the landlord and the tenant pays rent to the local authority. Tenant rent is calculated in accordance with the differential rents scheme. All maintenance of the property is the responsibility of the landlord.

3. Leases – the local authority may enter into a lease with a landlord to lease a property. At present the council enter into four year leases on these dwellings. Applicants who are not in receipt of rent supplement or are over the rent supplement ceilings but still within our social housing income limits may be considered. Alternatively, if a social housing applicant’s need cannot be met through the local authority stock, a lease may be considered. As with RAS, the local authority pays the landlord and the tenant pays rent to the local authority.

The Voluntary Housing Bodies have indicated that currently they have housing stock as outlined below:

1. St. Vincent de Paul:

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
10	Longford Town	4 no. three bed 6 no. two bed	8 occupied – mental health 2 – others
Total - 10			

2. DPOL (Disabled Persons of Longford):

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
8	Longford Town	2 no. two bed 6 no. three bed	Occupied
Total - 8			

3. St. Christopher's Services Limited :

Current Stock	Property Type	Service Provision	Occupied/Vacant
1	Semi Detached – HSE Funded	Part time Residential Respite to 50 no. children over 6 week roster	Wednesday to Sunday
1	Semi Detached – HSE Funded	Part time Residential Respite to 16 no. children over 6 week roster	Wednesday to Sunday
1	Detached – 2 storey	Full time residential basis to 5 no. people & to 2 no. people with alternating part time placements	Occupied
1	Detached	Full time residential – 1 no. person	Occupied
1	Detached	Full time residential – 3 no. people	Occupied
1	Detached	Part time Residential Respite to 3 no. people Monday to Friday & alternating respite Monday to Friday to 1 no. person	Monday to Friday
1	Detached	Full time residential – 5 no. people	Occupied
1	Detached	Full time residential – 4 no. people & 2 no. with alternating part time residential placements & alternating respite to 1 no. person	Occupied
1	Detached	Full time residential basis to 4 no. people & to 2 no. people with alternating part time placements	Occupied

5	Terraced	Full time residential – 11 no people	Occupied
1	Semi- detached	Day Service	Unoccupied
1	Detached	Granard	Unoccupied – requires major refurbishment
Total - 16			

3. RESPOND:

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
109	Longford Town	81. no. three bed 13 no. two bed 15 no. one bed	Occupied
Total - 109			

4. CLUID:

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
3	Longford Town	2 bed – fully wheel chair accessible	Occupied
1	Longford Town	2 bed – wheel chair assessable except for kitchen	Occupied
3	Longford Town	Bungalows – 1 bed	Occupied
8	Longford Town	Two Storey – 2 bed	Occupied
40	Longford Town	Two storey – 3 bed	Occupied
6	Longford Town	Two storey – 4 bed	Occupied
2	Longford Town	Apartments – 2 no. bed	Occupied
1	Longford Town	Apartment – 3 no. bed	Occupied
3	Longford Town	Bungalows – 2 bed with level access	Occupied

		shower/wet room	
15	Longford Town	Two storey – 2 bed	Occupied
3	Longford Town	Two storey apartments – 1 bed	Occupied
1	Longford Town	First floor apartment – 1 bed	Occupied
3	Longford Town	First floor apartments – 2 bed	Occupied
6	Longford Town	Bungalows – 2 no. bed – level access showers/wet rooms	Occupied
21	Longford Town	Two storey – 3 bed	Occupied
10	Ballymahon	Two storey – 3 bed	Occupied
5	Drumlish	Bungalows – 2 bed	Occupied
3	Drumlish	Bungalows – 3 bed	Occupied
Total - 134			

5. Health Service Executive:

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
3	Longford (Long-term lease LCC)	3 town	Occupied
Total - 3			

6. Newgrove Housing Association:

Current Stock	Location	No. of Bedrooms	Occupied/Vacant
1	Longford Town	2 Storey – 5/6 bed	Occupied
Total - 1			

Housing need has been defined as the extent to which the quantity and quality of existing accommodation falls short of that required to provide each household or person in the population, irrespective of ability to pay or of particular personal preferences, with accommodation of a specified minimum standard and above. This definition applies equally to all people with a disability.

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 housing size etc. that is required to allow them to live appropriately.

In relation to people with a disability 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. 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.

3. Roles and Responsibilities within the Disability Sector

3.1 Housing Authorities

Local Authorities acting as Housing Authorities have a key role in the provision of social housing supports for all eligible persons with a disability, including people currently living

independently, or with families or in other arrangements. In many cases the solution for the individual will also require the support of the Health Service Executive (HSE).

3.2 Health Service Executive (HSE)

In some cases the HSE is the direct service provider to an individual. In addition, the HSE is the current funding agency of support services by third parties. The HSE is also one of the main drivers of the deinstitutionalisation of residents from congregated settings.

In addition, the HSE must also identify individual support costs and continue to provide funding for residents in their new housing environments. The HSE has the overall statutory responsibility for the management and delivery of healthcare and personal social services. In respect of disability services, the HSE's responsibility is fulfilled by the provision of services directly by the organisation and also, 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 individual with a disability 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. 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.

3.3 Service Providers

This would include HSE (direct service provision) service providers and the non-statutory service providers. Responsibilities will include the development of an overall project plan to include person centred plan , provision of information with regard to housing options, supporting the individual with regard to application for assessment of housing needs, access to external advocate, support around tenancy arrangements, care support needs identified , assistance with the development of circle of supports etc. Service providers must also participate in the local implementation teams, identify any obstacles / challenges to transition etc.

3.4 Approved Housing Bodies

The Approved Housing Bodies will be the main housing providers under the initiatives set out in the Housing Strategy for People with a Disability, whether it is through Capital Assistance Scheme (CAS), leasing or purchase models.

4. Demand and Supply

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. The breakdown of demand/need will include details on unit size, location, design and any other specific requirements. 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. The relevant information from which the detail can be extracted is held as follows and then is consolidated for the county at Paragraph 4.1.8:

4.1.1 Housing Waiting Lists

People with a disability currently on social housing supply lists, are tabled below:

	Total
Physical	25
Sensory	1
Mental Health	13
Intellectual	4

4.1.2 Approved Housing Bodies (AHBs)

AHBs operating in County Longford have an existing housing stock of 279 properties or approximately 683 units (includes HSE property at Ardnacassa Avenue). The normal allocation path for housing with AHBs is through the Local Authority Housing Waiting List, however there may be occasions where an Approved Housing Body has their own waiting list of people.

The table below reflects the list.

	Total	AHB
Physical	8	DPOL – 2 currently council tenants, 1 on council waiting list, 2 in other accommodation, Cluid – 3
Sensory	7	ABI – 1 currently council tenant
Mental Health	7	7- HSE (Hillcrest House & Ashford House)
Intellectual	5	4 - St. Christopher's Services (pending), 1 - Cluid

4.1.3 Housing Transfer Lists

Longford County Council has an existing housing stock of 1911 properties. Annually a number of tenants, through new disability 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. The decision to transfer may be made as a less costly alternative to adaptation works or were necessary adaptation works are not feasible due to the nature of the property.

	Total
Physical	10
Sensory	0
Mental Health	5
Intellectual	0
	15

4.1.4 Homeless Persons

Sometimes individuals that are engaged with Homeless Services may have a disability. This is particularly the case with Mental Health. At present, there are three homeless client with a disability waiting to be housed in Co. Longford. Given the nature of homelessness, the need may change quite quickly. Clients with a disability currently engaged with Homeless Services are tabled below.

	Total
Physical	1
Sensory	

Mental Health	2
Intellectual	
Total	3

4.1.5 Emerging Disability Need

The Local Authorities can only deal with Housing Applicants and households already identified to them through the Social Housing Support Application Process. However, it is accepted that there will always be an emerging need in this area. This forecast based on past evidenced presentations and projections from those currently in receipt of care and under 18. The needs of individuals will vary and as a result the housing needs will vary.

Source	Likely Disability	Estimate of Emerging Need up to 2020
People in Care (Foster/Other under 18)		3
Emergency presentations Physical	Physical/Sensory/Acquired Brain Injury/Spinal Injury	10
Early intervention services – Children under 5 – profound need		3
People availing of Day Services with a future need	Mental Health/ID/Physical/Autism Intellectual Physical & Sensory Disabilities	22
Residential Care waiting lists	ID/Physical/Autism Intellectual Physical & Sensory Disabilities	23
Community Group Homes unsuitable due to nature of Disability	Physical/Medical Ageing, Intellectual, Physical/Sensory	18
Individuals placed in Nursing Homes inappropriately	Intellectual, Physical & Sensory Disabilities	9
Individuals living in Mental Health Hostels	Mental Health	33
Mental Health Acute Wards or Residential Units	Mental Health ID/Autism/Inappropriate Placements	
Mental Health residential waiting lists	Mental Health	0
Total		121

* must meet criteria for disability services

4.1.6 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 gauged by 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 from which the assumptions for the number of predicted applications over the coming years contained in the second table.

	2012	2013	2014
Housing Adaptation Grants			
Major Works	27	24	18
Mobility Aids Grants			
Small Works	69	50	74
Total	96	74	92

	2015	2016	2017	2018	2019
Housing Adaptation Grants					
Major Works	48	50	55	60	65
Mobility Aids Grants					
Small Works	79	85	100	110	120
Total	127	135	155	170	185

4.1.7 Congregated Settings

There are currently no Congregated Settings in the County Longford.

4.1.8 Total Disability Need

Arising from Paragraph 4.1.1 to 4.1.7, it is evident that there is 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 have not been carried out. However the table below summarises the basis disability needs within the county.

	Total
Physical	
Sensory	

Mental Health	
Intellectual	
Total	

4.1.9 Assumptions

The data gathering exercise that has been completed to complete this Plan has not been to the level of a Housing Needs Assessment. The use of the knowledge of the people that are party to the completion of the plan and their wider networks.

In compiling the total disability need in the county a number of assumptions have been made. These include:

- Availability of resources including staff (care packages etc) and finance (CAS funding, Housing Grants, LA Capital funding etc)
- Need will vary over coming years as demographics change (age profile of users, elderly carers, congregated settings closing)

5. Delivery and Supply Mechanisms

5.1.1 Local Authority Stock

Local Authorities are the largest landlord in the county with approximately 125,000 housing units. 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 needs 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. A tenant of a Local Authority will pay an income related differential rent.

5.1.2 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. There are over 700 Approved Housing Bodies in the country of varying types and sizes. The housing provision of these also differ with some approved housing bodies who deal primarily with general housing provision while others have a more specialised role. In Longford County there are approximately 6 Approved Housing Bodies providing housing. This includes the following type of accommodation:

- General housing
- Older person accommodation
- Housing for people with disabilities

- Homeless accommodation

To avail of Approved Housing Body owned accommodation an individual/household must in most cases apply and qualify for Social Housing Support with the Local Authority.

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:

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

5.1.3 Social Leasing Initiative

5.1.4 Rental Accommodation Scheme (RAS) – RAS is a scheme for people who have been receiving long-term rent supplement (in excess of 18 months) and who need long-term housing by the Longford County Council. Under the scheme, Longford County Council negotiates the contracts with landlords for the use of their properties for medium to long term use. The Council thereby provides accommodation to those who have been in receipt of Rent Supplement for at least 18 months and who have a real, long term housing need which they cannot meet from their own resources.

5.1.5 Private Rented/ Rent Supplement - Rent Supplement is paid to people living in private rented accommodation who cannot provide for the cost of their accommodation from their own resources. In order to be considered for Rent Supplement, an applicant must be assessed for housing by a Local Authority and deemed to have a housing need. Rent supplement is paid directly to the tenant and the lease is between the tenant and the landlord. The amount of Rent Supplement paid is calculated to ensure that the person's income does not fall below a minimum amount after paying rent. Rent supplement was originally introduced as a short term housing measure.

5.1.6 Housing Assistance Payment (HAP) – Housing Assistance Payment (HAP) is a new social housing support being introduced by local authorities. It has been rolled out in Longford since 1st December 2016. HAP will replace Rent Supplement for those with a long-term housing need who qualify for social housing support. The introduction of HAP

means that local authorities can provide housing assistance for households, with a long-term housing need, including many long-term Rent Supplement recipients.

HAP provides a more integrated system of housing supports and has been designed to allow households that find full-time employment to remain in the scheme.

Under HAP, local authorities will make payments on behalf of tenants directly to landlords in respect of rent. HAP tenants will be responsible for finding their own accommodation in the private rented sector. Tenant rent is calculated in accordance with the differential rents scheme.

5.2 Potential Supply

Each of the supply mechanisms listed above have been analysed to examine their potential to provide housing in the coming years. It is important that a realistic approach is taken when putting any policy in place, especially when trying to forecast what should be done when trying to meet the needs of people with a disability under each scheme.

5.3 Housing Support Initiatives

HSE Mental Health Services

5.3.1 Personal Assistance

Most people who develop mental health problems are managed by their GP and other professionals linked with the GP surgery such as social workers, nurses or psychologists. However, some problems are more complicated and more specialised input may be required. In these circumstances a person's G.P may then refer the person to the Local Community Mental Health Team (CMHT). The CMHT comprises of a group of professionals from a range of different backgrounds including nursing, medical, social work, clinical psychology and occupational therapy. Team members are all trained and experienced in understanding mental health problems. Their combined skills & competencies are utilised in a targeted way to support the person with their mental health problem and to maximise their recovery.

5.3.2 Home Support

The Community Mental Health Team (CMHT) is based in the community it serves in order to make it accessible to service users, carers and their families and to facilitate appropriate responses and service provision. The CMHT aims to deliver as much supports as is practically possible to the person in their home environment and will work with the person & their family/carer/s to ensure that all available and appropriate supports are put in place to aid the person's recovery. The team's aim is to get a clear picture of the person's mental health difficulties and coping abilities. The team will evaluate all the available information including the person's preferences in order to plan a programme of intervention with them. Treatment options include medication, psychotherapy, social work interventions, occupational therapy interventions, community psychiatric nursing interventions, peer support and self help.

5.3.3 Day Services

Longford/Westmeath mental health services provide a range of Day Services to people referred to and engaged with the service. There are two main categories of Day Services

1) Day Centre

A Mental Health Day Centre is a community based service that provides a range of supports to people living in community settings with severe & enduring mental illness.

2) Day Hospital

A Mental Health Day hospital is a community based service that provides a range of supports to people referred to the CMHT with an acute presentation of mental illness/mental health problems.

5.3.4 Residential Services

Longford/Westmeath community mental health services provide a small number of staffed Residential places for people with severe and enduring mental illness. The facilities provide services to people with mental illness who require more intensive 24 hour care and rehabilitation input from mental health service staff.

HSE Disability Services

The Health Services Executive (HSE) is committed to supporting disabled people in their own home. The HSE support people in their own home by direct provision or through 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.

5.3.5 Personal Assistance

Personal Assistance Services provides people with the opportunity to exercise control and choice in their lives. In so doing it enables disabled people 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 persons supporting disability organisation or directly to the local HSE.

5.3.6 Home Support

The Home Support scheme is a direct support scheme, operated by the HSE. 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 disabled person in their daily tasks of living.

The provision of home support is based on a care needs assessment and approval for funding by the supporting voluntary agency or the HSE. Services may be provided by the HSE directly, or by non-HSE providers. Applications for home support can be made through the persons supporting disability organisation, public health nursing service or directly to the local HSE.

5.3.7 Day Services

Day Services provide a range of social and rehabilitative services for disabled people 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.

The provision of day services are 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 persons supporting disability organisation or directly to the local HSE.

5.3.8 Respite Service

Respite services offers support to disabled people by providing temporary supervised accommodation. This supervised accommodation offers support to families and to the disabled person. Such support helps to maintain the independence for a person with a disability by encouraging interaction with their peers and offering a transition to independent living in some cases.

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 persons supporting disability organisation or directly to the local HSE.

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

5.4 Local Initiatives/Projects

Currently within the local Approved Housing Bodies, there are some initiatives in operation, these include the following:

St. Christopher's Services Limited - Leisure Buddies

Mission statement of Leisure Buddies

To support people with an intellectual disability to access leisure activities and to form friendships with their peers from their communities with the support of volunteers.

The Leisure Buddies project was established to provide an opportunity for people with an intellectual disability to access Leisure activities outside their service environments. Leisure is an important & valued part of everyone's life, including those who have a disability. Leisure buddies aims to support people with disabilities who attend St Christopher's, to access leisure activities by enabling them to form a friendship with a person from their local community with whom they have something in common. Volunteers play a very important role in this. Support from a volunteer can take many forms. This may include information on what is available in their area and how to get involved, transport to a location or activity, making their buddy feel involved and included. It also allows both the volunteer & their buddy to share new experiences together and to build friendships. The overall outcome should have benefits for both the volunteer and the person they are befriending. By forming a relationship both parties get to try out new things while enjoying each others company, this can be as simple as a cup of tea and a chat. Volunteers must be over the age of 18 and fulfil the recruitment criteria. These volunteers give a commitment of at least once a month to meet their buddy and are supported by the coordinator until they are both confident in each others company.

There is also a youth buddy programme which is based on the same ideals as Leisure buddies but all activities are group based. Volunteers are recruited from local secondary schools and are over the age of 16 to their early 20's. These volunteers befriend teenagers and young adults that attend our services. All group outings are fully supervised by youth leaders.

6. Challenges

There are a number of challenges that will have to be addressed in order to achieve the vision of the National Housing Strategy for People with a Disability but we must approach the task in a positive manner and without raising false expectations to individuals. We must give hope of a real choice in how they live their lives.

6.1 Supply

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.

6.2 Support Services

It must also be noted that in a number of cases even if the most appropriate property was identified, people would not be able to avail of the opportunity due to the lack of support to live independently. There may also be Industrial Relations (IR) issues involved in the transfer of centralised support services to outreach services. Cost of supports is higher in the community and there is a need to engage with the HSE to fund this gap.

6.3 People

Older residents with an intellectual disability not wanting to move, or the level of support required is extremely expensive. There is a need to ensure that whatever property they move to will enable them to 'age in place'. The availability of primary care supports in this age group is also an issue (for example physiotherapy, dietician and so on).

6.4 Capacity Issues and Tenancy Agreements

While the introduction of the new Assisted Decision Making Capacity legislation is awaited there are challenges often presented in relation to the issue of individual's capacity to enter into tenancy agreements

6.5 Funding for Adaptations

Lack of funding for adaptations to properties is creating barriers for people who wish to move into homes of their own. There is a need in some cases to provide interim "bridging" funding at particular points in the transition cycle.

6.6 HIQA Requirements

Meeting the requirements of HIQA regarding accommodation within the community may impede the transfer from a congregated setting to living in the community. The recent changes to funding under the Capital Assistance Scheme with regard to HIQA will also prove a challenge for some organisations.

7. Opportunities

7.1 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
- Living Environment Controls including access, lighting, heat

ABI Ireland

Acquired Brain Injury Ireland (ABI) use the following equipment when dealing with their clients; Bed Sensors, Bed Monitors, Community alarms, Epilepsy Monitors, Sensor lighting, Vibrating Map, Vibrating Pad, Overhead tracing hoist, Accessible bathrooms, Level access showers, Window restrictors, automated door openings buttons, flood alarm, electric cut off switch on cookers, water temp regulators, internet connection, integrated vacuum points, on call support for maintenance /security, key safe.

Cluid

Cluid is currently in the process of installing an Emergency Response unit at a property. This will allow an elderly resident to remain living independently in a more secure environment. The emergency response unit is installed in the property and a wrist band or pendent is also worn by the occupant. This is monitored 24 hours and if something should happen to the occupant of the property, they press either the button on the device installed / wristband / pendent. They will then be connected with staff (via loudspeaker on the device installed in the property) who will speak to the occupant and arrange the best help for them (contacting family members / call an ambulance etc.).

St. Christopher's Services Ltd

St. Christopher's predominately deal with Independent Living Ireland. Types of equipment used currently include Bed Sensors, Bed Monitors, Intercall, Epilepsy Monitor, Strobe Light, Vibrating Map and Vibrating Pad.

7.2 Universal Design

The idea of Universal Design is something which could be incorporated into future Development Plans. The use of Universal Design guidelines in a Development Plan could be used as part of the procurement process.