



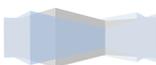
Strategic Plan for Housing Persons with Disabilities

Kildare Housing and Disability Steering Group

November 30th 2016

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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 Planning , Housing, 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 which 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

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. Under the National Disability Strategy, National Guidelines for the Assessment and Allocation Process for Housing People with a Disability have been developed.

In relation to people with a disability living in congregated settings, deinstitutionalisation is now the government policy in relation to housing people with



disabilities; this refers to the move away from housing in residential institutions, where all services were generally provided on site, to community based settings. Persons transitioning from congregated settings are deemed to have a housing need. 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.

The National Guidelines for the Assessment and Allocation Process for Housing People with a Disability include a Support Plan Summary for applicants transitioning from congregated setting which should assist with a more accurate assessment of housing need.

3. Roles and Responsibilities within the Disability Sector

3.1 Individuals

People with disabilities should have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others¹.

The key considerations include:

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

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

¹ [Article 19 of the UN Convention of the Rights of Persons with Disabilities](#)



3.2 Families

In many cases families are the first assistance and support in relation to the provision of appropriate accommodation for persons with a disability. In many cases the family also becomes the advocate for the individual with the consent of the individual. The challenge however facing that family and household must be recognised and in many instances outside assistance is required, whether that is through physical adaption, move or whether it is through provision of support services to the household. The well-being of all members of the household must also be considered. Even in cases of relationship breakdown, families should always be considered for consultation, if appropriate, on planned actions with the permission of the individual.

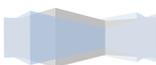
3.3 Housing Authorities

Local Authorities acting as Housing Authorities have a key role in the provision of social housing supports for all eligible 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).

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

3.4 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.



It is the responsibility of the HSE to 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, it is the HSE's responsibility to provide services directly and also, through the funding of non-statutory organisations to provide such services on its behalf.

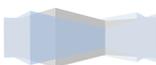
The HSE aims to support each individual with a disability in living as normal a life as possible, in an environment that provides opportunities for choice, personal development, fulfilling relationships and protection from exploitation and abuse. With regard to individuals currently residing in a congregated 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.

3.5 TUSLA

The Child and Family Agency is committed to providing high quality services to children and families at earliest opportunity across all levels of need. Providing help to children and families early in the stage of a difficulty can prevent situations getting worse. Identifying children both living at home and in care with a current or future need is important in planning for current and future housing provision.

3.6 Service Providers

In addition to the HSE there are a number of non government organisations in Co Kildare providing housing related supports to people with disabilities. These supports include, but are not limited to, the development of person centred plans, provision of information with regard to housing options, provision of support with regard to application for assessment of housing needs, access to an external advocate, support regarding tenancy arrangements and care support needs identified. Service providers must also participate in the local implementation teams, identify any obstacles / challenges to transition etc.



Such voluntary organisations would include Approved Housing Bodies (3.7), the Irish Wheelchair Association and Enable Ireland. A further overview of the housing supports provided by these agencies is provided in section 4.

3.7 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.

3.8 Department of Health

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

The Department of Health has an additional specific role with the Department of Environment, Community and Local Government regarding the management of the ring-fenced funding for the housing provision for people transitioning from congregated settings.

3.9 Department of Housing, Planning, Community and Local Government

The Housing and Disability Steering Group structure was proposed under the National Housing Strategy for People with a Disability to oversee the implementation of the strategy at local level. The HDSGs are to be chaired by the Director for Housing within the Local Authority. It is envisaged by the Strategy that all representatives on the group should be at a senior level and should be competent at representing the needs of the various disability groups. The Terms of Reference for the Group are set at national level for adoption by the local groups.



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

In Co Kildare there are currently 7,248 people assessed as being in need of social housing support. Of that, **267** applicants have been assessed on the basis of disability needs. Analysis of these applications would further inform the requirements in terms of unit size, location, design and any other specific needs.

The table below details the geographical breakdown of applications per municipal district based on information provided with their housing application. However



applications from congregated setting have been discounted from the 267 as they are accounted for separately under congregated settings 4.1.6.

	Total	Naas	Celbridge / Leixlip	Maynooth	Kildare / Newbridge	Athy	Other
Physical	43	5	8	3	12	11	4
Sensory	2			1		1	
Mental Health	34	9	1	4	5	13	2
Intellectual	82	26	18	9	14	10	6
Total	161	40	72	17	31	95	12

updated 14/11/16

Note:

Physical:

Celbridge / Leixlip: 9 housing applications less those accounted for in congregated settings - 1

Athy: 12 housing applications less those accounted for in congregated settings - 1

Mental Health:

Celbridge / Leixlip: 6 housing applications less those accounted for in congregated settings - 5

Athy: 46 applications less those accounted for in congregated settings -33

Intellectual:

Celbridge / Leixlip: 57 housing applications less those accounted for in congregated settings - 39

Athy: 36 applications less those accounted for in congregated settings - 26

4.1.2 Housing Transfer List

Kildare County Council does not operate a traditional transfer list, however persons are entitled to apply for a transfer which will be considered on a case by case basis. Should a persons accommodation be unsuitable due to disability they are prioritised for transfer to a suitable property if available.

4.1.3 Homeless Persons

A number of individuals that are engaged with Homeless Services have a disability. At present persons presenting with a physical, sensory, mental health or intellectual disability is not recorded on the PASS system so an accurate assessment of homeless persons with a disability is not currently recorded.



4.1.4 Emerging Disability Need

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.

Source	5 Year Projection
People in Care (foster or other under 18)	
Emergency Presentations - Physical	5
Early intervention services	30
People in day services with future need	22 (St. JOG) 5 (Muiriosa)
Residential care waiting lists	61
Community group homes unsuitable due to nature of disability	9
Individuals placed in nursing homes inappropriately	
Individuals living in mental health hostels	5
Mental health acute wards or residential units	30
Mental Health residential waiting lists	
People receiving respite	5 (Muiriosa)

4.1.5 Owner Occupied Stock

Requirements for adaption or alternative accommodation due to disability arise in Owner Occupier properties. From a housing authority perspective, this can be estimated by the number of applications made annually for either Housing Adaption Grants or Mobility Aids Grants. The table below outlines the number of applications made annually, based on these figures we can estimate 310 applications per year for housing adaptation grants and 30 applications per year for mobility aid grants.

	2012	2013	2014	2015	2016*
Housing Adaption Grants	223	246	279	376	427
Mobility Aids Grants	36	22	32	28	7
Total	259	268	311	404	434

*to date 17/11/2016



4.1.6 Congregated Settings

There are 3 Congregated Settings in Co Kildare with approximately 177 people currently residing in the facilities. The table below identifies the number of people per Service Provider that remain in each facility. The number that it is known are on the Local Authority Housing List is also provided to ensure that there is not double counting of individuals already included in 4.1.1.

Service Provider	No. of individuals currently in CS	No of individuals to transition by 2019
St. Raphael's	133	133
Moore Abbey	29	15
Aisling House (HSE)	15	15
Total	177	163

4.1.7 Mental Health

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

The National Housing Strategy for People with a Disability also recognises that "there has been some concern that some housing authorities might not always consider people with a mental health disability currently residing in HSE community residences, family homes or hospitals as a priority for housing as they might be perceived as being appropriately housed."

These factors, among others, have led to a traditional under-reporting of housing need among people with a mental health disability which now needs to be rectified



for the purposes of the 5-year Strategic Plans. People in acute wards and other hospital settings are catered for in the Emerging Need Section.

In Co Kildare, there are 16 bed spaces that are currently available in 4 Low HSE owned mental health residences. One of the deliverables in the Housing Strategy is that these properties would be transferred to the Local Authority or to an Approved Housing Body.

It is reasonable to assume that each bed space listed is taken up by an individual. It should also be noted while each of these individuals has an identified housing need this need may be met in their current accommodation, if that accommodation is transferred to the Local Authority or Approved Housing Body and the individual is given a tenancy to the property.

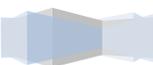
4.1.8 Total Disability Need

Arising from Paragraph 4.1.1 to 4.1.7, it is evident that there is significant disability housing need in the Co Kildare. 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.

Physical	43
Sensory	2
Mental Health	34
Intellectual	82
Unspecified	N/A
Congregated Settings	163
Mental Health Property Transfer	16
Emerging Need	172
Total	512

4.1.9 Assumptions

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



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

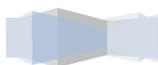
- The number of local authority housing applications determined as in need of social housing based on disability is 267, this represents only those that self declared, we can assume that there are people who have not declared their disability.
- Housing list data does not include those who declared on medical grounds and we should assume that a significant percentage of these could have a disability.
- The National Physical and Sensory Database was compiled in 2009 and would currently be out of date, a review should be carried out every 5 year but resources have not facilitated this of late.
- The NIDD and the NPSDD are optional and a certain percentage of people would opt not to be included on these databases.

5. Delivery and Supply Mechanisms

5.1. Local Authority Stock

Local Authorities are the largest landlord in the country 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 inadequately housed in their current accommodation.

A tenant of a Local Authority will pay rent calculated in accordance with a differential rent scheme, which is based on income. At present there are 6,387 social housing units provided in Co Kildare, this includes local authority stock (3,862), Rental Accommodation Scheme, RAS (627), Housing Assistance Payment (HAP) (657) Social Leasing (272), Capital Loan and Subsidy Scheme (491) and Capital Assistance Scheme (468) properties. While options such as local authority housing, RAS and social leasing may be available to people with disabilities, it is only with the appropriate supports that these options can be presented as a realistic housing solution.



5.2 Approved Housing Body Stock

Approved Housing Bodies have become a major player in the provision of Social Housing Support to people from all sections of the community. 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 dealing primarily with general housing provision while others have a more specialised role. In Kildare there are approximately 30 Approved Housing Bodies providing 974 housing units in 69 schemes. This includes general housing, older person accommodation, housing for people with disabilities and homeless accommodation.

To avail of Approved Housing Body owned accommodation an individual/household must apply and qualify for Social Housing Support with the Local Authority. Accommodation is provided through new build, purchases and 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 under the Capital Assistance Scheme and the Capital Advance Leasing Facility. The following table provides information on AHB's providing accommodation to persons with a disability, homeless and elderly units have not been included.



AHB	No. CAS Bed spaces (disability)	Other Units / Leased
Camphill Communities of Ireland	31	37
Gheel Autism Service	6	
Irish Society for Autism	28	
KARE	39	21
Muiriosa Foundation	25	42
Respond!	46	
St. John of God Trust Housing Association	79 (10 others approved)	10
Clanmil Ireland Ltd.	14	
Dara Voluntary	3	

5.3 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 general, you will qualify for a Rent Supplement, if your only income is a social welfare payment and you satisfy the other conditions. Figures show that Co Kildare has 3,751 people in receipt of rent supplement support, which is the third highest in the country.

5.4 Housing Assistance Payment / Social Leasing / RAS

A new Housing Assistance Payment (HAP) is currently being rolled out for people who have a long-term housing need and who qualify for social housing support. The HAP scheme has been available in Co Kildare since November 2015. It is administered by housing authorities and will eventually replace long-term rent supplement.

It is envisaged that the national rollout will be completed in 2017. As part of the Action Plan to tackle emergency and short-term homelessness, announced in



December 2014, HAP was extended on a pilot basis to homeless households in the Dublin region.

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

At present there are 657 households receiving Housing Assistance Payment in County Kildare.

5.5 Owner Occupied

This category of households is the largest in the county and their only resource in the case of disability is through the grants scheme.

6. Support Service Initiatives

The Health Services Executive (HSE) is committed to supporting people with disabilities 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. 6.1 and 6.2 below are housing support packages that allow individuals to live independently in their homes.

6.1 Personal Assistants

Personal Assistant 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 Assistants support the disabled person by the provision of direct individual one to one support. The provision of personal assistants is based on needs assessment and approval for funding by the supporting voluntary agency or the HSE. Applications for personal assistants can be made through the persons supporting disability organisation or directly to the local HSE.



6.2 Home Help

The Home Help scheme is 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 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.

6.3 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 and specialised clinic facilities that provide a combination of medical and rehabilitation services.

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

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



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

New Directions is being implemented by a National Implementation Team which will support local Community Health Organisations, local area implementation groups, that are in the process of being established.

6.4 Respite Service

The National Disability Authority (2004) defines respite care as "temporary residential care, based either in a centre or community based, that is intended to support the maintenance of people with disabilities in their own homes. It can cover a crisis period, take place on a periodic basis to enable a carer to have a break, or can provide the person with disability with medical, therapeutic or support services" (p.212). 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.

6.5 Residential Services

Residential Services both full and part time are provided by direct provision of the HSE or through non HSE agencies in the area of disability. The provision of residential services is based on a needs assessment 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.



7. Potential Supply

The Department of Housing, Planning, Community and Local Government published the Social Housing Strategy 2020 in November 2014. Combined with a multi-annual funding provision announced in Budget 2015, the Department has now set the platform for kick-starting the social housing investment programme after five years of retrenchment. On 1st April the Minister for Housing, Planning, Community and Local Government announced delivery targets under a range of housing programmes from 2015 to 2017. In respect of Kildare Local Authority the target of units set for delivery under these programmes is 1,283.

This includes a target of 433 units to be delivered under capital programmes encompassing local authority housing (construction and acquisition, including Part V acquisitions), capital assistance scheme and the return of void properties. A further target of 688 has been set for delivery of units under the Social Housing Current Expenditure Programme (SHCEP) 2015 to 2017. A target of 82 RAS units has also been set in the period 2016-2017, subject to the availability of funding.

Going forward the needs of people with a disability will need to be factored into emerging housing projects from the outset. The following targets and objectives have been set for delivery of units for people with disabilities:

Acquisitions	Target of 10% but depending on market availability
New Build	Minimum of 12% suitable for persons with disability
Vacant	Priority for adapted properties will be to people with disability on Housing List
Part V	Use negotiations to deliver units where appropriate
RAS / HAP / Leasing	Suitable properties will be prioritised accordingly
Other	a) Principal of Universal Design incorporated into new builds where appropriate b) Continue to develop with AHBs under CAS c) Continue with Grants Scheme for Owner Occupiers



8. Local Initiatives/Projects

The following provides a local overview of projects and initiatives in Co Kildare with regard to supporting the housing needs of people with disabilities.

8.1 Local Authority Partnerships

HAIL: In partnership with Respond! Housing Association and with the co-operation of Kildare County Council, HAIL has acquired 1 three bed, 1 two bed and 2 one bed apartments at Ballymakealy, Celbridge, Co Kildare. This is HAIL's first move into Kildare and it is in response to the demand for housing from the local Mental Health Services.

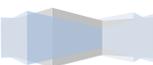
8.2 Approved Housing Bodies

Camphill Communities of Ireland: There are 3 Camphill Communities in Co Kildare located in Kilcullen, Dunshane and Grangebeg, providing supports to people with an intellectual disability. A range of services are provided to the 68 tenants residing in the communities, 31 of whom are accommodated under the CAS scheme.

Dunfirth Farm – Irish Society for Autism: Dunfirth Farm is a 70 acre farm close to the village of Johnstownbridge in north Kildare. It has a population of 34 people with autism supported by approximately 60 staff. Dunfirth Farm has 15 homes ranging from single self contained units to homes for up to four persons.

Gheel Autism Service: Gheel specialises in providing residential services in a personalised home-like atmosphere. Six tenants are residing at a community house and one single occupancy unit in Maynooth.

KARE: KARE Housing Association provides 45 housing units in Co Kildare for people with intellectual disabilities. All KARE's houses are within local communities and are designated centres under the residential regulations inspected by HIQA. The support levels in each house depend on the assessed needs of the residents. Funding for staff to provide the support is requested from the HSE and at the moment is funded only when the housing situation is considered an emergency. KARE aim to provide support to enable the resident live the life of their choice in the community with the levels of support appropriate to each person's needs.



Cheshire Ireland

Cheshire Ireland provides a range of support services to people with both physical and neurological conditions in their homes, in residential centres, in supported accommodation and in standalone respite facilities. In Kildare, Cheshire Ireland provide a respite service in their centre in Newbridge.

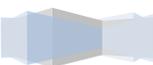
Muiriosa Housing Association & Muiriosa Foundation

Muiriosa Housing Association provide housing supports throughout Kildare predominantly in Monasterevin, Nurney and Rathangan. In addition to the congregated setting, Muiriosa provide housing through CAS and privately leased properties. In Co Kildare 11 units provide 25 tenants with accommodation under the CAS scheme with a further 22 private rented properties housing 42 tenants. These figures are correct as at 30/09/2016.

Respond!: There are four Respond! housing estates in Co Kildare that have accommodation for people with disabilities. Easton Meadows in Leixlip has a 13-bed group home, Springfield Court in Celbridge has 12 units, Ardrew in Athy has 14 and Flinters Field, Athy has 6 units.

St John of God Housing Association:

Saint John of God Housing Association Limited works in partnership with Saint John of God Community Services Limited to promote and develop community living for people with special needs. It provides affordable, high quality housing in the community, which can be adapted to the changing needs of individuals with an intellectual disability, mental health issues and older people. It provides rental accommodation to tenants in counties Dublin, Kerry, Kildare, Louth, Meath, and Wicklow. In County Kildare 79 housing units are provided for under the CAS scheme in Celebridge and Maynooth. Another 10 units in Celbridge are provided under the Leasing Scheme with a further 10 x units approved for CAS in the areas of Clane and Maynooth.

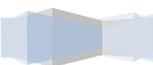


8.3 Irish Wheelchair Association

The Irish Wheelchair Association (IWA) is a national organisation dedicated to the achievement of full social, economic and educational integration of people with disability as equal, independent and participative members of the community. The IWA is a registered Voluntary Housing Association and provides a range of housing options in Dublin, Kilkenny, Limerick and Galway. In addition the IWA provide a range of measures which support individuals to live independently including training, advocacy and personal assistants’.

Services currently offered by IWA include:

- Assisted Living Services: Personal assistance with daily tasks
- Transport: A fleet of adapted buses
- Motoring: Advice, assessment and tuition
- Parking Permits: Administration of the Disabled Persons Parking Permit
- Housing Support Services: Support in investigating accommodation options. IWA is a Voluntary Housing Association and provides a range of housing options in Dublin, Kilkenny, Limerick and Galway
- Independent Living Apartments: Training for independent living
- Youth Services: Programmes that facilitate inclusion in youth and community activities
- Wheelchair Services: Sales, repair and rental
- Sport: Opportunities to participate in recreational or competitive sport
- Holiday Services: Supported holidays and breaks
- Publications: Lifestyle magazine Spokeout, Access Guidelines, a range of information leaflets
- Advocacy: Supporting individual advocacy and organising national campaigns
- Rehabilitative Training: Educational and personal development training
- Resource and Outreach Centres: IWA operates a network of Resource and Outreach Centres in every county. The aim of these centres is to provide opportunities and support services so that people can lead active lives in their own communities. The services within the centres can be for social, educational or training purposes. In Kildare there are two centres: The John Sullivan Resource Centre in Clane and Teach Emanuel Resource Centre in Athy.



8.4 HSE Future Projects - Kildare

The HSE is currently considering a proposal for 3 seventeen bed step down facilities (2 x 5 bed units & 1 x 7 bed unit). If successful the development would progress in two phases. Phase one would require a new build of the Tus Nua and Celbridge sites. Phase two development would entail a new build on the Athy site and refurbishment of Bramble Lodge site.

9. Challenges

In order to achieve the vision of the National Housing Strategy for People with a Disability a number of challenges need to be addressed. We must work to ensure people with disabilities have real choice and hope within their own lives.

Many of the challenges facing people with a disability in need of social housing supports are multi-dimensional. State bodies and other organisations need to work together to ensure fluidity and coherence in responding to the housing needs of people with disabilities.

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 people with a disability where their income is limited or there is a requirement to have the property adapted, the challenge is even bigger.

The Housing and Disability Steering Group is the first step in developing an interagency partnership to ensure a collaborative approach and that the responsibility is jointly shared across every stakeholder. For people transitioning from a congregated setting the stakeholders who work most closely together with the disabled person at local level, are the Housing Authority, Service Provider and the HSE.

For many people with disabilities who have lived in congregated services or with their families for long periods of time, there is often a fear associated with moving into one's own home in the community. Similarly, an individual's family or friends can also be anxious and fearful and unintentionally be a block to independent living,



preferring to keep the disabled family member living at home where there is a support base.

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

A significant challenge in terms of the Strategic Plan is to maintain the social housing waiting list up to date. Due to the nature and the extent of the disabilities experienced by many clients, their needs can change significantly over a short period of time. There is therefore a need for recognition of this fact by all agencies coupled with the associated need for a degree of flexibility in responding to such changing circumstances.

The good things in life are said to include home, family, friendship, being accorded dignity, respect, acceptance; a sense of belonging; an education, the development and exercise of one's capacities; a voice in the affairs of one's community and society; opportunities to participate; a decent material standard of living; and at least a normative place to live and opportunities for work and self-support.

Where individuals are able to access some vital components of the 'good life' such as appropriate housing suitable to their needs, the development of one's capacities and opportunities to participate in society long-term and to integrate into their community can happen.

The list of challenges below is a collation of those identified by each of the Housing and Disability Steering Groups. The majority of the challenges are not county or area specific and some may be similar in nature. As a result, I have grouped the challenges under the following headings:

- Funding
- Housing Supply
- Support Services
- HIQA/Designated Centres
- Data/Lack of Data
- Congregated Settings
- Miscellaneous



9.1 Funding

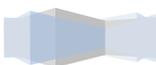
The continued availability of funding, both capital and revenue is a challenge. A need exists within the wider community (not solely in the area of congregated settings) for long term solutions in relation to housing but also in relation to provision of care as care needs increase or become more complex over time.

It is vital that adequate supports are available to enable people to live as independently as possible in the community. An integrated relationship between the support services and the housing authority is crucial to address these challenges on an ongoing basis.

Capital funding for adaptations is also a challenge for people in their existing or new homes. If the person owns their own property and needs adaptations in order to return to the property, they may be eligible for grant funding through their local authority (e.g. through the Housing Adaptation Grants Scheme). If a person is moving from a congregated setting, and a property needs adaptations there can often be a challenge regarding where the responsibility for the funding of these adaptations lies.

Where individuals are moving into new homes they need to be assured that the lack of funding for adaptations will not prevent the property from being available to them.

- a) As referenced within the Social Housing Strategy 2020, initial experience with the National Housing Strategy for people with a Disability suggests that concerns about costs of adaptation or the impact of adaptations in the property is limiting delivery, particularly in relation to leased and social housing units for people with a disability. The development of a national funding stream for such adaptation to houses for those in leased and social housing units needs to be developed as a matter of urgency.
- b) Increased funding and a rolling funding scheme at a national basis would greatly enhance the Housing Adaption Grants and Mobility Aids Grants scheme which allows for adaptation or alternative accommodation due to disability in owner occupier properties.
- c) It is vital that the local authorities continue to have sufficient funding to enable works to take place in individual's homes both from the point of view of



tenants of the local authority but also for tenants of other social housing and private housing.

Often when funding is not available to individuals who require adaptations to their home they are forced to seek transfers to more appropriate accommodation or may require residential type services.

It is stated by making funding for adaptations available that it would prevent crisis housing situations developing.

- d) 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.
- e) Funding for home adaptations such as the Housing Adaptations Grant and the Mobility Aids Grant should be readily available.
- f) It is critical that adequate funding is provided nationally to deliver appropriate housing solutions for people with disabilities arising over the period to 2019 as part of the National Strategy and to meet on-going commitments thereafter. This is particularly important in light of existing pressures on local authority housing waiting lists.
- g) There is significant uncertainty around whose responsibility the funding of adaptations lies with when an individual is moving from a congregated setting into a new home. Whilst funding streams such as the Capital Assistance Scheme may provide funding for this, other funding models don't. This is creating barriers for people who wish to move into homes of their own.
- h) In circumstances where an individual does not have the resources to fund adaptation costs to a property themselves, there is confusion then around who should fund the said adaptations. If the person owns their own property and needs adaptations in order to return to the property, they may be eligible for grant funding through their local authority (e.g. through the Housing Adaptation Grant Scheme). However, if a person is moving from another setting, such as a congregated setting, and a property needs adaptations they are often looking to their service provider, the landlord, the local authority and/or various Government Departments to access funding.
- i) Additional funding needs to be ring fenced to provide for personal supports to ensure the transition from home/residential care is adequate to meet the needs of the individual availing of independent living

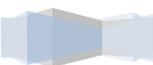


- j) Continued funding is required to maintain initiatives to sustain tenancies.
- k) Funding requirements for the deinstitutionalisation programme will have to be continually reviewed at a national basis. The transitioning process for those under the deinstitutionalising programme necessitates a multi-agency approach, in line with individual choice, the development of person centred care plans and the availability of suitable housing options.
- l) Staff Supports – Policy and funding must be in place to support initiatives.
- m) Where there is a high percentage of deprivation, there are the significant cost implications related to the provision of support services. Any accommodation setting for persons with a disability should of course be limited in size to avoid an over concentration of social housing for a particular category. While a guideline indicates that there should be no more than 10 units of accommodation provided within a cluster for persons with a similar disability, this may not always be practical in a rural area thereby often necessitating often 3-4 community group homes located together. There are significant costs associated not only with the direct provision of the accommodation but likewise there are significant resource implications in terms of the provision of care support and transfer costs to day centres if a number of smaller clusters are dispersed across a wide rural area.

9.2 Housing Supply

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).

- a) The current stock of houses within the HSE Learning Disability and Autism Service are not all suitable for people with intellectual disability and their aging needs and will require replacement in the near future.
- b) Accommodation will have to be matched to the individuals taking up residence as the concept of “a home for life” will have to take into account likely changes of need over time.

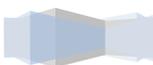


- c) The Voluntary Regulation Code for Approved Housing Bodies will be a challenge for bodies especially those who have no full time staff. Of the Approved Housing Bodies that are currently compliant it is unclear whether these have future development goals that can be met and sustained. This will be important in delivering the future supply of housing identified in this strategy.
- d) The vast majority of individuals remaining in some Congregated Settings require a bungalow style dwelling to cater for their needs and to future proof as a home for life.

9.3 Supports Services

It must be noted that in a number of cases even if the most appropriate property was identified they would not be able to avail of the opportunity due to the lack of support to live independently.

- a) The manner in which housing support is assessed must ensure that housing is allocated to people with a disability in accordance with the appropriate priority in the Housing Allocation Scheme. The housing needs assessment must continue to ensure that vulnerable groups such as people with disabilities are accurately reflected within the assessment process in light of their additional support requirements so that the social housing delivered matches the profile of the need.
- b) Training in independent living skills should be made available, if appropriate, in order to support anyone who wishes to avail of social housing.
- c) It is vital that adequate supports are available to enable people to live as independently as is possible, in the community. An integrated relationship between support services and the housing authority is crucial, to address these challenges, on an on-going basis.
- d) If there is a lack of the provision of high quality, effective and self-directed living supports to individuals as people move from congregated services into the community, opportunities to improve the provision of community-based supports, through continuous learning may be lost. It is clear that in order for an individual's support services to be effective, they must be driven by the individual themselves directly (where possible).
- e) People must have opportunities when they move into their new communities to embark on the kind of life they wish to lead, a good life from their point of view.



Social Role Valorisation theory gives some guidance as to what that could mean for an individual

- f) Lack of quality Persons Centred Plans in order to ensure that the correct supports are available to maintain tenancies for individuals transitioning from Congregated Settings.
- g) The Transition Plan for individuals transitioning from Congregated Settings will have to take into account that the local population and infrastructure of towns will not support a large number of services over a short period of time.
- h) Individuals relocating to community settings from Congregated Settings must have access to appropriate medical, support facilities and other local services requiring accommodation to be located in or around towns.
- i) For Older residents with an intellectual disability not wanting to move from Congregated Settings, 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). This same need will develop as an individual's condition deteriorates and the long term solution will involve the care element increasing or even taking over in certain cases. A close collaboration between the care provider and the housing authority is therefore vital in this regard.

9.4 HIQA/Designated Centres

In the absence of Domiciliary Care Standards, similar to those in Northern Ireland, some properties (funded through the Capital Assistance Scheme) have been registered as 'designated centres' through HIQA. The Irish Council for Social Housing has called for these types of standards to be introduced.²

It is arguable that the term 'residential services' should not extend to properties where funding for the accommodation element is not provided through Section 39 of the Health Act 2004 however, in practice, such properties have.

² <http://www.icsh.ie/sites/default/files/attach/publication/874/icshnewsletterspring2015.pdf>, page 9



Whilst HIQA have provided guidance on this matter³ they have suggested that where a person has a 'clearly defined, lawful and written tenancy agreement' that they won't fall within the remit of a designated centre. This has created challenges for service providers in relation to the issue of an individual's capacity to enter into tenancy agreements.

Under the UN Convention on the Rights of Persons with Disabilities (UNCPRD) (Article 12) every person has the right to be presumed to have legal capacity (i.e. the capacity to enter into legally binding contracts). The only derogation from this principle is where it can be established that the person doesn't have legal capacity. This presumption is further outlined in the draft Assisted Decision Making Capacity legislation in the guiding principles.

Therefore, if a service provider or a landlord presumes a person's legal capacity, as they cannot show to the contrary that the individual doesn't have capacity, there are real issues around non-registration as a designated centre, if HIQA later disagrees and believes that the person's tenancy agreement is not 'lawful' and/or meaningful. This lacuna needs to be addressed. It is hoped that when the new capacity legislation is introduced that it will enable people who may have certain capacity issues to enter into legally binding contracts with various forms of decision making support.

In general, service providers welcome regulation by HIQA of the services they provide and welcome inspection of those services. However, the current regulations apply to institutional type living arrangements which are not appropriate for those receiving care and support services in their own homes. By introducing more suitable standards it would enable better regulation of the sector more generally.

- a) Clarity regarding registration of properties that are being acquired or leased for the transition of persons from congregated settings is required. Currently there is confusion as to whether these units should be registered as designated centres and therefore, must comply with HIQA regulations.

³ <http://hiqa.ie/system/files/What-constitutes-a-designated-centre.pdf>



- b) While the enactment of the new Assisted Decision Making Capacity legislation is awaited there are challenges often presented in relation to the issue of an individual's capacity to enter into tenancy agreements
- c) HIQA – meeting their requirements in the accommodation within the community. Nursing Home standards being utilised instead of bringing in new standards to reflect the changing need. Mainstream Housing Associations are reluctant to get involved as a result.
- d) In general, service providers welcome regulation by HIQA of the services they provide and welcome inspection of those services. However, the current regulations apply to institutional type living arrangements, which are not appropriate for those receiving care and support services in their own homes. By introducing more suitable standards it would enable better regulation of the sector more generally.

9.5 Data/Lack of Data

- a) Lack of a detailed analysis of housing lists to develop a clearer understanding of housing need for people with disabilities, including those in institutional care needs to be developed
- b) Data cannot at this stage be considered as a true reflection of need as duplication may arise across databases, people who register for social housing may not always declare that they have a disability and not all persons in supported accommodation are on the social housing list.
- c) Currently the NIDD and NPSD are voluntary and require people with disabilities to opt in to the database therefore cannot be taken as complete.
- d) The Council recognises that a key challenge is the updating of its Housing Waiting List where it is considered to understate the level of accommodation or social housing supports required for people with a disability. There is an urgent requirement in the Council's housing software to capture the full details of the client's disabilities. Therefore, a body of research must be undertaken to identify the real demand for accommodation and services for people with a disability and the recording of same.
- e) A significant challenge in terms of the Plan generally is, that not only is it essential to maintain the social housing waiting list up to date, due to the



nature and the extent of the disabilities experienced by many clients, their needs can change significantly over a short period of time. There is therefore a need for recognition of this fact by all agencies coupled with the associated need for a degree of flexibility in responding to such changing circumstances.

- f) This strategy attempts in its initial efforts to quantify the need with regard to satisfying the housing needs of persons with a disability. This in itself has been a challenge and once this strategy receives attention it will also bring to light further need, particularly in the community.

9.6 Congregated Settings

- g) As people move from congregated services into their own homes there are often funding challenges in trying to maintain the congregated service to ensure that people who are still living there have appropriate support, care and services available to them but also ensuring that the services are also available to those living in their new homes in the community.
- h) During the transition process there can often be funding deficits that should remedy themselves once the congregated service closes. However, in the interim service providers are often trying to provide services in circumstances where no resources are available.
- i) It has also to be recognised that within the grouping of service users currently in congregated settings there is a cohort who are considered medically fragile and their needs will continue to fall within the care provider.

9.7 Miscellaneous

- j) **Housing Priority:** The manner in which housing support is assessed must ensure that housing is allocated for people with a disability in accordance with the appropriate priority in the Housing Allocation Scheme. The housing needs assessment must continue to ensure that vulnerable groups such as people with disabilities are accurately reflected within the assessment process in light of their additional support requirements, so that the social housing delivered matches the profile of the need.
- k) **Community Facilities** - Community facilities should be planned and designed to be accessible to all, including playgrounds equipment.



10. Opportunities

10.1 Improved 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.

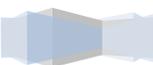
Some of the technologies that could be considered for use are:

- Remote Monitoring Systems
- Fall Prevention/Detection Systems
- Person Alarm Systems
- Living Environment Controls including access, lighting, heat

A recent report from Trimble Field Service Management around the main trends for mobile working in 2015⁴ noted the following:

- Robust and flexible platforms: housing providers are looking to mobile solution providers to deliver platforms across the organisation as the foundation for innovation. IT suppliers therefore have to be ready to add, extend and integrate technologies as needed, giving housing providers the ability to adapt and innovate. These platforms need to be cloud-based and flexible so that they see fit.
- More security: As the Internet of Things (IoT) becomes more pervasive, there will be greater demand for advanced security applications. Security involves not only safeguarding network entry but also ensuring that every mobile device is fortified. That means equipping every tablet, smartphone and laptop with updated security tools and protocols, and educating users on the importance of adhering to security policies.
- Embedded analytics: Deploying mobile solutions with sophisticated analytics tools will enable managers to improve operations, service quality and overall performance with real-time visibility into their business using data gathered from smarter mobile apps and equipment sensors.
- Greater integration: As telematics and workforce management solutions become more integrated with mobile devices, the opportunities to increase efficiency and

⁴ <http://www.housing-technology.com/editors-notes-mobile-trends-2015/>



productivity are growing exponentially. Mobile apps can provide critical information such as daily tasks, rent and arrears information, tenant histories and the location of workers with specific skills in order to make better decisions, recruit help from other workers and complete more 'first-time fixes'.

- The Internet of Everything: By 2020, Gartner predicts that 26-billion devices, other than smartphones, tablets and computers, will be connected via the Internet of Things. Connecting IoT-enabled equipment with workers' mobile devices and back-office systems in real time will therefore become a necessity in order to provide diagnostics and performance metrics as well as to track patterns and trends for long-term planning.
- Enhanced network reliability: As housing providers adopt mobile solutions to improve their operations, they no longer can ignore the underlying IT infrastructure. Hybrid clouds, virtualised servers and scalable, high-capacity storage give e-networks the agility they need to stay flexible, efficient and productive; neglecting these areas can impact performance, impede productivity and escalate IT costs.
- Evolving workforces: According to Aberdeen Group, approximately 20 per cent of the current workforce is under 30 and have grown up fully connected. Almost two-thirds of the top performing field service organisations have incorporated a bring your own device (BYOD) strategy as a result of a more tech-savvy workforce, and 43 per cent are more likely to give staff access to social media and collaborative tools to facilitate knowledge transfer.

Most of these technologies are already widely available (see www.assistireland.ie, www.amazon.co.uk, www.nest.com/iey, www.ncbi.ie, www.deafhear.ie).

It is fundamental to the provision of appropriate technologies for people with disabilities that the guidance of Occupational Therapists is sought in all aspects of the design and implementation of housing adaptations or enhancements. However, it is equally important that such guidance be sought prior to any future housing builds, so that relevant technology can be incorporated at the beginning, rather than being retrofitted.



10.2 Universal Design

The principles underpinning Universal Design in Housing are; integration within the local community, ease of approach entry and circulation, ease of use, understanding and management and flexibility/adaptability at minimum cost.

A Universal Design Home is not a particular type of house. It is an approach to building homes using a range of planning, design, construction and attitudinal refinements to create living space which:

- Meet the needs of people across a range of abilities and ages
- Are capable of adaptation to meet the changing needs of their owners over time
- Are well integrated within the community
- Can be economically adapted in the future as life circumstances and life choices change
- Enable home occupants to reside in their homes for longer periods of time through improving the convenience a home can offer
- Include a number of targeted specific design homes where occupants have high accessibility requirements
- Include features that add quality; marketable features under the umbrella term “Universal Design for Housing”.

The following design terms are commonly used within the umbrella term Universal Design in Housing:

- A Lifetime or Adaptable Home is a home that is more usable and more readily adaptable if necessary at minimum cost to the changing needs of its residents over the lifetime of the house. A Lifetime or Adaptable Home can potentially accommodate the access, space and bathroom requirements of a variety of people including young children, people with short term mobility impairment, people who have a sensory impairment, elderly people who lose mobility as they age and some people with minimal long term mobility impairment. There will be good accessibility from the boundary of the housing project to the actual housing unit. Individual units will be fitted with the required wiring so that environmental alerts for people who have a sensory impairment can easily be retrofitted.

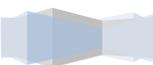


“Lifetime Homes are not necessarily wheelchair accessible, however many wheelchair users will find Lifetime Homes easier to live in or visit.”

- A Wheelchair Accessible Home is a home that is readily usable and if necessary adaptable at minimum cost to the changing needs of its residents, who from the outset are wheelchair users, over the lifetime of the house. A Wheelchair Accessible house will be designed with sufficient space in all of the living areas for a wheelchair user, potentially using a motorised wheelchair, to move around easily and use all living areas and facilities of the home; have personal assistance (PA) if required; have an assistant stay overnight if required and to have sufficient storage areas for equipment. The location of the home will be close to community facilities and there will be good accessibility from the boundary of the housing project to the actual housing unit. A well organised, needs driven, tailored home environment can make it easier for people to carry out daily living tasks by reducing stressors and promoting independence and quality of life. Awareness and an understanding of the person’s specific and sometimes individual design requirements are important. How a person interacts with their surroundings can impact on a person’s ability to use their home environment easily and efficiently. A home that is designed to “bypass” some of a person’s specific difficulties will minimise disability and augment strengths and abilities. Such housing adaptations complement Universal Design Principles and create a high supportive baseline.

Design guidance is provided by:

- The Department of Housing, Planning, Community and Local Government guidance document “Quality Housing for Sustainable Communities”, which identifies accessibility and adaptability as design priorities
- The Centre for Excellence in Universal Design in Universal Design for Homes in Ireland and Universal Design, Dementia Friendly Dwellings for People with Dementia, their Families and Carers
- Irish Wheelchair Association in Irish Wheelchair Association Best Practice Access Guidelines.



Steering Group Membership

Tadhg Mc Donnell	Kildare County Council, Director of Services
Annette Aspell	Kildare County Council, Housing Officer
Kevin Lunny	St John of God
Michael Nolan	Muiriosa
Anne Coffey	KARE
Louise McCann	Disability Federation of Ireland
Anne Higgins	HSE
David Dooley	HSE
Helen O'Connor	IWA

