

## **Dún Laoghaire-Rathdown County Council**

### **Strategic Plan for Housing Persons with Disabilities**

#### **1. Purpose and Goal**

Article 19 - Living independently and being included in the community – of the UN Convention on the Rights of Persons with Disabilities states:

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

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

The 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.

Where possible, as set out in 5.1.1., DLRC will take cognizance of disability when designing future housing developments. In future certain elements will be included as standard, as far as possible, which will make housing more accessible for disabled tenants, e.g. turning circles, wide doorway, reachable light switches, level access showers etc., as it represents better value for money to incorporate these elements at the outset as retrofit can be very costly. It is envisaged that 5% of the housing programme will be dedicated to needs of older persons and persons with disabilities and mobility needs.

## **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.

It is noted that a disabled person with a carer or a need to store additional equipment will actually have a higher bed need but are likely to be assessed as a lower bed need. Many disabled people incur additional costs in heating and specialised clothing.

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 Individuals**

Individuals who have a disability which creates or affects their Housing Need, must in the first instance contact the Housing Authority with regards to that Housing Need. Generally this would be addressed through the Social Housing Support Application process but it could also be through the Housing Grants Scheme. Unfortunately, in both cases no guarantee can be given that the requested supports or adaption can be put in place as resources will be allocated on a priority of need basis.

All people with disabilities in Dún Laoghaire-Rathdown are entitled to apply for an assessment of housing need. However, it is recognised that the numbers currently on the housing list do not reflect the actual disabled housing need in the county. It is essential that the various disability groups operating in the county encourage the people they represent who have not applied for housing, but are eligible to do so, to apply for inclusion on the Council's housing list.

Many disabled people don't feel they have a right to live independently. They are concerned that they will not have adequate supports. Families can also be a stumbling block to independent living for a disabled family member, preferring to keep them living at home.

#### **3.2. 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).

#### **3.3 Health Service Executive (HSE)**

The HSE is committed to developing services for people with a disability in order that they are supported to participate in society and reach their full potential. The less people living in congregated settings will be used as a measurement of success over the next two years (HSE Corporate Plan 2015-2017).

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

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

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

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

#### **3.4 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 individual support plans<sup>1</sup>, provision of or support to access information with regard to housing options, where desired by the individual supporting them 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.

### **3.4.1 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.

### **3.5 Department of Environment, Community and Local Government, Department of Health and Health Service Executive**

VISION for CHANGE 2006, National Policy on Mental Health states that housing of people with mental health difficulties is the responsibility of the Department of Environment while care and support are the responsibility of the Dept of Health and HSE. It makes the following specific recommendations:

RECOMMENDATION 12.4: Opportunities for independent housing should be provided by appropriate authorities with flexible tenancy agreements being drawn up in accordance with each service user's needs. Arrangements that best enable service users to move from high support to low support and independent accommodation need to be considered.

RECOMMENDATION 12.5: Rehabilitation and recovery mental health services should develop local connections through linking with local statutory and voluntary service providers and support networks for people with a mental illness required to support community integration. There are clear implications for partnership working.

The Dublin Regional Homeless Executive is a good example of how Housing and Care/Support agencies can work together to develop, evaluate and importantly fund initiatives in their sector across two major statutory remits and share the business planning with relevant voluntary and community agencies.

## **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

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<sup>1</sup> Individual support plans can be in the form of person centred plans, care plans, personal support plans etc.

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 Council Housing Waiting Lists and information from the report 'Time to Move On from Congregated Settings' will be the starting point for determining the number of people with a disability in Dún Laoghaire-Rathdown and the category of their disability. It is important to identify where the demand is and units that require or may require adaptations.

To ensure that we capture the true numbers in need of disabled accommodation, it is essential that service providers and advocates encourage people with a disability to apply for social housing. Support will have to be in place for people transferring from a family or supported environment to independent living to ensure that they can sustain their tenancies.

The number of people on the Local Authority Waiting Lists with disabilities is captured in Section 4.1.1.

The number of people in Congregated Settings is captured in Section 4.1.7.

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

There are 4,964 applications on DLRCC's Social Housing list in November 2016. The property crash and current economic crisis have contributed to a decline in availability of private sector housing. Contributing factors in the numbers of Council Waiting Lists include:

A refusal by some landlords to accept Rent Supplement and RAS Leasing means that many existing tenants are being forced out of private rental market in favour of tenants who can pay higher rent. Aligned to this is the fact that rents in the private sector continue to rise sharply.

The shortage of Local Authority units due to cessation of building programmes in more recent years.

*Table of Households with a disability on DLRCC's social housing list as at 28/11/2016:*

<b>Dept of Environment (DECLG) Category of Disability</b>	<b>Housing Waiting List</b>	<b>Senior Citizen List (over 55 years of age)</b>	<b>Total</b>
<b>Physical</b>	50	12	62
<b>Intellectual</b>	109	12	121
<b>Mental Health</b>	72	16	88
<b>Sensory</b>	9	0	9
<b>Total</b>	240	40	280

*Table summarising the four DLRCC's housing areas:*

<b>4 DLRCC Housing Areas</b>		<b>Includes areas, such as</b>
Area A	Blackrock- Stillorgan Area	Blackrock, Dundrum, Goatstown, Milltown, Mount Merrion, Stillorgan
Area B	Dún Laoghaire- Dalkey Area	Cabinteely, Cornelscourt, Dalkey, Deansgrange, Dun Laoghaire, Foxrock, Glasthule, Monkstown, Sallynoggin
Area C	Ballinteer- Ballyogan Area	Ballinteer, Ballyogan, Churchtown, Glencullen, Rathfarnham, Sandyford, Stepside
Area D	Ballybrack- Shankill Area	Ballybrack, Bray, Killiney, Loughinstown, Shankill

Table summarising Households with a disability by housing area:

<b>DECLG Category</b>	<b>Total</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>
<b>Physical</b>	126	64	29	21	12
<b>Intellectual</b>	112	38	37	14	23
<b>Mental Health</b>	96	49	23	9	15
<b>Sensory</b>	8	4	3	0	1
<b>Total</b>	342	155	92	44	51

It is noted that people often don't tend to indicate if they have a mental health issue or if there is a mental health issue in the household.

A further consideration, alluded to in Sections 3.1 and 4.1, is that, for historical reasons, people with disabilities tend to be significantly under-represented on Local Authority Housing Waiting Lists. It is recognised by the Housing and Disability Steering Group that the numbers of individuals with a disability registered on the housing waiting list is not an accurate reflection of the total number of people with a disability who would have a housing need as individuals do not always apply for social housing support.

Also, the Housing Authorities in assessing housing need, are required to categorise applicants qualified for social housing support by their main need for social housing support e.g. dependent on rent supplement; unsuitable accommodation; requirement for separate accommodation; living in institution/emergency hostel; household member has disability; medical; unsuitable accommodation; overcrowded; unfit accommodation and unsustainable mortgage. This may lead to under-recording of disability need, if disability is not identified as the main need in the Housing Application.

#### 4.1.2 **Approved Housing Bodies (AHBs)**

AHBs operating in Dun Laoghaire-Rathdown County Council area have an existing housing stock of approx. 920 units. The normal allocation path for housing with AHB's 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 following Housing Associations registered with The Irish Council for Social Housing are providing social housing for people in Dún Laoghaire-Rathdown:*

<b>Application Type</b>	<b>Voluntary Body</b>
CAS	Anvers Housing Association
CAS	Asperger Syndrome Association
CAS	Barrett Cheshire House
CAS`	Camphill Communities Of Ireland
CAS	Catholic Housing Aid Society
CAS	Charles Shields Charity
CAS, CALF	Cheshire Ireland
CLSS	Circle Voluntary Housing
CLSS, CALF	Cluid Housing Association
CAS	HAIL
CAS	Home Again (Los Angeles Society)
CAS	Interaid
CAS	Lorrequer House

CAS	Mental Health Ireland
CLSS, CALF	NABCO
CAS	Newgrove Housing Association
CAS	Respond Housing Association
CAS	Sonas Housing Association
CLSS	Sophia Housing Association
CAS	Sophie Barret Residence
CAS	St. John of Gods
CAS	St. Michael's House
CAS	Stepping Stones Accommodation Ltd
CAS	Sue Ryder Foundation
CAS	Sunbeam House Services
CLSS, CALF	Tuath Housing Association
CAS	Vergemont Housing Fellowship

For example, this includes capacity provided by:

- Cheshire Ireland which has 9 units of accommodation funded through Capital Assistance in Blackrock, Co Dublin and 9 additional units also funded through Capital Assistance in Rochestown Avenue, Dun Laoghaire. All units are currently occupied by individuals with disabilities. In general, properties held by Cheshire Ireland are primarily designed to suit the needs of those with physical disabilities.
- It also includes 1 house in Dundrum and 11 apartments in Stepside provided by HAIL and support services are provided to tenants where it is required.

#### 4.1.3 Housing Transfer Lists

Dun Laoghaire-Rathdown County Council has an existing housing stock of 4,531 units. 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 adaption works or were necessary adaption works are not feasible due to the nature of the property.

*The table below lists the current number of transfer applications with a disability, by housing area:*

DOE Category	Area A	Area B	Area C	Area D	Total
<b>Physical</b>	1	11	2		14
<b>Sensory</b>				1	1
<b>Mental Health</b>	3	6	2	1	12
<b>Intellectual</b>				1	1
<b>Total</b>	4	17	4	3	28

#### 4.1.4 Homeless Persons

A number of individuals that are engaged with Homeless Services have a disability. This is particularly the case with Mental Health. Clients with a disability currently engaged with Homeless Services are tabled below.

There is a large increase in number of families presenting as homeless at the DLRCC Housing Department. These are mainly families who have received Notice of Termination because their landlord wants to sell the property or, because of mortgage issues, s/he wants to return to live there. Some landlords appear unwilling to sign up with RAS or Social Leasing, as they can get much higher rent from the private sector.

Mental Health issues are a feature often brought on by the hopelessness people feel with their current housing situation and concern for the safety of their children.

*Table of number of people with a disability engaged with homeless services in May 2015:*

DOE Category	Total
<b>General</b>	<b>4</b>
<b>Physical</b>	<b>7</b>
<b>Sensory</b>	<b>0</b>
<b>Mental Health</b>	<b>14</b>
<b>Intellectual</b>	<b>3</b>
<b>Total</b>	<b>28</b>

Under the reconfiguration of Homeless Services for the Dublin Region, HAIL is currently providing a specialist Tenancy Sustainment Service to a rolling case load of 9 people with diagnosed mental health difficulty referred directly from DLRCC Housing Department and Mental Health agencies in the County, whose tenancy, in whatever form of tenure, is at risk. The aim is to deal with the issues putting the tenancy at risk within a 3/6/9 month time frame and prevent the client from entering homelessness.

#### **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 and estimates are included below based on the sector's experience in the Dun Laoghaire-Rathdown area. This is 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.

In addition, the Steering Group noted that a research project undertaken by the Bray Area Partnership Disability Cluster Group, identified 42 people with disabilities who were inappropriately placed in Nursing Homes in the Bray and Greystones area. There may be some residents under 65 with disabilities in the DLR area that may be appropriate to move to live with support, in supported accommodation, pending review.

Also, there are a number of people with disabilities who are long-stay patients in hospitals, often as a result of there not being Home Support packages available. It is estimated that many of these have a housing need, pending review.

These figures will need to be continually monitored and reviewed to maintain their accuracy.

The emerging need figures are based on the following assumptions:

The NIDD data currently shows 77 people waiting for residential services in DLR Co. Co. area.

The disability provider agencies in the DLR area currently have a total of 153 clients in their services that will require a residential service, including 6 people in Richmond Cheshire congregated setting. Specifically the disability providers in the DLR area have indicated the following:

- Acquired Brain Injury Ireland report that they have 12 clients likely to require residential housing.
- Rehabcare Dun Laoghaire report that they have 20 clients who are likely to require residential services.
- Cheshire report that 6 of the 17 people living in the Richmond Cheshire are on the DLR housing list (Cheshire figures are included in 4.1.7. Congregated Settings)
- SJOG Carmona have reported that they have 100 people on the waiting list for residential services. There is an assumption that most of this group should be on the DLR housing list and are also included on the NIDD.
- ASDI report that they have 11 clients who will require residential services.
- Laura Lynn have 4 adults who require residential accommodation in the community.

Furthermore, in terms of annual emerging need of people with acquired disability, i.e. spinal injuries, brain injuries, neurological diseases such as Parkinsons, Multiple Sclerosis, Motor Neurone, and other physical disabilities, an estimated average of 12-15 approximately people per year are likely to emerge who will require full residential services. This assumption is based on the numbers of people currently emerging from medical rehabilitation per annum and the numbers emerging with long term physical disabilities per annum.

Also, based on HSE Day Services, 25 school leavers with physical/intellectual/sensory disabilities will require social housing support within a period of 5-10 years of leaving school.

	<b>Source</b>	<b>Likely Disability</b>	<b>Description</b>	<b>Current Need</b>	<b>Annual Forecast of Presenting Numbers</b>
1	Acquired Brain Injury Ireland	Physical and brain injuries		12	3 to 4 in DLR
2	Rehabcare Dun Laoghaire	Physical		20	2 in DLR
3	SJOG (Carmona)	Intellectual		100 on Carmona's waiting list for residential services	5 in DLR
4	Acquired disability	Spinal injuries, brain injuries, neurological diseases, physical injuries	Requiring full residential service		12-15 per annum
5	ASDI	Autism		11	2 in DLR

6	Laura Lynn	Physical		4	1
7	School Leavers	physical/intellectual disabilities			3
8	Cluain Mhuire Community Mental Health Services	Enduring mental Health difficulties	Requiring housing supports		8
	Total			147	40

#### 4.1.6 Owner Occupied Stock

There are 53,566 private owner-occupied properties in this area based on the 2011 Census. Requirements for adaption 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 Adaption Grants (both small works and major works) 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.

DLRCC	2012	2013	2014
<b>Housing Adaptation Grants</b>	<b>166</b>	<b>101</b>	<b>113</b>
Small Works	144	86	102
Major Works	22	15	11
<b>Mobility Aids Grants</b>	<b>7</b>	<b>23</b>	<b>27</b>
<b>Total</b>	<b>173</b>	<b>124</b>	<b>140</b>

DLRCC	2015	2016	2017	2018	2019
<b>Housing Adaptation Grants</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>	<b>130</b>
Small Works	115	115	115	115	115
Major Works	15	15	15	15	15
<b>Mobility Aids Grants</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>
<b>Total</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>150</b>

#### 4.1.7 Congregated Settings

There are 3 Congregated Settings in the local authority area with approximately 69 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 above.

Service Provider	No. of individuals	On Housing List
Cheshire Ireland (Richmond Cheshire Home)	17	6
HSE Hawthorns Designated Centre Southside Intellectual Disabilities, part of cluster on campus site	24 (5 are over 65 years of age)	Not on Housing List /No assessment of housing need
Catholic Institute for	12	Not on housing list

Deaf People (CIPD)		
<b>Total</b>	53	6

*This following table identifies the number of people in Congregated settings that will be prioritised for transition by year. Assumptions made here have been documented in the Strategy.*

<b>Service Provider</b>	<b>Transition 2015</b>	<b>Transition 2016</b>	<b>Transition 2017</b>	<b>Transition 2018</b>	<b>Transition 2019</b>
Cheshire Ireland (Richmond Cheshire Home)	6	4 (first half year) 7 (second half year)	N/A	N/A	N/A
HSE Hawthorns designated centre to HSE properties transition to be addressed		3	6	15	0
CIPD (Note: further information is required)					
<b>TOTAL</b>	6	14	6	15	0

Just to note that the Cluain Mhuire Service have one high support hostel which offers accommodation to people with varying degrees of mental health difficulty. Although people might be supported in smaller units, there are no plans for closure of the hostel.

<b>Service Provider</b>	<b>No. of individuals</b>	<b>On Housing List</b>
Cluain Mhuire Community Mental Health Services	21	Already included on DLRD list

#### **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.

Attention is also drawn to paragraph 5.4.1. Local Authority Disabled Persons Grants setting out adaptations completed by the Council in Council-dwellings. This includes, bathrooms, stairlifts, ramps, grab rails, etc. required for disabled tenants or disabled members of the tenant's household. Also, the Council has converted some units into lifetime units i.e. level access bathrooms. The initiatives, outlined in section 5.4.1., are not compiled in the tables below:

<b>Category</b>	<b>Disability grouping</b>	<b>Total</b>	<b>Category</b>	<b>Area A</b>	<b>Area B</b>	<b>Area C</b>	<b>Area D</b>

Persons requiring purpose built or designed accommodation	Physical	<b>126</b>	<b>Housing List</b>	<b>64</b>	<b>29</b>	<b>21</b>	<b>12</b>
		<b>17</b>	<b>Congregated Settings*</b>				
		<b>14</b>	<b>Transfer list</b>	<b>1</b>	<b>11</b>	<b>2</b>	<b>0</b>
		<b>7</b>	<b>Homeless List</b>				
		<b>22</b>	<b>Annual Emerging Need</b>				
Persons requiring purpose built or designed accommodation	Intellectual/Sensory	<b>113</b>	<b>Housing List</b>	<b>39</b>	<b>37</b>	<b>14</b>	<b>23</b>
		<b>24</b>	<b>Congregated Settings*</b>				
		<b>1</b>	<b>Transfer list</b>				<b>1</b>
		<b>3</b>	<b>Homeless List</b>				
		<b>10</b>	<b>Annual Emerging Need</b>				
Persons requiring standard accommodation with supports	Sensory/Mental health	<b>103</b>	<b>Housing List</b>	<b>52</b>	<b>26</b>	<b>9</b>	<b>16</b>
		<b>12</b>	<b>Congregated Settings**</b>				
		<b>13</b>	<b>Transfer List</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>2</b>
		<b>18</b>	<b>Homeless List</b>				
		<b>8</b>	<b>Annual Emerging Need</b>				

- \*Accommodation may not have to be location specific
- 6 of the 17 people in Cheshire Richmond are on DLRCC's Housing List
- \*\*Further information required

Furthermore, the table below sets out persons requiring their existing accommodation to be adapted (see 4.1.6.)

Category	Annual Total	
Owner occupiers Requiring their existing accommodation to be adapted	130	Housing Adaption Grants
Owner occupiers requiring Mobility aids	20	Mobility aid Grants

#### 4.1.9 Assumptions

The data gathering exercise that has been completed to complete this Plan has been cross referenced to the Housing Needs Assessment. It has also involved using 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:

- That those individuals currently living in congregated settings, who are not currently on the housing list, have been assumed to have a social housing need (rather than a mainstream housing need).
- That those people living in congregated settings, who are not registered on the list, have a social housing need within the local authority area where the congregated service is based.
- The Cluain Mhuire Community Mental Health Service has a catchment area of 183,000. Each year approx. 25 new people are seen with enduring mental health difficulty, 1/3 requiring housing supports = 8. Currently there are 35 people registered on the Cluain Mhuire housing waiting list. If the high Support Hostel is included here it brings the total requiring housing supports to 56.
- A research project undertaken by the Bray Area Partnership Disability Cluster Group identified 42 people with disabilities who were inappropriately placed in Nursing Homes in the Bray and Greystones area. These people are not included in the numbers above. There may be some residents under 65 with disabilities that may be appropriate to move to live with support in supported accommodation, this will require review.
- There are a number of people with disabilities who are long-stay patients in hospitals, often as a result of their not being Home Support packages available. It is estimated that some of these have a housing need, this will require review.

## **5. Delivery and Supply Mechanisms**

### **5.1.1 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 being inadequately housed in their current accommodation. A tenant of a Local Authority will pay an income related differential rent.

DLRCC maintains a stock of units including Disability specific accommodation. Where a vacancy arises in an adapted or disability designed dwelling, the subsequent allocation will be made to a household prioritised in need of such housing from DLRCC's current overall medical priority list. DLRCC will always consider a transfer option to a more suitable property before committing to adapting an existing Council dwelling. Adapting an existing social housing unit can prove difficult and restrictive and in some cases cannot achieve the required type of accommodation. It also requires the existing housing unit to be boarded up for long periods of time to allow for the design, procurement, and the build.

In each of the new proposed Social Housing Schemes, the County Council, as well as assessing the needs would also take into account the Disabled Persons needs in that area and, where possible, will design a unit to suit their specific requirements.

The Housing Department of Dun Laoghaire-Rathdown County Council will, where possible, strive to achieve the maximum number of units specifically designed to cater for people with disabled needs. The Housing Department will take into consideration the Strategic Plan currently being developed by the Dun Laoghaire-Rathdown Housing and Disability Steering Group.

In relation to Part V, the policy in accordance with the Housing Strategy and the Development Plan is to maximise the delivery of housing units on site. At all pre-planning meetings with Developers and their Agents, they are being advised that the preferred option to satisfy compliance with Part V of the Planning & Development Act 2000 (as amended) is for the provision of housing units on site. They are also being advised that the Council will, where possible, be looking to include a number of units which will be suitable for adaption for people with disabilities.

### **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 dealing primarily with general housing provision while others have a more specialised role. In Dun Laoghaire-Rathdown County Council area there are approximately 27 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**

This Initiative was first introduced in 2009 by the Department of the Environment, Community & Local Government.

There are various lease Models under the scheme

- Direct Leasing by Local Authority
- Direct Leasing by AHB
- Leasing of unsold Affordable units
- CALF – Capital Advance leasing Facility

### **5.1.4 Rental Accommodation Scheme**

The Rental Accommodation Scheme (RAS) commenced in Dun Laoghaire-Rathdown in 2006. RAS is a form of social housing support where RAS eligible tenants may be allocated to properties secured by the Council under lease arrangements with private landlords. In order to apply a landlord must be tax compliant and their property must pass an inspection to ensure the quality of the accommodation. These agreements are for a minimum of 4 years and private landlords are paid up to 92% of the current market

rent. The landlord retains responsibility for tenancy management and management and maintenance of the property.

### **5.1.5 Private Rented/ Rent Supplement**

The Rent Supplement Scheme is administered as income support by the Department of Social Protection.

### **5.1.6 Housing Assistance Payment**

HAP is a new form of housing support being rolled out in phases by local authorities and will provide housing support to qualified households, including, many long-term rent supplement recipients. Under HAP, the local authorities will make the full rent payment on behalf of the HAP recipient directly to the landlord. The HAP recipient will then pay a rent contribution to the local authority on a differential rent basis. HAP will be rolled out in DLRCC in March 2017.

## **5.2 Potential Supply**

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

## **5.3 Housing Support Initiatives**

The Health Services Executive (HSE) is committed to supporting disabled people in their own home. HSE Primary Care teams should be the first point of access for all medical and social care including public health nursing, home help services, meals on wheels, social work, psychological interventions, with a clear pathway to secondary specialist disability specific teams when required. As well as support provided by paid staff, Smart Technology (technologies used to support people to remain independent in their own homes) should form part of the new model of in home support.

The HSE support people in their own home by direct provision or through non HSE agencies in the area of disability. All HSE funded services, either directly provided or through disability provider services are resource dependent and can only be provided from within the existing and approved budget.

### **5.3.1 Personal Assistance Hours**

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 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.

#### **5.3.1.1. Community Rehabilitation**

ABII Dun Laoghaire provide a community rehabilitation service which supports people with acquired brain injury to return to normal community activity following brain injury by providing a personalised community rehabilitation programme for a fixed period of time following brain injury. This support is designed to support the person to relearn and familiarise themselves with using and accessing local community facilities.

### **5.3.2 Home Support Hours**

The Disability Home Support service is a direct support, funded by the HSE and in most cases delivered by contracted agencies. 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. This is resource dependent and approval for funding is required from HSE prior to any support being put in place. This service is based on a care needs assessment carried out by a number of disciplines in the community. Generally, the service is carried out by non HSE providers. Applications for home support can be made through the public health nursing service.

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

### **5.3.3 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.

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.

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

The guiding principle is that as far as practicable is 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 person 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.

In DLR New Directions Services are provided a range of social and rehabilitative providers, namely, St John of God South East Services, Rehabcare Dun Laoghaire, Ann Sullivan, Camphill Communities at Green Acres Stillorgan, National Learning Network, Enable Ireland, Acquired Brain Injury Ireland, and St Michaels House.

### 5.3.4 Respite Services

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.

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

### 5.3.5 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.

Dún Laoghaire-Rathdown Mental Health Service (HSE) operates a number of community residences in the Dún Laoghaire-Rathdown Area. These residences can be accessed through a referral by the treating Community Mental Health Team. A designated committee will review the referral and carry out an assessment of the individual's needs. There is no specific staff assigned to address the individual's future housing needs. This support is currently delivered through the multidisciplinary Area Mental Health Teams.

The Mental Health Social Worker on the Community Mental Health Teams provides assistance and advocacy services to the Mental Health Service Users with a variety of housing and accommodation needs.

### 5.3.6 HSE Mental Health Services

The H.S.E. Mental Health Services provide a range of Inpatient, Outpatient and support services for patients with mental health difficulties. While the HSE Mental Health Services do not, in general, provide housing for patients Mental Health Services are acutely conscious of the challenges in finding and sustaining tenancies for this cohort of patients. Mental Health Social Workers in both acute inpatient units and attached to community mental health teams provide a range of supports to patients in sourcing and sustaining housing options.

## 5.4 Local Initiatives/Projects

Currently within the local authority area there are a number of initiatives being run, these are as follows:

### 5.4.1. Local Authority

<b>Disabled Persons Grants (DPG)</b>	<b>Completed 2014</b>	<b>Completed 2013</b>	<b>Completed 2012</b>
Bathrooms	37	38	31
Stairlifts	12	18	8
Ramps	9	4	10
Misc other (Grab rails, O/T reports etc.)	24	35	15
<b>Total</b>	<b>82</b>	<b>95</b>	<b>64</b>

As well as the above adaptations, the Council has worked on refurbishing a number of units to convert them into lifetime units i.e. level access bathrooms.

#### **5.4.2. Dún Laoghaire-Rathdown Mental Health Service**

The Mental Health service is continuing to develop the area of Community Rehabilitation, moving away from providing this within community Residences and looking at supporting the service users in their own homes and communities. It is part of the Dún Laoghaire-Rathdown Mental Health Service Development Plan to establish a dedicated Community Rehabilitation team which will also look at providing relevant supports to service users around accessing and maintaining accommodation within their community.

#### **5.4.3 Service Providers**

##### **Cheshire Ireland – Richmond Cheshire Home, Monkstown**

Cheshire Ireland has commenced work to support 17 people with physical and neurological disabilities to move to a home of their own with support to live a good life in the community. This work is being undertaken in line with the HSE policy 'Time to Move on from Congregated Settings.' A skilled community transition team has been put into place. The team will work with each individual currently living there to:

- Get to know the individual;
- Focus on the individual's assets, gifts and strengths;
- Assist the individual in establishing their valued roles within society;
- Gather detailed information in relation to:
  - Their housing needs;
  - Their healthcare needs;
  - The supports they may require to live a good life within the community;
  - Other information that may be relevant to a move from the congregated service into the community.
- Support the person to move to their new home with the support they need to meet their care, safety and social needs and to support their tenancy arrangement.

The work of the community transition team will continue as an individual leaves the congregated service and when they move into the community. The team will coordinate their care and support service to ensure that it is providing optimal assistance to the individual to enable them to lead the lives they wish to and assist them achieve the outcomes they identify.

The timeframe for the closure of the home in Monkstown is December 2016 and this timeline will be dependent on the availability of housing. Our projections are that 6 people will move in 2015; 4 people in the first half of 2016 and 7 people in the second half of 2016. This build on Cheshire Ireland's work over the last four years in closing 2 congregated settings and supporting people to maintain tenancies in their own homes in the community.

The team in Cheshire Ireland who are undertaking and supporting this work have expertise in the areas of:

- The delivery and management of quality services to people in their own home;
- Social Role Valorisation;
- Advocacy;
- Quality management;
- Social Work;
- Social Care;
- Law;
- Social Welfare benefits and entitlements;
- Housing policy and practice;
- Supported Money Management;
- Adult Protection.

## **Community Connectors**

Cheshire Ireland recognises that individuals who have lived in congregated services may find the adjustment to community living challenging. In this regard, Cheshire Ireland is commencing a pilot project whereby individuals will be offered the opportunity to engage with a 'community connector' for approximately five hours per week. The community connector will be employed based on their suitability to progress each individual's goals and to assist them develop desired roles within their community. The community connector's assets will, as much as is possible, match those of the individual moving from the congregated service.

It is anticipated that this work will allow individuals who move from congregated services avail of opportunities for meaningful community integration, as directed by the individual themselves. The individual will identify the areas they would like to work towards and their community connector will be driven by that.

It is anticipated that the community connector would work with an individual, post move, for as long as is required by the individual, subject to resource availability. The community connector will also work with existing support staff to ensure that the work can be reinforced on a day to day basis.

## **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 giving false expectations to individuals we must give hope of a real choice in how they live their lives.

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.

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

### **6.1 Funding for Housing and for Support Services**

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

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

#### **a. Adaptation Costs for Individuals Moving from Congregated Settings**

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.

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 Grants 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.

In some situations this can lead to a mixed funding model being used however clarity and certainty is needed around this. Where individuals are moving into new homes they need to be assured that the lack of funding for adaptations will not prevent the property being available to them.

## **b. Adaptation Costs for Individuals in their own homes**

Further to the detail outlined at paragraph 4.1.6 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 submitted that by making funding for adaptations available that it would prevent crisis housing situations developing.

## **6.2 Continued Operation of a Congregated Service Whilst Individuals Move into the Community**

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.

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.

## **6.3 The Absence of Domiciliary Care Standards**

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.<sup>2</sup>

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.

Whilst HIQA have provided guidance on this matter<sup>3</sup> 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 individual's capacity to enter into tenancy agreements.

Under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Article 12) every person has the right to be presumed to have legal capacity (ie the capacity to

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

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

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.

#### **6.4 Uncertainty and Fear**

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

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

### **7. Opportunities**

#### **The provision of high quality, effective and self-directed living supports to individuals**

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

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

There exists a high degree of consensus about what the good things in life are. To mention only a few major examples, they include home and family; friendship; being accorded dignity, respect, acceptance; a sense of belonging; an education, and the development and exercise of one's capacities; a voice in the affairs of one's community and society; opportunities to participate; a decent material standard of living; and at least normative place to live; and opportunities for work and self-support<sup>4</sup>

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<sup>4</sup> Osburn, J (1998) entitled *An Overview of Social Role Valorisation Theory*, <http://www.socialrolevalorization.com/articles/overview-of-srv-theory.html>.

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

## **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

A recent report from Trimble Field Service Management around the main trends for mobile working in 2015<sup>5</sup> 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 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

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<sup>5</sup> <http://www.housing-technology.com/editors-notes-mobile-trends-2015/>

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.

Complementing the strategic view outlined above, there have been major advances in 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 usefully be incorporated into future housing builds and planning approvals include:

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

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

The Dún Laoghaire-Rathdown HDSG is presenting this information and will seek to work with DLRCC to ensure that the concepts and technologies are implemented where feasible.

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.

As such, Dún Laoghaire-Rathdown HDSG will seek to work with DLRCC to ensure that, as far as possible, where feasible, the HSE is fully involved in establishing and agreeing guidelines, for all future building by DLRCC or in all future housing planning approvals.

## **7.2 Universal Design**

'Universal design refers to the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability.'<sup>6</sup>

Universal design places human diversity at the heart of the design process so that buildings and environments can be designed to meet the needs of all users.

It therefore covers all persons regardless of their age or size and those who have any particular physical, sensory, mental health or intellectual ability or disability.

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<sup>6</sup> Synopsis of the Disability Act, 2005, cited in Building for Everyone: A Universal Design Approach, Planning and Policy (9), 2013, NDA: Dublin

It is about achieving good design so that people can access, use, and understand the environment to the greatest extent and in the most independent and natural manner possible, without the need for adaptations or specialised solutions'.<sup>7</sup>

The adoption of Universal Design as an approach will result in long-term cost savings through the avoidance of retrofit and adaptation costs.

Therefore, Universal Design will be considered as a minimum specification for some or all of new build and newly acquired housing. As such, the Dun Laoghaire-Rathdown HDSG will work with DLRCC to seek to ensure that the concept of Universal Design is incorporated into the next Dún Laoghaire-Rathdown County Development Plan.

Issues for consideration will include minimum size of housing units, the appropriate percentage of units to be universally designed, and requirements for appropriate design of other buildings, services and external spaces.

The National Disability Authority's has issued a number of guidelines for Universal Design (<http://universaldesign.ie/Built-Environment/Building-for-Everyone>). These include:

Building for Everyone: A Universal Design Approach

Booklet 1 -External environment and approach

Booklet 2 - Entrances and horizontal circulation

Booklet 3 - Vertical circulation

Booklet 4 - Internal environment and services

Booklet 5 - Sanitary facilities

Booklet 6 - Facilities in buildings

Booklet 7 - Building types

Booklet 8 - Building management

Booklet 10 - Index and terminology

Universal Design Guidelines For Homes in Ireland: <http://universaldesign.ie/News-events/News/Universal-Design-Guidelines-for-Homes-in-Ireland.pdf>

## **11. Review Mechanisms**

This plan will be reviewed at the end of the first quarter of each year in order to report on the deliverable for the previous year and to examine the appropriateness of the information and proposed outputs for the coming year.

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<sup>7</sup> Building for Everyone: A Universal Design Approach, Planning and Policy (9), 2013, NDA: Dublin