

DÁIL ÉIREANN

AN COMHCHOISTE UM THITHÍOCHT, PLEANÁIL AGUS RIALTAS ÁITIÚIL

JOINT COMMITTEE ON HOUSING, PLANNING AND LOCAL GOVERNMENT

Dé Céadaoin, 10 Iúil 2019

Wednesday, 10 July 2019

The Joint Committee met at 9.30 a.m.

Comhaltaí a bhí i láthair / Members present:

Mick Barry,	Victor Boyhan,
Mattie McGrath,	Martin Conway,
Darragh O'Brien,	Jennifer Murnane O'Connor.
Eoin Ó Broin.	

I láthair / In attendance: Deputy Gino Kenny and Senator John Dolan.

Teachta / Deputy Pat Casey sa Chathaoir / in the Chair.

Business of Joint Committee

Vice Chairman: Apologies have been received from Deputy Bailey. I take the opportunity to extend a vote of sympathy to her on the death of her father. I propose that we send an expression of sympathy from the joint committee to her and her mother and their extended family. Would anyone else like to make remarks?

Senator Victor Boyhan: It is appropriate to extend a vote of sympathy to Deputy Bailey and her family.

Senator Martin Conway: As the Fine Gael representatives on the joint committee, Deputy O'Dowd and I would like to be associated with the vote of sympathy to the Chairman on the loss of her father, Councillor John Bailey.

Vice Chairman: That is agreed. I propose that we go into private session to deal with some housekeeping matters. Is that agreed? Agreed.

The joint committee went into private session at 9.40 a.m. and resumed in public session at 10.15 a.m.

Housing for People with a Disability: Discussion (Resumed)

Vice Chairman: I ask members, delegates and those in the Visitors Gallery to ensure that, for the duration of the meeting, their mobile phones are turned off completely or switched to airplane, safe or flight mode, depending on the device used. It is not sufficient to leave it in silent mode, as it maintains a level of interference with the broadcasting and recording systems.

We are resuming our discussion on the provision of housing for people with disabilities. I welcome Ms Rose Kenny from Dublin City Council; Ms Caroline Timmons, Mr. Aidan O'Reilly, Mr. John Wickham and Mr. Alan Byrne from the Department of Housing, Planning and Local Government; and Dr. Kathleen MacLellan and Ms Patsy Carr from the Department of Health. By virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the joint committee. However, if they are directed by it to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official, either by name or in such a way as to make him or her identifiable.

I invite Ms Kenny to make her opening statement.

Ms Rose Kenny: The national housing strategy for people with a disability 2011 to 2016 and the associated national implementation framework are joint publications by the Department of Housing, Planning and Local Government and the Department of Health. Building on the

programme for Government commitment to meet the housing needs of people with disabilities, the strategy was affirmed in Rebuilding Ireland – Action Plan for Housing and Homelessness and extended to 2020 to continue to deliver on its aims. 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, thereby promoting equality of opportunity, individual choice and independent living.

Dublin City Council's strategic plan for housing people with a disability was launched in January 2016. A multi-agency steering group, consisting of a wide range of statutory and disability advocacy organisations, including council departments, the Health Service Executive and the Irish Wheelchair Association, was established. The group meets four times a year to oversee implementation of the strategic plan. The council's housing supply programme outlines the current and proposed projects in each of the various funding streams. All new units comply with current building regulations and are fully wheelchair accessible. A template for disabled adapted units is being designed by the housing department's city architects division in collaboration with the steering group. Work on the template commenced in January and is ongoing. When completed, a submission will be made to the Department of Housing, Planning and Local Government for oversight and approval. It is proposed to incorporate the template into all new city council developments when the necessary approvals are obtained.

It is Dublin City Council's policy to ring-fence a minimum of 5% of all homes allocated per year for people with a disability. Statistics for 2017, 2018 and quarter one of 2019 are set out in the table on page 2 of the document circulated to members. Applicants must provide medical documentation with their application for social housing support. Approximately 7.5% of applicants on the council's waiting list are applicants with a disability.

In addition, the council operates a tenant accessibility and disability programme for tenants of its own stock. The scheme is available to all tenants who are experiencing a condition which makes living in their home and performing daily tasks difficult. The programme provides for adaptations such as stairlifts, ramps, level access showers and extensions. Providing for these adaptations improves tenants' quality of life and, in some cases, allows them to remain in their home and maintain independent living. This helps to reduce the requirement to transfer tenants to other properties, a process that can be disruptive for the tenant and more economically onerous for the council. The document circulated includes tables on page 3, giving details of the adaptations implemented in 2016, 2017, 2018 and to date in 2019.

The accessibility and disability programme is managed by the council's housing maintenance section. All applications require a doctor's certificate, while some such as those for stairlifts and extensions require an occupational therapy report. All valid applications are surveyed before a decision is made on an application to ensure the works are feasible. If granted, the works are carried out by a contractor appointed by the council who is supervised by the housing maintenance department in carrying them out. The budget for the programme is €2.5 million and subject to considerable demands. Funds can be recouped from the Department of Housing, Planning and Local Government. The limit for recoupment is 90% of the cost or, in the case of extensions, €75,000, subject to the conditions of the Department's scheme.

Dublin City Council administers three housing grant schemes which have been designed to provide assistance for people making adaptations to their privately owned home to meet their medical needs, as well as for older people in poor housing conditions carrying out essential repairs to their owner-occupied home. The schemes provide financial and technical assistance in the implementation of adaptations and improvements to homes to make them more sustainable

for independent living.

The housing adaptation for people with a disability scheme has been designed to assist in the carrying out of works which are necessary for the purpose of rendering a house more sustainable for the accommodation of a person with a disability. The works allowable under the scheme include the provision of bathroom extensions, bedroom extensions, en suite bathrooms, bathroom conversions, garage conversions, under-stairs toilet facilities, stairlifts, through-floor lifts, electronic environmental controls, adaptations to facilitate wheelchair access and other works which are reasonably necessary for the purpose of rendering a house more suitable for the accommodation of a person with a disability. The maximum grant available under the scheme is €30,000. The table on page 4 of the document provided for members sets out the income eligibility bands and grants available under the scheme.

The mobility aids housing grants scheme covers a basic suite of works to address mobility problems. The grant typically covers such works as level access showers, ramps, grab rails, stairlifts and other minor works. The maximum grant available under the scheme is €6,000 or 100% of the approved costs, whichever is the lesser. The grant is available to households the gross annual income of which does not exceed €30,000.

The housing aid for older persons grants scheme is open to people over 66 years of age and has been designed to assist those living in poor housing conditions to have necessary repairs or improvements carried out. The works typically grant-aided under the scheme include rewiring, the provision of central heating and the replacement of a boiler broken beyond repair. The maximum grant available under this scheme is €8,000. The details of the scheme are set out in the documentation.

All applications under the housing adaptation grant scheme for people with a disability and the housing aid for older people are assessed based on gross household income and shall be between 30% and 95% of the approved cost of the works. Household income is calculated as the annual gross income of all household members over 18, or over 23 if in full-time education, in the previous tax year. This is done in accordance with the Department of the Housing, Planning and Local Government guidelines.

Allocation for 2019 is €8.4 million, of which €1.7 million will be provided from Dublin City Council's own resources.

Ms Caroline Timmons: I thank the committee for inviting the Department of Housing, Planning and Local Government to discuss the subject of housing for people with disabilities. I am joined today by my colleagues, Mr. Aidan O'Reilly, principal officer, Mr. John Wickham, senior building standards adviser and Mr. Alan Byrne, assistant principal officer.

At the outset, I wish to assure the committee that the provision of housing for people with disabilities is a key priority for the Department of Housing, Planning and Local Government and for housing authorities. Working with a range of stakeholders, we are committed to achieving positive change for people with disabilities through the national housing strategy for people with a disability. Recognising that people with disability often have fewer choices in providing for their housing and accommodation needs and the importance of delivering better outcomes for these specific needs households, the aim of this strategy, which was jointly published with the Department of Health, is to facilitate access for people with disabilities to the appropriate range of housing and related support services. A key objective is also to ensure that services are delivered in an integrated and sustainable manner, which promotes equality of opportunity,

individual choice and independent living.

The strategy was developed as part of a coherent framework, in conjunction with A Vision for Change, the strategy document which set out the direction for mental health services, the proposals of the report on the working group on congregated settings and the ongoing review of disability services, to support people with disabilities in community based living with maximum independence and choice.

The strategy has nine strategic aims, which collectively promote access for people with a disability to the full range of housing options available. One of the most important aims of the strategy is to foster effective inter-agency co-operation. Subsequent to the original publication of the strategy, a national implementation framework was developed and a partnership approach to implementation has been adopted between the two Departments, the Housing Agency, local authorities and disability stakeholders and we are working as a team to achieve the aims of the strategy.

This partnership approach has contributed in no small measure to a full appreciation of the fact that the provision of suitable housing is only one element in supporting people with disabilities to live fully inclusive lives. Whether a person with a disability is moving from an institutional setting or is already in the community, the personal care and other supports necessary to enable this must also be part of the offer of housing where these are necessary.

Identified actions in the strategy are driven primarily by the Housing Agency and a dedicated housing subgroup, comprising representatives from my Department, the Health Service Executive, the Department of Health, local authorities, the Irish Council for Social Housing, ICSH, and various disability representative organisations. At departmental level, an implementation monitoring group, which includes representatives from disability organisations and is chaired at assistant secretary level, was established in 2012 and this group monitors and reports on progress under the strategy.

From a strategic perspective, one of the most significant achievements of the strategy is the establishment of the housing and disability steering groups, HDSGs, in each local authority area which have prepared their own localised strategic plans for delivering housing in their areas for people with disabilities. The HDSGs are chaired by the local authority's director of housing services, with representatives from the HSE, the approved housing body sector and representatives of the four disability sectors completing the membership. These have been established in each of the 31 local authorities.

People with disabilities are entitled to apply to their local authority for the full range of housing supports that are available to all applicants for housing support, including the housing assistance payment, HAP. The annual summary of social housing assessments provides data at local authority level as to how many households with disabilities are on the social housing waiting list at a given point in time each year. In 2018, there were 4,037 households with a disability on the list, down from 4,326 in 2017. Local authorities know from these data how many households they need to plan for and the national guidelines for the assessment and allocation process for housing provision for people with a disability ensure that they are enabled to appropriately assess applications for housing by persons with a disability. These guidelines were revised in 2017 and are a very practical and useful tool for local authorities in their assessment of applications at local level.

The delivery of housing for people with disabilities by local authorities and approved hous-

ing bodies is funded in a number of ways. Housing may be provided directly through the local authority capital programme, the long-term leasing programme or by way of the capital assistance scheme, CAS, and the capital advance leasing facility, programmes delivered through the approved housing body sector. In particular, CAS is directly targeted at providing accommodation for specific categories of need, including disability. Some €80.65 million was provided for dwellings under CAS in 2018, with a budget allocation of €94.87 million in 2019. There is also further specific funding available to local authorities of €15.075 million for the disabled persons grant scheme and the improvement works in lieu of local authority housing scheme, an increase of over €1 million from 2018 levels.

In addition to CAS funding for new accommodation, the housing adaptation grants for older people and people with a disability scheme provides funding for adaptations and extensions to private housing for people with disabilities to ensure that they can continue to live in their own homes. In 2018, 9,413 grants were provided under the scheme, with a total investment of €64.41 million. Funding for the scheme has increased year on year since 2014, and has been increased again in 2019 to €71.25 million, an increase of some 8% on the 2018 allocation. Significant work is being progressed to streamline how this scheme operates at local authority level and it will continue throughout the year with the introduction of a streamlined application process expected by year end. A key aim of the work is to ensure that the increased funding spreads the benefits as widely as possible to those who need it most and that the grants support the maximum numbers of households.

While funding for physical adaptations for people with disabilities is important, we should remember that there are many people with disabilities who do not require physical adaptations but for whom the design and location of housing is important. The housing strategy for people with a disability calls for the integration of good practice in the design and co-ordination of housing and related supports for people with disabilities and, in this regard, a number of initiatives have been put in place. The HSE and the Housing Agency have jointly published guidelines entitled *Design for Mental Health*, which is an international first of its kind. The guidelines identify ways in which homes can be designed to help to overcome the barriers to independent living experienced by people with certain mental health conditions. In addition, the Housing Agency is launching a new website with the title *housingforall.ie*, which is a design roadmap for anyone seeking an overview on providing accommodation for people with a disability and provides links to existing published legislation and guidance.

Part M of the building regulations underpins the principle of universal design and aims to foster an inclusive approach to the design and construction of the built environment. For dwellings, Part M aims to ensure that all new dwellings are visitable. The Department works closely with the National Disability Authority, NDA, and other stakeholders in reviewing and developing building regulations. In this context, future proofing all new housing versus adaptation of homes for individual specific needs as they arise requires a strong evidence-based approach. The Department understands that the NDA is working on a cost-benefit analysis of universal design in the context of action 97 of the National Disability Inclusion Strategy 2017-2021.

Government policies of improved land use, compact development and sustainable communities are manifesting in an increase in apartment buildings in urban centres. These embrace the fundamental principles of universal design and designing for all by their very nature and the requirements of the design guidelines for apartments. The Department has also collaborated with the Centre for Excellence in Universal Design on the homes for smart ageing universal design challenge, an initiative under the Rebuilding Ireland programme, action 2.19, and the

programme of actions for smart ageing.

The national housing strategy for people with a disability is in its eighth year and we are now beginning to look to 2020, when it will be reviewed. The committee can be assured that we are committed to building on the progress made to date and to ensuring that people with a disability have the housing supports and services they require. I thank the committee again for the invitation to today's session and my colleagues and I are more than happy to deal with any questions members might have.

Dr. Kathleen MacLellan: I thank the committee for the invitation to be here today. I am accompanied by Ms Patsy Carr, principal officer of the disability unit in the Department of Health.

A major reform programme is under way in disability services funded by the Department of Health called Transforming Lives. This programme is driving the implementation of the recommendations of the Department of Health's 2012 value for money and policy review of disability services. Transforming Lives supports national policies that will deliver person-centred models of care services to ensure that people with disabilities are supported to make the types of choices about their lives which are available to everyone else in society. We call this the social care model and it is a significant shift in the approach of the Department to supporting people with disabilities through the health and social care services.

In a housing context, that includes implementation of the 2011 Time to Move on from Congregated Settings; a Strategy for Community Inclusion. I understand the committee has a particular interest in the de-congregation programme. First, I would like to clarify who our health care and social care service users are. About one in seven people in our society has a disability, over 90% of whom are supported through ordinary community health and social services rather than specialist ones. This mainstream-first approach is underpinned in the Disability Act 2005, which requires public bodies like the HSE to include people with disabilities in their mainstream services. The fundamental principle underpinning this disability policy is to support people with disabilities to maximise their full potential and to live ordinary lives, as independently as possible, in the community. For those with more complex needs, general community health and social care services are complemented by specialist community based disability services which deliver specialist services to the remainder of those with a disability who account for approximately 9% or about 56,000. The range of services includes early intervention; multidisciplinary therapies, including habilitation, rehabilitation and behaviour support; staffed supported housing, including specialist end-of-life care; respite care and short breaks to support carers; day services and support for community engagement; personal assistance and home help; assistive technology; and peer support organisations.

The Health Service Executive budget allocation for disability services in 2019 is €1.9 billion, of which some 65% is allocated to fund supports for those living in group homes or other residential arrangements. Up to 80% of these disability services are delivered on behalf of the HSE by the voluntary sector, while the remaining 20% are provided directly by the HSE. In addition, a small number of services are delivered by private providers.

The vast majority of the 56,000 people with disabilities, including those with significant disabilities who are accessing specialist services, live at home with parents or other family members. On full-time care, I note that around 8,500 people who principally have intellectual disabilities live in supported housing. Some three quarters of supported housing for people with disabilities is ordinary housing in the community. A typical group home has four residents with

disabilities who are assisted by support staff. A congregated setting is defined as one where ten or more people with disabilities are living together in a single unit or campus-based. Ten years ago the number of persons living in a congregated setting was 4,000. By 2012 that figure was 3,400. The 2016 programme for Government set a target to reduce the number living in congregated settings by one third by 2021. That target will be met. In line with Government policy, large residential institutions and campus-based housing are being phased out as initiatives that underpin and enable a new model for residential support in the mainstream community, where people with disabilities are supported to live ordinary lives in ordinary places, become the norm. I clarify that the decongregation policy is focused on HSE funded services and does not include persons with disabilities aged under 65 years who live in nursing homes.

Inclusive communities and community activities, disability friendly environments and buildings and universal design are all parts of the wider canvas of measures to enable people with disabilities to live normal lives. The process of moving individuals from large congregated settings where many have lived for all of their lives involves fundamental change for the individual at the centre of the move. The transition to community housing requires person-centred planning which supports and encourages individuals to make their own choices about where they want to live and with whom they wish to share their home. This is consistent with Article 19(a) of the United Nations Convention on the Rights of Persons with Disabilities which was ratified by the Government last year. In addition, other work necessary to facilitate transition continues. It includes sourcing properties in the community and carrying out modifications required to meet individual needs or Health Information and Quality Authority, HIQA, requirements for registration and compliance. It is noteworthy that significant progress has been made in this area.

In its first five-year progress report, covering the period from 2012 to 2017, inclusive, the HSE reported that 661 people had moved to the community, that 592 people had passed away and that 222 people had been admitted or readmitted. The data show that people of all ages have successfully transitioned to community housing. The average age of those who have moved is 52 years, while the average length of time spent living in a congregated setting is 28 years. It is notable that several people have been living in congregated settings for more than 50 years. Positive outcomes are reported for those who have transitioned, regardless of the level of disability support needed. For example, 32% of those who had transitioned had a moderate learning disability, while 39% had a severe learning disability. Between 2016 and mid-2019 the transition of 272 people was completed across ten priority sites. The model of housing provision for those who transitioned varied, including the HSE disability capital programme, capital assistance scheme, CAS, arrangements or private rental. Funding from the service reform fund, a joint initiative of Department of Health, Atlantic Philanthropies and the HSE, towards the cost of moving to a person-centred model of service and support has played a very important role in ensuring the success of each move.

We are on a learning journey, but the key enablers of successful transitions which have so far been identified are engagement, communication and focused leadership. The challenges include the need to manage the communication process, gaining access to suitable properties and the availability of revenue to fund community based supports. While the process can take time, the priority is to do it right, do it well and maintain the focus on the outcomes achieved for each individual. The committee will be interested to note that several congregated settings have closed and that the number of people living in houses with more than three others has reduced significantly. The National Disability Authority, NDA, is conducting an in-depth evaluation of the decongregation programme which will include interviews with those who transition to

the community, taken before and after the transition. It will be a very welcome support for our learning on what the key enablers are and what enhances the move to the community. It is notable that between 2012 and 2017, the NDA was interviewing about 150 individuals before and after their move. This afforded us a lot of learning in moving our programme forward. The evaluation programme is called “Moving In”. Interviews taken two years after transition show that many of them were aged up to 78 years. We are talking about an aged community moving out into the community from congregated settings where they have lived for much of their lives.

Moving to the future, work is ongoing under the Sláintecare action plan to establish future social care needs for people with a disability. Building on the 2018 report on future needs of disability services, we are extending forecasts of needs out to 2032 in order to support Department of Health planning for future social care needs. Our disability demographics indicate that the number of people with intellectual disabilities who will require a supported housing place in future years will grow as a result of changes in the size and age structure of the disability population. Of particular concern is the number of older people with disabilities who are being supported by very elderly parents or siblings. This is not sustainable, given both the individuals’ increasing dependence as they age and the failing health and strength of those on whom they depend. Tailored population projections of the number of people with intellectual disabilities will forecast the numbers who will require housing support in the future. In addition, provision is required to meet the supported housing needs of people with physical or sensory disabilities, or those with an acquired brain injury who account for an additional 10% of the overall requirement for specialist disability supportive housing.

Our goal within the Department of Health is to provide care and support for all service users at the lowest level of complexity and as close to home as possible, supporting people to live independently in their own community for as long as possible. Providing it for people living with a disability requires cross-departmental engagement on activities such as housing, the environment, transport, social protection and education. The important principle that the needs of people with a disability extend well beyond health service provision is recognised in the national disability inclusion strategy. The Department of Housing, Planning and Local Government commits specific funding for the delivery of homes to support people transitioning to the community, as the committee has heard. Since 2014, several innovative projects have been funded in the housing sector to test and demonstrate the feasibility of different approaches to the funding, design and configuration of housing for people with disabilities. The Department of Health looks forward to continuing to work closely with the Department of Housing, Planning and Local Government to further develop innovative and responsive housing solutions to meet the needs of those with a disability in line with the strategy for community inclusion.

I again thank the committee for its invitation. We are available to answer questions its members may have.

Senator Victor Boyhan: I thank Ms Kenny, Ms Timmons and Ms MacLellan for their presentations and papers. This is a continuation of a discussion we had last week. I will make a few points and ask a few questions.

The national housing strategy for people with a disability includes nine key areas, about all of which the delegates know. Therefore, I will not repeat them. The aims include promoting and mainstreaming equality of access to the full range of housing options; developing national protocols and frameworks for effective inter-agency co-operation in the provision of housing; and supporting people with disabilities. I have been a member of Dún Laoghaire-Rathdown County Council for many years, but my experience is not specific to Dún Laoghaire-Rathdown

County Council. It extends to other councils and stems from my engagement with local authorities. I know people with disabilities who have been waiting for accommodation for ten, 12 and 13 years. That is a travesty. When we talk about independent living, we have to talk about sustainable living and independent living with dignity in order that the individual can engage in his or her meaningful life and live with whomever he or she wishes. That was an interesting point made by Ms Kathleen MacLellan. I wish to touch on a few issues.

In my experience, people have been waiting for years on the housing list and sometimes they are asked why they are not back living with their parents. A woman aged 30 years told me the other day that she was asked why she was not back with her parents and that the officials could not find suitable accommodation and that the accommodation that was coming back from housing stock was not suitable for whatever reason. I can understand that. However, I am conscious that in another part of Dublin, Clúid will be building 90 houses. I rang them to ask whether Clúid had considered that 10% of the houses should be suitable for people with disabilities. They said they had not yet, but they had thought about it. I think we have got to get in earlier in the planning process. I have three questions for Ms Rose Kenny from Dublin City Council. Will Ms Kenny share the information with the committee on the current number of persons on Dublin City Council's housing list or the transfer list who have come from congregated setting and have been housed in the past 12 months? I accept she may not have the information to hand. Has Dublin City Council rolled out a one-stop shop for providing services for persons with disability as per the strategy plan? There was a commitment that one-stop shops would be set up in each local authority and I would be interested in hearing about that.

In respect of planning, I have heard reports of people who are seeking planning permission either to build a property in the grounds of their parents or a family member's house or on a stand-alone site and there does not seem to be a heavy weighting by planning authorities in recognising the exceptional health circumstances of the applicant. This is not just something that the individual has made up, this is something that is backed up by doctors and consultants' reports and so on. There was to be a weighting to support people who wish to build a specially adapted house on a site. That is a planning code issue but I ask Ms Kenny to address that.

Each of the 31 local authorities has a housing steering committee. Are they constantly reviewed? For instance, were this committee to seek a report on each of the steering committees regarding their targets and achievements in the past 12 months, could that be delivered to the committee? Could we receive a report on each of the 31 local authorities or is the Department aware of it? Who is monitoring the steering committees and what are the outputs? What strikes me about this issue is that we have reams of paper and numerous objectives but I do not know who is monitoring it all. I want to see results. Who are the key people in these 31 local authorities, as I would like to have a name and a contact number for them? When was the last appraisal of the delivery on the strategy? I would like this committee to see them and perhaps Ms Kenny might be able to tell us something about them.

I have some questions for Ms Kathleen MacLellan on the targets for those living in congregated settings. The targets were missed. The target was that a substantial number would be transferred from congregated in 2019. I acknowledge there are difficulties in terms of sourcing suitable accommodation because it is not good enough to take people out of congregated settings and excuse the pun, dump them in other accommodation. What I have heard is that some people have been forced out of congregated settings and have been sent many miles away from the community in which they have grown up and have been given no supports. I keep hearing that the local authorities do not have sufficient money or resources in terms of the transitional

supports for these people. What is the plan for them? How is it dovetailing with the local authorities because I am not convinced? I am aware of one organisation from where 20 people have had to leave and they have not had good experiences. What is more important is that they have not had a forum or anybody to listen to their bad experiences and to think of what can be done for them. Are we learning from their experience? What is the relationship between the agencies and the local authorities in terms of getting priority for housing that is appropriate to their needs, that is close to their loved ones and social support, where they want to live, because the key word is choice?

Vice Chairman: I thank Senator Boyhan. I will take two members at a time. I invite Deputy Ó Broin to put his questions.

Deputy Eoin Ó Broin: I have four specific questions for the Department. I thank the witnesses for the presentations.

My first question is addressed to Ms Caroline Timmons. Does the Department know what percentage of the social housing construction pipeline currently in train is designed specifically for people with disabilities? Does the Department know what percentage of allocations of social housing in 2018 went to people with disabilities of the four categories that are recorded? Does the Department know what percentage of applicants on the current social housing waiting list have a member of the household who is a wheelchair user and therefore needs a wheelchair-accessible house? Do we know the average waiting times, either State-wide or by local authority, for the length of time it takes for an adaptation grant to be processed and, once somebody is approved, for the length of time before the grant is provided and the adaptations are done?

I will come back in after I get the answers to my questions

Vice Chairman: I will start with Ms Rose Kenny.

Ms Rose Kenny: Senator Boyhan asked about planning permission for extensions and developments in existing gardens in the Dublin City Council area.

Senator Victor Boyhan: Or stand-alone sites. A heaving weighting should be given to people who can demonstrate they have particular or proven special health needs to stay and reside in a particular section of the community.

Ms Rose Kenny: I will have to revert to the Senator on that. I can certainly check that out for him.

Regarding the question about the number of people on the waiting list who are in congregated settings, let me set out the figures. The number of people with a primary disability code priority is 1,322; I cannot break that figure down to those living in congregated settings but I can do that.

I will revert to the Senator about the one-stop shops. The implementation group is led by the housing delivery senior executive officer and that group meet and are working. To be clear, for all the people on the waiting list under the various categories, the disability category is exactly the same as any other in the sense that once the person is eligible and reaches that point on the list, the housing department will ensure that an appropriate allocation is made or transfer as required.

Ms Caroline Timmons: I will respond to Senator Boyhan's question on the housing dis-

ability steering groups. They are an important innovation because, as members would have heard last week at the committee meeting, it is very important that the awareness at local authority level is increased because if it is before one, one takes more notice. The allocations process does not happen at departmental level, that happens at the local authority level. The Department is very conscious that this needs to be happening and the point of having the four disability sectors represented on those committees is exceptionally important. Even setting up these committees up in the first stage was a very good step but I think the point that Senator Boyhan is getting is whether they are working effectively. The Housing Agency has been given the specific task to work with them and has been doing a lot of work with them in the past year in particular to look at their terms of reference to ensure they are functioning properly, they are meant to meet four times a year and be chaired by their director of housing. I think what the Housing Agency is currently doing is making sure that they are working, and to work out the percentage of housing they need to provide, to ensure that they are conscious of who they need to allocate to and are making plans for that allocation. They have all done their strategic plans now, and they are all available. If the Senator wanted that information, we could get them for him

Senator Victor Boyhan: That would be great.

Ms Caroline Timmons: We can ask for the strategic plans. I think what they are doing now is looking at their terms of reference and asking them to be more ambitious in their targets. Now that we have got the supply issue coming through, we have more supply of social housing coming. That was one of the keys we needed to enable progress because there is no point in looking at allocating the property if one has not the houses to allocate. Now that we do and the numbers are starting to come through, it is to make sure that those strategic plans plan for some of that housing to be specifically for those people who are waiting on the housing list. I concur with the Senator that it is appalling for people to have to wait for a very long time. I think that is a factor of how complex it is to deal with disability. The only way that we can do so is to consider that aspect at an early level of allocation. It is a question of making the steering groups work. The Senator is right, in that we need to get them to function properly. The Housing Agency is aware of it and working hard on same.

Deputy Ó Broin asked whether I knew what percentage of social housing in the pipeline was being designed for people with disabilities. I am sorry, but I do not have those data with me. I will try to get them for him. Where the data that we are collecting on housing are concerned, we must get the types that we need. I agree that the type the Deputy mentioned might be useful. When we return to the Department, I will check to see whether those data are available. If not, I will raise them as something that it would be useful to gather.

The Deputy asked for the percentage of allocations in 2018. I believe that the committee has been provided with data by the Housing Agency on the 2016, 2017 and 2018 allocations in respect of each local authority. We asked the housing subgroup to collect those data each year.

Deputy Eoin Ó Broin: Are they outlined in the housing needs assessments?

Ms Caroline Timmons: No. In the Housing Agency's report, we have given the actual allocation figures.

Deputy Eoin Ó Broin: Perfect.

Ms Caroline Timmons: That is something that we have been doing for the past three years.

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The committee will see a breakdown of the four disability categories by local authority - physical, sensory, mental health and intellectual. The breakdown shows the totals for 2016, 2017 and 2018. It was an area on which we needed more data.

Deputy Eoin Ó Broin: Does Ms Timmons have the report with her? I do not have it. Could she read into the record the figures for the past year?

Ms Caroline Timmons: Sure. The overall total for 2018 was 1,457.

Deputy Eoin Ó Broin: What is that as a percentage of overall allocations for each year?

Ms Caroline Timmons: I do not know. We would have to get the committee that information. We do not collate allocations-----

Deputy Eoin Ó Broin: Is it in the report?

Ms Caroline Timmons: I do not believe so.

Deputy Eoin Ó Broin: That is what I was seeking.

Ms Caroline Timmons: Fair enough. We have supplied the figures for what has been allocated. They are broken down by local authority and disability category. The committee will see that some improvement has been happening in that respect. We will keep working on ensuring that the numbers improve and the relevant targets are accelerated. As social housing increases overall, that allocation is expected to increase as well.

The Deputy asked whether we knew what percentage of households on the social housing waiting list used wheelchairs. The 2018 summary of social housing assessments contains data on how many households with disabilities are on the list. The figure is down on the 2017 one. The Deputy is correct, though, in that we do not collect information on which households use wheelchairs. This issue was raised at the committee last week. A part of the issue is that there is not a box on the form. The committee was going to consider whether that should be a recommendation. If so, we could accept it because the issue has already arisen for us and we have decided that it should be done. The committee could call it a win. The Deputy is right about the need for us to collect that information and we would be happy to take that recommendation on board.

I will let my colleague, Mr. O'Reilly, reply to the question on the adaptation grant, as he is in that field.

Mr. Aidan O'Reilly: The feedback from local authorities regarding the housing adaptation grant is that time taken for a decision ranges from four to 12 weeks, depending on the level of documentation that needs to be provided. We have just completed a process of meeting all 31 local authorities. The most recent session was last week's. It was good to get the front-line local authority staff together - that was probably the first time it had been done in a comprehensive way - and get their feedback. We had an awareness previously, one since verified by the process, about different levels of requirement in terms of documentation and so on. There are good opportunities to streamline the procedures and reduce the level of documentation. Some local authorities might seek a more stringent level of documentation than others, which can present delays. We can streamline that and bring about sharp turnaround times for decisions.

Dr. Kathleen MacLellan: A significant priority for the Department of Health and the HSE is that those with a disability have a good transition, it is planned for and individuals have

opportunities to become a meaningful part of their communities. When we started in 2009, we had 4,000 people in congregated settings. The latest figures, which come from the end of March, show the number to be 2,087. That is a reduction of almost 50%. In the early years, we probably underestimated the length of preparation it would take to support someone in transitioning properly. We are learning from the service reform fund, SRF, review and the National Disability Authority, NDA, review the importance of early communication. It can take a year or even longer to support someone to make the decision to move, how to move and where to move to and to determine the kinds of support that will be needed. We have utilised that learning to try to accelerate and enhance movement from congregated settings. We are almost at a 50% level of reduction since we started ten years ago. This means that we must focus on how to accelerate and move forward. We have committed to moving 160 people from congregated settings in 2019.

For those with disabilities, capital assistance scheme, CAS, funding is accessed through housing agencies and local service providers as opposed to the general CAS funding. It is a separate process.

We have been working closely and building strong relationships with the Department of Housing, Planning and Local Government. As outlined by my colleague, we are part of a dedicated housing subgroup under the governance of that Department. It comprises representatives from the Departments of Housing, Planning and Local Government and Health, the HSE, local authorities, the Irish Council for Social Housing and various disability representative organisations. It provides a strong fora across agencies for identifying issues and difficulties and how we might work through them in the long term.

Many of those transitioning from congregated settings are of an older age, for example, in their 70s, and have lived for a long time in those settings. It is important that we get the transition right. We are keen for everything that we learn from the NDA and the pre and post interviews to be put right back into the system. I ensure the committee that that is happening. The key pieces around communication and planning are at the centre of what the HSE is utilising in order to deliver its decongregation programme.

Vice Chairman: I thank Dr. MacLellan. Deputy Ó Broin still has some of his five-minute slot left.

Deputy Eoin Ó Broin: I will be brief. I thank Ms Timmons for her answers. If we are to ensure that people with disabilities are getting their fair share of allocations, some of those questions are the key ways to monitor that. For example, no one knows the overall percentage of properties in the social housing construction pipeline that are designed for people with disabilities. Each individual local authority has that information, although it does not necessarily publish it. That information would be a key metric in the report, though. We would then be able to say that, for example, approximately 7% of households on the social housing waiting list had one of the four categories of disability. We could track the figure year on year. Dublin City Council provided us with good data showing that it was exceeding that level significantly. Other local authorities might have data showing otherwise. If we knew the information centrally, it would be useful.

The percentage of allocations is key for tracking. I am not asking for data for the sake of it. If we do not know or no one publishes what percentage of allocations last year went to people with one of the four categories of disability, we do not know whether they are getting their fair share. That information would be useful for future housing needs assessment reports and Hous-

ing Agency disability reports.

I welcome Ms Timmons's positive response regarding wheelchair users. She is right. I submitted a freedom of information request to every local authority on this matter recently. About half of them do not even record these data. They do not know. It is not even as if the data are there but uncollated. Their collection would be positive.

A four-to-six-week waiting time is positive. I encounter many cases where applicants have been waiting six months before a decision is made and a further two to three years before funding becomes available. This suggests a wide disparity in practice. I welcome that the Department of Housing, Planning and Local Government will examine this issue.

When the committee questioned the groups that appeared before us last week, two issues jumped out at me. We must recognise that, if there is a 7% level of need in overall social housing, we must deliver and track it. People with disabilities live in these houses. They do not just visit them. This point was made to us forcefully last week. In private and social housing construction, we need Part M to operate in such a way that recognises that people are not just visiting those houses, but are living there. From the discussion last week, there is a real urgency to move beyond Part M being applicable to visiting. Is there a timeline for when those new guidelines will be in place? Houses are not being built fast enough for many of us but they are being built at level at which they have not been built for some time. If we do not amend Part M quickly enough, none of these houses will be suitable for people to live in in an appropriate way.

Ms Caroline Timmons: I will pass this question to my colleague Mr. Wickham, who is an expert in this area.

Mr. John Wickham: I will begin with a broad overview of Part M so that what the regulation hopes to achieve can be more widely understood. The purpose of Part M is achieving adequate provision for people to access and use buildings and their environs. The regulation itself underpins the philosophy of universal design. It means that new buildings other than dwellings are accessible and usable, extensions to existing buildings, where practicable, are accessible and useful, material alterations to the existing building stock make provision for accessibility and usability of buildings, and adequate provision is made for access and use where there is change of use of buildings from one type to another.

The Deputy is quite correct with regard to the regulations for new dwellings. New dwellings are designed to be visited. In essence, this means the approach to a dwelling is accessible, a level threshold is provided at the main entrance, doors are of sufficient width to cater for circulation throughout the building, circulation routes are adequate, there is a WC at entry level, and switches and sockets are at an accessible height.

When it comes to dwellings, there are houses and apartments. Apartments by their nature are more accessible. The provisions of Part M require lifts so the level of access to each apartment is achieved. The trend is that 40% of dwelling units coming on stream through planning permission are apartments. Industry trends are towards open plan design, which is a new feature to which we are responding. In fact, it favours universal design as it removes barriers to access and circulation throughout the dwelling.

In terms of the overall initiative to change Part M, we are very conscious of the costs associated with universal design. Ms Timmons referred to the national disability inclusion strategy action of 1997 that set out a task for the National Disability Authority to advise stakeholders on

ways to achieve universal design solutions in all private and social housing and how they can be accessed and used by all, irrespective of age, size or disability.

We are very keen to see the outcomes of the cost-benefit analysis and any consultations on it. From our experience, the costs associated with providing free universal design can range from the low end of €15,000 to multiples of it. We just need to recognise this. We recognise that apartments by their nature are more universal design friendly than housing. We would like to see the costs first and they will be considered in full.

Vice Chairman: I wish to inform non-committee members that I am obliged to go to committee members first.

Deputy Mick Barry: I want to make a couple of points about decongregation, but before I do, I want to register my strong opinion that we need to move as quickly as possible on the Part M issue, from new builds ticking the boxes on visitation to new builds being good for people with disabilities to live in. This needs to happen as quickly as possible.

With regard to decongregation, from what is being said, ten years ago approximately 4,000 people were living in congregated settings and this has been reduced by 50% to the position today, which is 2,087 people. My understanding is there was a target that decongregation would be complete by 2019. I ask the witnesses to correct me if I am wrong in this regard. We have missed the target. Reasons have been given but we have missed the target. I do not want to dwell on this. I want to focus more on the question of reaching the target. I am concerned at the figure given for 2019, which I believe was 160 people. I calculate roughly that at this rate we will complete decongregation in 13 years, in the year 2032, but only if nobody goes into congregated settings in the meantime. At the current rate of progress, we are looking at a best-case scenario of decongregation in the 2030s. We need to do better than this. What are the obstacles that exist? I am interested to hear information on this. Are they primarily financial obstacles? If not, what is their character? I would like to tease this out. I might come back in on this but I would like to hear a reply on it.

Senator Jennifer Murnane O'Connor: I thank the witnesses. My colleague, Senator Dolan, has been highlighting disability constantly and has gone to the 31 local authorities with the issues. There are massive issues. Children with a disability are not a priority and we need a system whereby children and adults with disabilities are prioritised, so that when we go to a local authority, we know they are on a list and will get a house as quickly as possible. I understand a certain amount of time will be required. This is not happening and it is a huge issue. Why is this not happening in 2019?

Ms Timmons spoke about the national housing strategy for people with a disability not having been reviewed in eight years. That should be reviewed. This is huge because the system has changed so much. Whether it is children or adults with disabilities, people are living longer. We need to look at the review as soon as possible. Eight years is too long. How long will it take for those carrying out the review to be ready to go to all the local authorities and to work with all the agencies? On the HSE, at the moment I am dealing with the case of a man in his 70s who is in Kilkenny hospital. We cannot bring him back to Carlow because he has nowhere to go. He needs to be in a special house for those with disabilities. He has a lovely family but they will not be able to look after him. He has been taking up a hospital bed for seven months. It is unacceptable. He should be at home. Every time I go to the health board about his case I am told that the health service has nowhere for him to go. He is in hospital and should not be. I am sure this must be happening in other cases around the country. I am really worried about

this particular case. It is a real concern for me and for his family.

I would like to speak about grants. There is the mobility aids grant, the housing adaptation grant, and housing aid for the elderly. This is another massive issue. Payments are made twice a year 99% of the time. There is a backlog and when people apply they get letters saying that their applications are on hold as the service is waiting for funding. This normally arrives in September. The funding normally comes in January, then there seems to be a bit of a break in July and August, and another allocation seems to be given out in September. That is unacceptable. People are waiting for months and months for grants. This is a particular problem because of changes in the grants. One now has to be 66 years of age to get a grant, although it was always 64. This change was sneaked in overnight approximately two years ago. The age barrier is becoming a massive issue. People who have had strokes or who have multiple sclerosis or other issues are applying for these grants. I know there is a hardship grant, and we are looking at that as well, but there are people who genuinely need these grants who are not getting them. They are waiting months and months.

A massive issue which really concerns me is the approval rate for applications for housing adaptation grants made by local authority tenants, which appears to be approximately 50%. For what reasons are the remaining 50% not approved? I know of cases in which patients have been given letters from their doctors or from doctors in different hospitals saying that they need such a grant but in which the occupational therapist who visits them says that they do not. I am not criticising anybody. When a doctor gives a letter and when someone has a really good case to receive a grant, as the witnesses will know, part of the procedure is for someone from the local authority to call out to assess the case. In some cases people are being told they do not qualify for this grant but they are asking why they do not as they have a disability or another mobility issue. There are issues here. We need more communication between the HSE, whichever one of the 31 local authorities is involved in a given case, and the person who applied for the grant. It is very disheartening to be told one should have a grant only to find out one will not get it. It might not be an issue of money. It may just be that the local authority officer feels that the person does not qualify. Perhaps the witnesses could come back to me on that issue.

Another issue I want to ask about, and another reason the review is needed, is mental health. Senator Boyhan asked about the steering committees. The issue of mental health is massive. Having sent letters on behalf of people who suffer from depression or whatever, I can see that they are not treated as a priority. Every local authority, every councillor, every Deputy and every Senator should have a list of priorities for this review. Such priorities could include people with disabilities, people with mental health problems, and people with other issues. I do not think mental health is being given priority. It needs to be included in this review.

How many bungalows are built every year? Bungalows are very important for people with disabilities. This will be an issue in the long term both for people with disabilities and because people are living longer. In fairness, a very large amount of money goes into grants. Are the 31 local authorities asked how many bungalows they are building? The witnesses have said they get reviews from the local authorities. How many bungalows are built by local authorities for people, including children, with disabilities or for people with other issues who would benefit from living in a bungalow?

Vice Chairman: We will start with Dr. MacLellan because all of Deputy Barry's questions related to her Department. We will then move on to Ms Timmons.

Dr. Kathleen MacLellan: I will start with the figures. It was expected that decongregation

could happen at a much faster pace than was actually possible. In 2009, we had 4,000 people in congregated settings. When the programme for Government made its commitment in 2016, it set a target of reducing the number of people in congregated settings by a third by 2021. This target will be met. I have probably already said this, but it is important to remember that these are-----

Deputy Mick Barry: Was a target set in 2009 or around that time to achieve complete decongregation by 2019?

Dr. Kathleen MacLellan: My understanding is that there was a-----

Ms Patsy Carr: There may have been. I am afraid I was not around then. The issue is that the targets were set some time after 2009. The initial database was from 2009 and we have another from 2012. It is off those databases that we work.

Dr. Kathleen MacLellan: There are currently 2,087 people in congregated settings. We share the Deputy's view that it is important to increase the pace of this programme. Given the amount we have learned in recent years, we feel that we can do so. The targets within the service plan are very important. They set a clear focus that allows us to see if we are meeting the targets and if people are being decongregated in the appropriate and correct way. It is important that we get this move right for people and that they move into the community they choose. It is important they have a choice of who to live with and that we support them and provide them with the wraparound services they need when they move out of a congregated setting and into the community. The HSE has to provide a whole new model of support. There has been significant effort to move that model on. It has meant change for staff in how they deliver services and it has meant a change to the kinds of services and supports we provide in the community. Our current policy is that no one new enters congregated settings. There is therefore no expectation that the numbers within congregated settings will increase. Our policy is to reduce that number and to enhance the pace at which we move people back into the community so that they can be moved as early and as swiftly as possible, bearing in mind the age profile of these individuals and the length of time they have spent in congregated settings.

With regard to the obstacles to which the Deputy referred, it is about shifting and changing the health system's whole model of care to a social model. It has to be acknowledged that the HSE has committed significant work, effort, time and training to do this. It is about supporting the rights of individuals and supporting them to move to where they wish to move in the way in which they wish to do so. It is about trying to get that right in the first instance. I mentioned earlier that the National Disability Authority is evaluating decongregation. We welcome this, and all the early information which has come from it, because it helps us to re-engineer or reorganise how we are going to deliver that programme of decongregation. This involves significant learning. We would all acknowledge that decongregation has been a significant programme and wholly new for the country. We see that as a priority.

Ms Caroline Timmons: The Senator raised the issue of children with disabilities who do not have priority. As she will know, allocations are a matter for the local authorities. She probably knows better than I how they set their scheme of priorities. The vast majority of local authorities would include disability as one of the priority areas at which to look. It is not right to say that the matter is not prioritised but the Senator is right; there are competing priorities. The local authorities must also look at the homeless and other categories of people. The answer probably comes back to raising awareness of the people who have disabilities who are on these lists and ensuring that provision is made for them in the local authority setting. Design

should be done at that level. It is probably not true to say that children with a disability are not prioritised. Quite frankly, they are given as much priority as the local authorities can give them. I would not think otherwise. There are, however, competing priorities. The Senator is right about that. Part of the solution to that problem is improving supply and another part is improving awareness at the level of the local authority. We need to do both of these. I agree with the Senator on that.

With regard to reviewing the national housing strategy, when we were putting together Rebuilding Ireland in 2016, the issue did come up. We were looking at it at that point. It was agreed at that point that we would give it some extra time for implementation. We were going well. It needed more time to bed down. Now that the structures are up and running, we are at a level at which it may be possible for us to take on more ambitious ideas. This report can feed into the work the committee is doing. A review is scheduled to happen next year anyway. We will try to make sure as many people as possible can feed into the review. We need to do a proper consultation on this front across this wide and broad sector in order that we can come back with something meaningful and, we hope, ambitious. A great deal of feed-in will have to be done before that point is reached.

Senator Murnane O'Connor asked whether mental health is a priority. The Housing Agency has done quite a lot of good work in this area. It compiled a document about designing for mental health. This area is probably not as well understood as it might be. It is important that local authorities understand how to design for mental health. I was impressed by a presentation I heard last week from the Housing Association for Integrated Living, which is a very good approved housing body that deals with integrated living for people with mental health difficulties. There are groups that are doing excellent work in this area. It requires a level of expertise that might not be present in every local authority. The people on the committees who are representing the mental health sector have work to do to make sure awareness of these issues is raised. The local authorities should use the guidelines to help them to ensure they are designing for people with mental health issues. While a physical adaptation may be needed, sometimes it is about the location, accessibility or the package of supports. Work probably needs to be done in this space to make sure the support is there. We have put in place tenancy sustainment officers who have been very good in ensuring the tenancies of people with mental health difficulties are sustained. This initiative is jointly funded by the Departments of Housing, Planning and Local Government and Health. The function of the ten tenancy sustainment officers is to ensure people with mental health difficulties continue with their tenancies. When such people experience problems with their tenancies, the supports they require frequently involve making sure they can pay their bills and their rent, etc., and have nothing to do with the house. I am pleased that some good work is happening in this area.

If a local authority says that it wants a bungalow in a particular instance, it may decide to buy one. However, the Senator's question related to new builds. I am not sure we would favour new bungalows under the national planning framework density guidelines. Under the apartment guidelines, 50% of apartments have to be 10% bigger than the minimum. They lend themselves to this area of activity. This is the area of expertise of my colleague, Mr. John Wickham. He knows a lot about it. If a local authority tells us it has an existing bungalow that is potentially a good adaptation model for a decongregated setting, there is no problem with that. If it makes sense in a given area from a cost perspective, that is absolutely fine. I will ask my colleague, Mr. O'Reilly, to answer the question on grant payments.

Mr. Aidan O'Reilly: I am puzzled by Senator Murnane O'Connor's reference to the stop-

start nature of the funding that is provided under certain schemes. It may be a matter of financial management within local authorities because the Department does not hesitate or delay in issuing payments. We are at the halfway point of the year and approximately €22 million of the €71 million available this year has been drawn down. We would love that to increase to more than half of the total fund. We strongly encourage local authorities to draw down money on a just-in-time basis. We are not well served when claims are allowed to build up. I do not know how it would be good for them to wait three months before claiming funding and getting going again. We do not favour such an approach to these schemes. It does not serve anyone, particularly the clients, from a financial perspective. The question of mental health was raised at the meetings we had with local authority staff. We would be interested in any analysis of this area. When we were considering the housing adaptation grants, it came up as an issue that needs to be looked at.

Senator Jennifer Murnane O'Connor: It is not covered by the grants at the moment.

Mr. Aidan O'Reilly: We would provide-----

Senator Jennifer Murnane O'Connor: It is not-----

Mr. Aidan O'Reilly: It would be provided. The question of whether mental health difficulties are rigorously afforded the same level of priority as certain disabilities was picked up as a concern in our recent engagement with local authorities.

Vice Chairman: Does Deputy Barry want to use his remaining time to ask a follow-up question?

Deputy Mick Barry: I strongly agree that decongregation needs to be appropriate and correct and proper supports need to be put in place. I am sure the witnesses will agree with me that such points should not be excuses for implementing the policy of decongregation more slowly than it might otherwise be implemented. There is no one going into congregated settings this year. According to the report, the number of people who went into congregated settings between 2012 and 2017 was 222. Can we take it that this is a thing of the past now? Do the officials anticipate that it will happen in the future or do they think it is a thing of the past? I indicated earlier that if the 2019 rate of progress is maintained, decongregation will be achieved some time in the 2030s. If we said we aimed to get it done within five years, for argument's sake, what would need to happen? Would more finance be required? What measures would we be required to introduce to try to speed up the rate of decongregation?

Dr. Kathleen MacLellan: We know from what we have seen to date that the success factors that apply to the decongregation programme include the availability of housing and our ability to put in wraparound services and tailor them to individuals. There is a need to give individuals time to consider transition. As they move towards transition, any necessary adaptations to the process we are undertaking must be made. As part of the build-up, the roles of staff have been changed to ensure they are in place to support decongregation. Much of that work is complete, but more of it needs to happen. The other point I would like to make about the slower pace of the decongregation programme at the outset is that we probably underestimated how long it was going to take to prepare people to make the transition. Some people were early adopters and were ready to make the transition. Others need time to consider where they want to go, how they want to go and whether they want to go. Much of this relates to the enablers we can put in and the supports we can provide to individuals. We have to allow each individual to make a decision about his or her transition to a decongregated setting. We can probably do better over

time as we support people and work on how we communicate with people. We cannot simply move people out within-----

Deputy Mick Barry: I hear what Dr. MacLellan is saying about people doing this at a pace they are comfortable with. Is the major stumbling block preventing this from being done more quickly the concern of those involved about making the change, or is the delay in getting this done relates more to the ability of the State to provide the housing facilities and wraparound services she has mentioned?

Dr. Kathleen MacLellan: It is a combination of both factors.

Deputy Mick Barry: Is it 50:50?

Dr. Kathleen MacLellan: I honestly could not say. It is probable that the evaluations that are in place will help us to see what are better enablers and what can move more quickly. That is why we welcome the NDA's decision to evaluate this. It is a combination of the concerns of individuals and their families, the preparation of communities as people are being transitioned and the planning of the services we are providing to individuals as they move into the community.

Deputy Mick Barry: I hear what Dr. MacLellan is saying about a combination of the two approaches. If this committee is to accept that point, and I take it that she is an expert in this area, the failure of the State to provide the housing facilities and wraparound services is an important factor and part of the reason that decongregation will seemingly be with us right through the 2020s. We are going to need more discussion on the question of resources.

Deputy Darragh O'Brien: I apologise for not being here earlier as I was at another meeting. I have read the witnesses' opening statements in advance, however.

In my experience, decongregation is complex and sensitive with families and service users. In the case of one group I am dealing with, there is a resistance to decongregation because of people who have been longer in that setting. Obviously, we want people out in the communities. The target should not have been set at 2019. It was overly ambitious. Each individual and family has their own needs. There is certainly a sensitivity around it. I understand what Deputy Barry is asking on that. However, there are some instances where it is difficult to force people into a solution.

Deputy Mick Barry: No one is arguing for anyone to be forced into a solution.

Deputy Darragh O'Brien: Tá a fhios agam. I am just saying it is not black and white and it is not just about meeting a target. I do not disagree with what Deputy Barry said. It is a priority for the committee. It certainly is for myself and my party colleagues. We want the process to move forward at pace, in conjunction and co-operation with the people themselves, who are most important, and their families, keeping their needs in mind.

The national implementation framework and the strategy set out are noble and important. I note in her opening statement, Ms Timmons stated "From a strategic perspective, one of the most significant achievements of the strategy is the establishment of the housing and disability steering groups, HDSGs, in each local authority area". Is there a sense as to how they are working? I am not expecting the Department to hold their hands. However, as they are new, are they being monitored? Is there any oversight?

The housing crisis, both in the public and private housing sectors, is even more acute for people with disabilities. It is more complex, the waiting times are longer and wrap-around services are needed. I have had several cases of young adults and people of my age in their 40s with severe physical disabilities with their elderly parents still caring for them at home. They have no prospect at this stage of any residential assisted living. In community healthcare organisation, CHO, area 9, it took 12 weeks to get an answer by way of parliamentary question as to what the disabilities budget was and then to filter that down to the families in question. It was said the number of people with disabilities on the waiting list is at more than 4,000, but it has been reduced. Are we capturing everybody? The reality on the ground is that parents in these circumstances, nearly 80 years of age, have been engaging with the HSE, the local authority and groups like Praxis Care, as well as having me writing back and forth, but they have been getting nowhere. It is such a sensitive and distressing issue for people, particularly as their ages are advancing and they are wondering what will happen to their kids.

One of the answers we were given at a meeting was that if a solution was not in place and if something happened to one of the parents, then the young adult would have to go to Beaumont Hospital. That is not acceptable. However, that is the reality for many people. I have a case of a 44 year old woman who spent eight years living in a nursing home in north Dublin who has to get a taxi to work. That is the reality of providing housing for people with disabilities in all different types of the spectrum.

While the strategy is good, I am trying to get a handle on the transparency within it. Why can we not be told the allocation in our CHO areas for providing housing for people with disabilities? I agree with Senator Murnane O'Connor that a distinction can be made between both physical and severe mental disabilities when they should not be. In many instances, it is the wrap-around services that are letting the process down. Some cases are complex. Has the Department a view on average waiting times for people with disabilities versus people who are able bodied? From my experience, it is much longer.

We discussed the housing adaptation grants last year when the witnesses were before the committee. It was stated the grants process is being streamlined. When will this be in place? Last year we discussed the number of people in residential care or in hospital waiting for adaptations to be carried out to their houses. I find various local authorities deal with these matters differently. It is a useful tool to adapt family homes to people's needs. However, Mr. Aidan O'Reilly spoke about no backlog in the Department. I find from dealing with local authorities that the processing time takes longer as the year goes on. I am interested to hear what it will mean in real terms for people.

Senator John Dolan: My apologies for not being here at the beginning but I had read the opening statements in advance. I was in the Committee on Health dealing with disability related issues.

My overriding sense is that we are all fools in some way or other. We make representations about real-life situations. The Department provides material for parliamentary questions and tells the committee about the policy. Nothing substantial, however, seems to move on.

Rebuilding Ireland has a piece about people with disabilities. It is full of strategy, substrategy, process and subprocess, with this one feeding into that one and the other feeding into another. It was telling that it did not mention the 3,919 people with disabilities, the known figure from surveys in 2013, who are waiting for housing. We will tell everyone about the processes, along with our commitments and policies, but we are not going to get dirty and say there is an

actual problem.

We have a horrendous housing problem for our general population. We have had the same horrendous housing problem for people with disabilities for decades. The Irish Wheelchair Association, which attended the committee last week, championed and got the first retrofit programme, the disabled persons grant, in the late 1960s and early 1970s. We have trudged along and shoved along since then. That is a sense of the situation.

When it comes to the housing of people with disabilities, is there a difference or nuance between a person holding a primary medical certificate and a person with a medical priority? Are they on the same housing list? Are they weighted the same or differently? How does the council assess somebody as having a disability to prioritise housing needs? That is a very specific question.

Let me return to the description of the housing strategy. It is stated a template for adapted units for the disabled is “currently being designed” by the council’s housing department. This suggests there is none or has not been one. Could we have evidence of the circumstances improving? I acknowledge that quite clear tables have been set out but I cannot see from them that circumstances are getting better for the demographic with needs. I see the numbers concerning different kinds of people with disabilities, the adaptations and the ramps but I cannot see an assessment indicating we are beginning to drain the swamp and that things are getting better, such that the work will be done in five, ten or 20 years. I do not know whether we are treading water. My instinct is that we are losing ground although some extra facilities are being put in. We are receiving factual statistics but they are not being situated in the context of whether we are making progress. The sense of those with disabilities on waiting lists and their families is that circumstances are getting worse, not better. I do not see evidence of an improvement. Page 4 refers to housing adaptation grants for people with disabilities. The table gives figures for the maximum grants for houses erected for more than 12 months and for less than 12 months. If we were addressing the issue, there would be no need to state “less than 12 months” or it would be a much more modest figure because we would be ensuring proactively that developments in the past 12 months are more accessible.

Ms Caroline Timmons and colleagues from the Department of Housing, Planning and Local Government use language such as, “I wish to assure the committee that the provision of housing is a key priority for the Department.” Another individual, perhaps Ms MacLellan, mentioned the competition in regard to priorities. It strikes me that if a Government has said a certain number of individuals will be out of congregated settings by such a date, it will have triaged the situation, decided and indicated a priority, using figures showing what it proposes. Therefore, it should be beyond competition. It is a matter of the Department saying it has considered all the competing factors, nailed its colours to the mast and indicated a date for closing out. God knows, that is what governments do every day of the week. It should go beyond current competing priorities. The main work of the Government is to discriminate and make decisions in budgets and everywhere else indicating what it is doing and the extent to which it is doing so.

There is talk of the national housing strategy being part of a coherent framework. I acknowledge that, on page 4, there is a reference to trends in the right direction. I will not make any particular comments on the Department of Health aspect other than to say over 13,000 young people in nursing homes is the other side of the decongregation coin. The same public body that is trying to get people out is actively putting people in.

Let me focus on one simple point. A small number of children are born every year with a

congenital condition or a condition that arises early in life. Typically, their parents have bought a house and are struggling with the associated costs. The point on eligibility or ineligibility is that the disabled grant can in no way help the parents to provide an accessible home for their affected children. The numbers are small. There may be other children in the house. A child might not be living with his or her siblings in a home that is accessible. We have cracked the nut to allow such children to go to local regular schools. I ask all the delegates to think very strongly about some programme that will make it possible for those families to operate as families inside their front doors, never mind addressing the issues outside their front doors.

Deputy Gino Kenny: I thank the delegates for the presentations, which were very good. I am not sure my point was covered but I will make it very briefly and ask a highly specific question. It concerns the housing adaptation grant for people with disabilities with private houses. I understand the criteria. The income threshold is €60,000 and the grant is €30,000. This leads to many problems. Some adaptations can cost from €50,000 to €80,000. If the income threshold is €60,000 and both parents are on the average industrial wage, they can get nothing. This is absolutely incredible. There is a disregard for children under the working family payment and so forth, but the parents are put over the limit, meaning they get nothing. That is extremely discriminatory. Will there be a review of the income thresholds or the grant? In some cases, there should be a discretionary element. A friend of mine has carried out an adaptation in Clondalkin that cost over €100,000. She got less than €12,000 from the county council. The adaptation was badly needed for her child. There should be a review of the thresholds or the grant given to parents. Where a child has special needs, those needs have to be met in the household. This does not come cheaply. Eleven or 12 years ago, the arrangement was based on where one was living in the county. The delegates may correct me if I am wrong. Land costs and skills costs were taken into account. Will the threshold be up for review in the coming period?

Dr. Kathleen MacLellan: Let me address the issue of nursing homes. The information we have from the nursing homes support scheme database indicates there are 1,200 people under 65 in nursing homes. We know from research by DCU that between a quarter and a half of them may be people with disabilities who are inappropriately placed. The criteria for entry to nursing homes are based on activities of daily living and the need for 24-hour nursing care. It seems the individuals are individuals with complex requirements where support in the community is concerned. We accept fully that it is important that CHOs prioritise addressing how individuals who are inappropriately placed could be placed more appropriately. The CHOs are doing this actively in terms of waiting lists and priorities. Those are the figures we have at the minute. We monitor continually the nursing homes support scheme database to ascertain how the numbers might vary year on year.

Ms Caroline Timmons: I will first address Deputy Darragh O'Brien's questions, the first of which was whether the housing and disability steering groups, HDSGs, were functioning. This may have been said earlier but it was the formation of the groups in the first place that was an important event. There are always improvements that can be made. There are 31 HDSGs and it is probable that they are not all operating in exactly the same manner. That has possibly been a challenge that we need to address and we are addressing it. The Housing Agency has been given the task of reviewing the functioning of those particular groups and it is doing that. It is doing some very good work on drawing up new terms of reference for the HDSGs to ensure they are all working in the same way and standardise how they function. It is also looking at the targets the steering groups are setting in their strategic plans and making sure they are working in the manner they are supposed to, for example, that they meet four times a year and that the four disability sectors are represented on the committee.

On the question as to whether the HDSGs are functioning, I would say “Yes” but there are improvements that can always be made and we are aware of that and trying to make that happen. The housing subgroup will continue to examine that and to ensure that those improve as time moves on. As the steering groups embed further into the system, they will naturally function a little better.

The Deputy also asked if we are capturing the need. This is a good question. Every year, we capture through the summary of social housing assessment who is on the waiting list. The Deputy made a point about emerging needs and we need to be conscious of this. Members will be aware that a housing strategy is developed within the development plan cycle. That cycle will soon start in each of the local authorities. As part of that strategy, it is important that the local authorities do a housing need and demand assessment in which they consider the vulnerable sectors that will need to be accommodated, as well as demographics and who may need housing in the future. Their future projections must be done in a way that accommodates and takes account of many elements, of which disability is one. I am keen that this would happen. We are looking at the housing need and demand assessment in the Department right now. It is one of the objectives under the national planning framework, NPF, and we are keen to work on how we can improve the data we feed into how we do our projections and what we get out of those data for local authorities to inform their plans.

The Department of Health has stated that part of its action plan for 2019 will be to establish future social care needs for people with a disability. We need for this to translate into some information for us in the context of housing which we can feed back into local authorities. The Deputy is right that this is an area we need to be able to cover and do better in the future. While it is not all about the list, the list is very important in providing information on who needs housing today. Both need to function together to form a picture for the local authority.

Deputy O’Brien also asked about adaptation grants. I will pass that query on to my colleague. I will address Senator Dolan’s point.

Deputy Darragh O’Brien: Before Ms Timmons does so, I asked whether the average additional wait time for persons with disabilities had been tracked.

Ms Caroline Timmons: I am checking that. The summary of the social housing assessment tracks waiting times but not specifically for persons with a disability. The Deputy is probably right that people with a disability are waiting longer. That is probably a fact and I do not disagree with him in any way. However, I do not have actual data on those waiting times.

Deputy Darragh O’Brien: The Department might consider tracking those waiting times because we might find-----

Ms Caroline Timmons: Yes. It could be something we could raise at the HDSGs. There are many issues that could be considered as part of that strategy as to what are the priorities. I do not want to overload the HDSGs by looking for too much data but if we could find the key metrics we are looking for, they could all be fed into that, which would be helpful.

Deputy Darragh O’Brien: I thank Ms Timmons.

Ms Caroline Timmons: There were some questions on the adaptation grants but before my colleague responds, I will address the points raised by Senator Dolan. The Senator made the point that nothing happens and I suppose-----

Senator John Dolan: We are not seeing the evidence of it.

Ms Caroline Timmons: The Senator is not seeing evidence of it but-----

Senator John Dolan: Ms Timmons may be modest.

Ms Caroline Timmons: I did not want to let the moment pass without remarking on the amount of work that we see being done. We are in a position to see it because we are working in the area. We see the amount of work being done in the Housing Agency, the local authorities, including Dublin City Council, and by our colleagues in the Department of Health. It is perhaps opportune to ask that we do not lose sight of the amount of work that is going on-----

Senator John Dolan: I acknowledge that there is a lot going on but I do not see much product. The Department is not telling us about the product.

Ms Caroline Timmons: Last year, 1,457 people who have a disability were accommodated in social housing. Obviously, it is a difficult area for everybody but we are working on it. We must not lose sight of the fact that the strategies we prepare and try to implement have an effect. We are doing things better in the area of disability. I do not concur with the Senator on that point. I believe we are doing quite a lot.

Senator John Dolan: Why does the Department not tell us about it?

Ms Caroline Timmons: The committee has received many reports from the Housing Agency and the HSE that would tell members a great deal about what is going on in that area. I hope the Senator will be comforted in learning that we are making this a priority insofar as we can within available resources. Everything is competing, as the Senator pointed out, but we prioritise this area and we fully agree that it needs to be prioritised.

My colleague, Mr. O'Reilly, will address the three questions on adaptation grants.

Mr. Aidan O'Reilly: Deputy Darragh O'Brien asked about the process of reviewing the grants and when it might bear fruit. We aim to have new streamlined and simpler forms available this year. As I said, in our engagement with the local authorities we identified that some work could be done on the paperwork and the structure of the forms. We are scheduled to meet the National Disability Authority, having had engagement with the local authorities, to get its input on the way the forms should be done and the language used.

Reference was made to hospital discharges. We have asked the local authorities to make sure there is live contact between hospitals and local authority staff who can ensure the grants are provided quickly.

Deputy Darragh O'Brien: I appreciate what Mr. O'Reilly is saying but that does not really happen.

Mr. Aidan O'Reilly: It could be patchy or there could be differing degrees of success or otherwise. Again, we addressed this issue in the workshops we held with the 31 local authorities. We will make this issue an important area of response in the performance improvements this year.

Deputy Gino Kenny asked about the maximum housing adaptation grant for people with a disability. The maximum available is €30,000. In the feedback from the local authorities we found that across all of the schemes, €8,000 is also available for older people and mobility

grants of €6,000 are available. Feedback indicated that people are struggling with those limits in some cases. The average grant is often low but this does not mean that cases do not arise where people need significantly more than the current maximum cap. We will consider these caps as part of the review this year. We have to do so in the context of our objective to provide 11,000 grants with €71 million of funding. If we increased the maximum threshold across some or all of the schemes, we might not be able to provide as many grants, even with an increase in funding. Since 2014, funding has increased annually. We need to do the calculations and find where we would be left in terms of spread and the number of grants we could deliver if we were to increase the grants by a certain amount.

Deputy Gino Kenny: Could discretion be shown in some cases? For example, could the review make exceptions in cases where the cost of housing adaptation is €100,000 or more?

Mr. Aidan O'Reilly: We definitely encourage local authorities to be inventive in how they respond to different grant schemes. We would not recommend to a local authority, if it were to ask us, that it stray above the €30,000 maximum in many cases. In most cases, we do not have such information as the local authority will decide on the merits of the case. From the feedback we have received, the local authorities do not stray much above the maximum amount. I believe it is very much the local authorities' view that if they were to set a precedent by exceeding the maximum amount of €30,000 or whatever the case may be, it could make it difficult for them to refuse further applications for grants exceeding the maximum amount. Rather than having individual local authorities responding in one area and not in another, the smarter way to do this would be to review the maximum amounts across all schemes and increase them where construction charges have increased.

A question was asked about earnings. The €60,000 rule has been in place for a while. Again, it is something at which we would need to look. If we were to receive an increase and increase the maximum limits and the figures for earnings, what would be the impact in trying to spread the number of grants and spread the benefit of the grants as widely as possible? I probably have more of an expectation that we would look positively at the maximum grants and perhaps not so much at the earnings limits. We have not decided on either of them, but there is a realistic prospect in terms of what might and might not change.

Senator Dolan made a good point about the gap between policies and strategies and implementation. It is absolutely the case. If we are not getting down and dirty to figure out where the blocks and challenges are in implementation, we will struggle, even with the best strategies. I know that the housing adaptation grant is just one of a suite of responses we make, but we have made the effort in working with 31 local authorities to try to flush out what are the different approaches, the blockages and the mindset of staff dealing with them. They might vary from one local authority to another. Is one local authority very rigid on the paperwork it is demanding, while another is more fluid? Is one a little more flexible on the maximum grants than another? We have tried to drill down to get the real practitioners in the local authorities to figure out some of the solutions. What we want to do next is to engage with the likes of the NDA and other bodies to try to improve the position.

I know that the number of people who require housing poses a challenge. A project is to be opened in the next couple of weeks in Slane, County Meath. It involves 17 units for people with disabilities as part of an overall development of 26. I have not seen it, but I will probably attend the opening. I look forward to seeing the quality of what is being built there and the difference the 17 houses will make in a blended development. It is only one set of new houses, but, obviously, for the people who will occupy them, it will be a real life changer.

Ms Patsy Carr: I return to the point made by Deputies Barry and Darragh O'Brien about decongregation. I do not want to leave with a negative view of what we have achieved in what we believe has been a hugely positive process. Deputy Barry wanted to know why we were not meeting targets. I am not familiar with the 2019 target. The target with which I am familiar was set in 2016 by the Government. It was that, by 2021, we would have reduced the number by one third. We will achieve that target. A number of things happened, starting with the economic downturn in 2009. Regulation was introduced during 2013 and we had a change of model for services which involved something new for staff and individuals. We will only move people who will be moved in the new process and under the new care model which involves a wraparound support service. To deliver, we need accessible housing stock and to adapt all housing. That will take a considerable amount of time. I am sure the Deputy shares our deep regret that a number of people took properties off the market when they found out that the HSE was buying them. Frankly, I cannot understand this. We need to be able to acquire properties that are centrally located also. It all takes time, but the process has been hugely successful for the people who have moved in.

Deputy Eoin Ó Broin: On the adaptation grant, in another area of work the Government is looking at the possibility of having a blended grant and loan finance model for retrofitting private properties. It would be a shame if it was to be introduced without that type of facility being made available to private homeowners for the purpose of adapting their own home. It would not be a significant additional cost, but having such a model whereby someone would receive a grant, regardless of whether the figure was up to €30,000, and could then access long-term low-interest finance would be eminently sensible. I urge whoever is looking at the matter - be it the Department of Housing, Planning and Local Government or some other Department - with reference to energy efficiency retrofitting, to talk to the delegates to see if it could be applicable to adaptation grants. It seems it would be a solution that would work for many families.

Senator John Dolan: There are 1,300 people with disabilities in nursing homes. It is my understanding the profile shows that they are in their eighties. They are quite vulnerable and, on average, spend two years there. Whatever about those who need very specific and scaled up supports, places for people within that profile are not appropriate for younger people with disabilities. We are all a bit younger and know this innately.

I made a request of the delegates which I also make of the committee. Deputy Gino Kenny backed it up with the points he made about how we could countenance the idea of not having specific supports for children to allow them to live in their own home in the same way as their brothers and sisters. We have many challenges with footpaths and in all other places. The children are actually attending mainstream schools but cannot be free and easy in their own home. There can be lots of solutions, but the issue must be taken by the scruff of the neck. I look to the Chairman and the committee to underline it.

Vice Chairman: We have had two days of very informative engagement on this issue. I know that there is a different policy in each country on the allocation of funding. In my county it is done on the basis of time. The local authority receives the allocation and then advertises. There is a closing date and the money is then allocated. I think Senator Murnane O'Connor might have referred to the fact that sometimes some of the money was not spent but then became available towards the end of the year. I often question the timing and the fact that there is a closing date. What has happened on a number of occasions in my county is that there has been no funding available for people who are probably more deserving but who apply later in the year. Sometimes I question the model, whereby if one does not spend the money, one will

lose it. Sometimes when a closing date is advertised, people who apply for grants probably do not need them, but they eat into the resources that might be required later in the year by people who are more deserving of them. Having a rolling fund available should be looked at, as opposed to advertising a specific closing date.

My next point concerns the State not being in a position to deal with everybody with disabilities. We all know that we do not have the stock of housing required. I hope we will have the right level of stock in the future. Are there incentives to persuade landlords to adapt their properties for use by people with disabilities?

Mr. Aidan O'Reilly: To respond first to the question about grants, we simply do not want to have closing dates. If we hear about them, we talk things through with the local authority. We would have heard about them in the recent engagement. We also hear about them anecdotally or in political representations. We do not encourage or see the logic in having closing dates. Having gone down in the period up to 2013, we have been in a good position in the past few years where funding has been on an upward trajectory. The situation with the adaptation grant means that a local authority knows at the start of every year that it will at least get the same funding, if not increased funding, the next year. There is an opportunity to operate on rolling, open-all-the-time basis. That point arose during the recent engagements. A rolling approach as opposed to a deadline or closing date approach is what we want to see being used everywhere.

Vice Chairman: I appreciate that.

Ms Caroline Timmons: Regarding the question on incentives for landlords, we would have to tease out what the Vice Chairman meant by that exactly. It sounds like something that could be explored. Our Department does not have anything specific for landlords in that respect.

Vice Chairman: Either the State provides housing for people with disabilities or the private individual must adapt his or her own home. We are not meeting the needs of people with disabilities, but the State cannot meet them within its own physical stock, and the private individual is in his or her own residence. However, there are landlords whose houses could be adapted for people with disabilities if there were specific incentive schemes for them to provide such accommodation. It is about trying to increase the housing supply.

Ms Caroline Timmons: There are two aspects to that, the private and the public. Where we engage with landlords in leasing housing for social housing tenants under certain arrangements, we could easily do that. Where the private sector is concerned, though, it would be more complex and we would have to-----

Vice Chairman: Yes. I was referring more to the first set and the people on the housing lists whom we will not reach. If there was an incentive, we could enter into an agreement with a landlord to adapt a house to meet specific needs. I do not believe that there is any such incentive now.

Ms Caroline Timmons: There might not be a specific incentive, but that would not necessarily be an issue if the housing in question was being provided under a long-term lease. It depends on a number of factors. It is an idea that needs more teasing out with my colleagues to see whether we could facilitate it. If it was coming to us as a recommendation from the committee, that would enable us to take it forward and do the necessary exploratory work. I would be happy to do that. There might be grants that could connect to it.

Mr. Aidan O'Reilly: The private house adaptation grant would provide in some cases for

the adaptation of a private house for renting. I do not know whether it is extensively used, but it is available in some of the situations in question.

Vice Chairman: I thank Mr. O'Reilly. I thank all the witnesses for attending this meeting and engaging with the committee. These have been two very informative days and they will feed into our report. Our next meeting will be on Wednesday, 18 September. I hope everyone enjoys the summer recess.

The joint committee adjourned at 12.15 p.m. until 9.30 a.m. on Wednesday, 18 September 2019.