

Residential Institutions Statutory Fund Approved Services

This paper aims to:

- *list the services which may be “approved services” for the purposes of the Act,*
- *assess the degree to which those services are publicly available to those former residents who live in Ireland and*
- *note the regulatory/quality assurance arrangements for the services.*

Under each possible approved service, there are also some suggestions about the criteria which the Board could use. These suggestions are put forward tentatively in order to facilitate Board discussion. As a general principle, it is assumed that services to which the former resident is entitled and which are actually available should not be further funded by the RISF.

Introduction

The *Residential Institutions Statutory Fund Act 2012* requires the Board of the Residential Institutions Statutory Fund (the RISF) to, among other things:

- determine whether a service is an “approved service” under Section 8 of the Act and
- set out the criteria by reference to which the Board will decide whether to make an arrangement for the provision of approved services to former residents or pay grants to former residents to enable them to avail of approved services (Section 9).

In doing these things, the Board must have regard to the existence of publicly available services and the need to secure the most beneficial, effective and efficient use of the resources available.

When deciding whether a service is an “approved service” and in setting the criteria, the Board must have regard to the likely effect of the provision of the service on the health and general well-being, the personal and social development, the educational development or the living conditions of a former resident. This is an individual assessment that must be made in the case of each applicant.

The Board must also have regard to the need for minimum standards to be met by a provider of an approved service. This requires that the Board take account of the regulatory/quality assurance arrangements in place for the providers of the relevant services.

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Where services are provided by regulated professionals or where there is a body which sets and monitors standards (for example, HIQA) this requirement should not constitute a problem for the Board. The Board could reasonably rely on this statutory regulation without further inquiry. However, where there are no regulatory bodies, for example, in the area of alternative medicine or home care providers, the Board may need to have its own assessment of standards.

Categories of Approved Services

The Act (Section 8) provides that the approved services may be:

- health and personal social services,
- education and
- housing support services.

It lists the possible health services in some detail, does not define education services at all and specifically excludes certain housing supports without defining the included housing support services.

It is open to the Board to categorise different services as approved for particular groups of former residents and to have different criteria applying to different groups. So, for example, the Board could have certain services approved for former residents who are, say, over the age of 65, or for former residents who live in remote areas.

(The Act also provides that the Minister for Education and Skills may prescribe other services but this does not arise for now.)

Retrospection

The Board may wish to consider whether it should allow any retrospective applications, that is, in respect of relevant expenses incurred since the establishment of the Board.

Income maintenance and social welfare services

The Act does not list income maintenance and social welfare services among the “approved services”. However, the Board needs to take account of the former residents’ entitlement to such services. For example, it may become apparent when a former resident applies to the RISF for services that he/she is not claiming a relevant social welfare payment (for example, a Respite Care Grant if the applicant is in need of care) or a benefit such as the Household Benefits Package.

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Effect of getting RISF assistance

While redress received by the former residents is not taken into account in the social welfare means test, there does not seem to be any similar provision for payments under the RISF Act. The Board could consider asking the Minister for Social Protection to exclude payments received from the RIRF from the means test (this could be done in the *Social Welfare Bill* which will be presented in November 2013).

Part 1: Health and personal social services

The Act lists mental health services separately from health and personal social services even though mental health services are part of the general health services and the rules about entitlement to free or subsidised services are the same.

Mental health services are described as “relating to care and treatment of a person suffering from a mental illness or a mental disorder, a counselling service or a psychological support service”.

Health and personal social services are described as including:

- a general practitioner, medical or surgical service provided by registered doctors,
- a hospital treatment service,
- a pharmacy service including provision of drugs, medicines, medical or surgical appliances,
- a nursing service provided otherwise than in a hospital,
- a service to assist in the maintenance at home of a former resident who is sick or infirm and who, but for the provision of the service, would require to be maintained otherwise than at home,
- a dental, ophthalmic or aural treatment service, including provision of a dental, ophthalmic or aural appliance,
- a service of an ancillary nature such as chiropody, chiropractic, occupational therapy, physiotherapy, podiatry or speech therapy.

This list is not exhaustive and it is open to the Board to include other services in this category.

Entitlement to health and personal social services

People living in Ireland have an entitlement to a range of free or subsidised health and personal social services. In practice, some of the services to which there is a theoretical entitlement are not actually available or cannot be accessed within a reasonable time.

The main distinction in entitlement to health services is between medical card holders and non-medical card holders. Medical card holders are entitled to the full range of health services, mainly free of charge. Non-medical card holders are entitled to some free and some subsidised services.

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Medical cards

Medical cards are awarded mainly on the basis of a means test. (Some people are entitled to a medical card on the basis of EU law and without a means test but it is unlikely that this is relevant to many former residents.) The weekly means limits for medical cards at present are:

	Age		
	under 66	66 – 69	70+
Single person living alone	€184	€201.50	€600
Single person living with family	€164	€173.50	€600
Spouses, civil partners, cohabiting couples, single parents (if under 70)	€266.50	€298	€1,200

In practice, the vast majority of people over 70 (92%) have medical cards.

If a couple aged over 70 have a medical card and one of them dies, the surviving partner may retain the medical card for three years provided his/her income is less than €1,200 a week. After that, the income limit for a single person (€600) applies.

These limits are applied taking account of income from virtually all sources and deducting tax, PRSI and the Universal Social Charge in the case of people under 70. There are additional allowances for dependent children and for reasonable expenses incurred in respect of childcare costs and rent or mortgage payments. Weekly travel costs to work are also allowed.

No deductions are made in the case of people over 70.

A medical card may also be awarded in cases of hardship or if there are exceptional medical expenses and the person's means are not much above the relevant limit. For example, they are sometimes awarded if a person is suffering from a terminal illness. These are usually called "discretionary" medical cards but they are exactly the same as other medical cards. There is anecdotal evidence that there has been a reduction in the number of discretionary medical cards awarded over the past few years but the HSE says that their rules about this have not changed. As the total number of medical cards has been steadily increasing over the past few years, it is impossible to be certain about this.

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GP visit card

A GP visit card may be awarded to people aged over 70 whose weekly gross income is between €600 and €700 for a single person and between €1,200 and €1,400 for a couple. It may be awarded to people aged under 70 if they meet the means limits – these limits are 50% greater than the limits for a medical card. The means test is the same.

A GP visit card means that the holder gets GP visits free of charge. Otherwise, they are in the category of non-medical card holders.

Hep C sufferers

People who have contracted Hepatitis C from blood products or a blood transfusion in Ireland are entitled to a Health Amendment Act Services Card without passing a means test. They are entitled to the same range of services as medical card holders as well as counselling services free of charge. They do not have to pay prescription charges.

Service: Doctor/GP services

Publicly available: The services of the chosen GP are free of charge to medical card holders, GP visit card holders and Hep C card holders. People choose their GP from a list of eligible GPs. There does not seem to be a difficulty in finding such a GP.

Regulation: GPs are subject to statutory regulation by the Medical Council.

Possible Criteria: Medical card, GP visit card and Hep C card holders should not be eligible for any assistance from the Board in respect of the cost of GPs as they are fully covered already. The Board could consider assisting those former residents who do not have such a card and whose income is low or who are in poor health and have to visit their GP frequently. Perhaps people over 70 should not get such assistance as their income limit is quite high. The Board could consider the over 70s limit as the limit it would use for all. The total amount of assistance which would be given could be linked to the amount of the payments which the HSE makes to GPs to provide services to medical card and GP visit card holders. GPs are not paid for each visit but they get a lump sum amount (capitation fee) to cover each patient (plus a range of payments to cover practice expenses). The capitation fee is related to, among other things, the person's age, sex and whether they live at home or in a nursing home. For example, the current capitation fee for a man aged 45 – 65 living at home is €110.38 and it is €271.62 for anyone aged over 70 living at home.

The full list is at: <http://www.hse.ie/eng/staff/PCRS/circulars/FEMPI%202013.pdf>

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Service: Hospital services

Publicly available: Everyone living in Ireland is entitled to acute hospital treatment in a public bed in a public hospital free of charge. Medical card holders are entitled to maintenance in public hospitals free of charge (as are a small number of other groups). Non-medical card holders (with some exceptions) must pay a daily charge for maintenance in public hospitals (currently €80 a day to a maximum of €800 a year).

Everyone must pay for private hospital treatment and maintenance in public hospitals and in private hospitals.

It would appear that access to public hospitals for emergency care is good but that there can be long delays in getting appointments for what are regarded as “elective” procedures, for example, hip replacement or cataract operations. The Special Delivery Unit of the HSE has responsibility for reducing waiting lists.

Access to public out-patient services is notoriously poor. Some private hospitals now offer such services.

Regulation: Public hospitals are subject to inspection by HIQA. Private hospitals are not currently subject to regulation but this is expected to change soon. Health insurance companies do vet private hospitals so the Board could reasonably expect that those private hospitals which are recognised by the health insurance companies would have reasonable standards.

Possible criteria: The Board could consider assisting former residents who cannot get quick access to “elective” but life-enhancing procedures. Discussions could be held with the Special Delivery Unit about the best way of doing this. Alternatively, the Board could consider a direct arrangement with one or more private hospitals to provide such services for former residents. For example, the Board could consider negotiating with the private hospital(s) to provide services to former residents at lower than standard rates. The rates which the health insurance companies pay for the relevant procedures could be used as the standard. Similarly, the Board could consider an arrangement with one or more private hospitals to provide out-patient services to former residents. Clearly, any assistance provided would have to be subject to a GP or consultant doctor’s recommendation.

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Service: Drugs, medicines and medical/surgical appliances

Publicly available: Medical card holders are entitled to prescribed drugs and medicines free of charge subject to a prescription charge of €1.50 for each prescription up to a maximum of €19.50 a month. (Hep C card holders do not have to pay the prescription charges). The Primary Care Reimbursement Service of the HSE has a list of the drugs and medicines that are approved. In hardship cases, the HSE may provide help with the cost of drugs and medicines which are not on this list.

People who are suffering from the following long term illnesses get the prescribed drugs and medicines for the treatment of that illness free of charge and without prescription charges: acute leukaemia, cerebral palsy, cystic fibrosis, diabetes insipidus, diabetes mellitus, epilepsy, haemophilia, hydrocephalus, mental handicap, multiple sclerosis, muscular dystrophy, Parkinson's disease, phenylketonuria and spina bifida.

Non-medical card holders pay a maximum of €144 a month for prescribed drugs and medicines (from the Primary Care Reimbursement Service list).

Medical card holders may get medical and surgical appliances such as wheelchairs and walking aids free of charge. Non-medical card holders may get some help with the costs depending on their medical condition and their means.

Regulation: Medicines are statutorily controlled by the Irish Medicines Board and pharmacists are subject to statutory regulation by the Pharmaceutical Society of Ireland.

Possible criteria: The Board could consider giving assistance with prescription charges paid by medical card holders and with the maximum €144 a month which may be paid by non-medical card holders. In the case of the €144 a month payment, there would need to be an upper income limit for such payments with, perhaps, a sliding scale below that level. For example, it would seem reasonable to assist GP visit card holders with this charge. The income limits chosen be aligned with any similar limits in relation to granting assistance with GP costs.

The Board could also consider giving assistance with aids and appliances such as wheelchairs. It could assist in the purchase of better quality and more sophisticated appliances than are provided by the HSE. In particular, it could assist with the costs of wheelchairs, walking aids, specialist beds and various assistive technologies where these were assessed as being medically necessary or as contributing to a better quality of life.

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Upper limits on the amounts that could be granted would need to be examined in the light of current prices. The Board should note that a refund of VAT may be obtained on certain aids and appliances which are used by people with disabilities to help them to live independently.

Service: Home nursing

Publicly available: The HSE has a statutory obligation to provide public health nursing services free of charge to medical card holders and to other groups who may be specified by the Minister for Health (no such other group has been specified).

In practice, public health nurses mainly provide services to older people, children and people with disabilities. The services provided can include basic nursing care, advice and assistance, essential weekend nursing and sometimes twilight nursing. In practice, there are not enough nurses available to meet all the needs.

Some voluntary organisations provide home nursing services, notably, the Irish Cancer Society. The various hospices also provide home nursing. These services are generally provided free of charge to patients who are terminally ill.

Regulation: nurses are statutorily regulated by An Bord Altranais.

Possible criteria: The Board could consider assisting with home nursing services for former residents who have been assessed by the HSE as needing such services but where the HSE is not in a position to provide them. Standard nursing rates of pay could be applied. Any assistance with home nursing would probably also need to take account of the associated need for home help and other services.

Service: Health care assistants

Publicly available: The HSE is not obliged to provide this service. The HSE employs some health care assistants to assist the public health nursing service. Care assistants generally provide personal care rather than domestic services but there is some overlap between what they do and what home helps do.

Regulation: There is no regulation. In some cases, care assistants are required to have a FETAC qualification (the equivalent qualification that is required of care assistants in nursing homes).

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Possible criteria: The Board could consider assisting with the provision of care assistants home nursing services for former residents who have been assessed by the HSE as needing such services but where the HSE is not in a position to provide them. Any such assistance would probably also need to take account of the associated need for home help and other services. The Board would need to set basis standards for the people involved.

Service: Home helps

Publicly available: The HSE is not obliged to provide this service. Home helps may be employed directly by the HSE, by voluntary organisations on behalf of the HSE or by private suppliers who have an agreement with the HSE. They assist with normal household tasks such as shopping and cleaning and are assigned to people who are unable to carry out such tasks themselves. Availability varies greatly from place to place. There may be a small charge, even for medical card holders, but not for Hep C card holders.

Regulation: There is no regulation of home helps nor of the suppliers of home help services.

Possible criteria: The Board could consider assisting with home help services for former residents who have been assessed by the HSE as needing such services.

Service: Personal Assistants

Publicly available: The HSE or the Center for Independent Living may provide personal assistants to enable a person to live independently. There is no obligation to provide the service. In practice, it is very limited and tends to be available to people with disabilities who are enabled to work by having a personal assistant.

Regulation: There is no regulation.

Possible criteria: The Board could consider assisting former residents who need the service to access it. In general, this involves a full time employee so the costs are considerable.

Service: Home care packages

Publicly available: Home care packages may be available to people who would be able to remain in their homes if a level of care was available. There is no obligation on the HSE to provide these packages. The criteria for qualification remain quite unclear. In practice, the packages are provided through private providers who have agreements with the HSE. Each package is tailored to the needs of the individual and can include home nursing, home help and the various ancillary services.

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Regulation: There is no statutory regulation of the provision of home care services.

Possible criteria: The Board could consider assisting with the provision of such packages to former residents who are assessed by the HSE as needing such a package in order to be able to continue living at home. The Board could consider that it is appropriate to approve those service providers which are approved by the HSE.

Service: Respite care

Publicly available: The HSE is not obliged to provide respite care services. Availability varies considerably around the country. In general, respite care is provided in public hospitals and nursing homes.

A Respite Care Grant is available from the Department of Social Protection. It is payable to people who are receiving Carer's Allowance and Domiciliary Care Allowance and to others who are providing care on a full time basis. The money does not have to be spent on respite care.

Regulation: As for hospitals

Possible criteria: The Board could consider assisting with respite care for former residents who are themselves receiving full or part time care and for former residents who are carers. This could involve a top-up on the Respite Care Grant or the equivalent of the grant to people who do not qualify for it.

Service: Dental, Optical and Aural services

Publicly available: There is a social welfare scheme (Treatment Benefit) which is available to people who have enough Class A PRSI contributions and their partners. The benefits from the schemes are now very limited.

The scheme covers one free dental examination a year and a contribution towards the cost of extractions and fillings; one free eye examination every two years and half the cost of a hearing aid (up to a maximum figure) and half the cost of repairs to hearing aids.

The HSE is obliged to provide dental, optical and aural services to medical card holders and Hep C card holders. Services are provided directly and through private dentists and

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opticians while aural services are usually provided directly. In practice, there are priority lists and, at times, only emergency or urgent treatments are carried out.

Regulation: All the professionals concerned are subject to statutory regulation.

Possible criteria: The Board could consider assisting former residents with the costs which they have to personally incur for dental, optical and aural care. This could involve covering the full costs of routine dental and optical care for people with incomes below a certain level, for example, people who have medical cards or GP visit cards. Set contributions could be made to the costs of more advanced dental care. The Board could also consider assisting with the costs of more sophisticated hearing aids than are partially covered by the HSE.

The Board could use as a guide the amounts which the health insurance companies pay towards these costs. For example, one VHI plan, *HealthSteps Gold Plan*, provides for seven visits a year to a dentist at €35 for each visit. It covers 75% of the cost of eye tests, glasses and lenses up to a maximum of €100 in two years. It provides €35 towards a hearing test every two years.

Service: Ancillary services

The Act includes chiropody, chiropractic, occupational therapy, physiotherapy, podiatry or speech therapy under the category of ancillary services. Chiropodists are gradually changing their name to Podiatrists.

VHI calls most of these services “complementary therapies” – Chiropodists/Podiatrists, Dieticians, Occupational Therapists, Speech Therapists and Orthoptists. Chiropractic is regarded by the VHI as alternative medicine rather than as ancillary or complementary services. The regulatory regime which is being put in place – see below – would seem to support the VHI’s rather than the Act’s view of chiropractic.

Publicly available: HSE physiotherapy, chiropody, occupational therapy, speech therapy and dietician services are generally hospital based so entitlement to services is the same as for hospitals. The HSE also provides a limited community service mainly for older people and people with disabilities; this may be done directly or through voluntary organisations. These services, where available, are free to medical card and Hep C card holders. The HSE is not obliged to provide these services in the community.

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Private physiotherapy, chiropody and dietician services are fairly widely available. There is some private OT and speech and language therapy service but it is limited by the shortage of personnel.

Regulation: A regulatory system is gradually being put in place for health professionals including psychologists, chiropodists/podiatrists, orthoptists, physiotherapists, speech and language therapists and occupational therapists. They are, or will be, regulated by CORU, the Health and Social Care Professionals Council: www.coru.ie

Possible criteria: The Board could consider assisting former residents to avail of these services from private practitioners if they are assessed as being in need. The VHI currently cover seven visits a year at €35 a visit for each of these services; this could be used as a guide by the Board.

Service: Transport services to hospitals and other health services

Publicly available: The HSE provides some transport services to hospitals and to day care centres. The situation varies very widely around the country.

Regulation: Bus, train and taxi services are all regulated.

Possible criteria: The Board could consider assisting with the transport costs of former resident who need to access health services. Taxi fares are set by the Taxi Regulator.

Service: Nursing homes

Publicly available: People who need nursing home care have to pay a maximum of 80% of their income and 15% of the value of their home. At present, there are no significant delays in accessing the service.

Regulation: All nursing homes are subject to registration requirements and are monitored by HIQA.

Possible criteria: This is a statutory scheme with clear rules, a cap on the individual's financial contribution and available to all. It is difficult to see why the RISF should further subsidise nursing home care.

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Service: Psychological and Counselling services

Publicly available: The HSE provides psychological services to a limited extent. There is no obligation to provide the service. Private psychological are reasonably widely available.

The HSE's National Counselling Service gives priority to adult survivors of institutional abuse. There are a number of other counselling services available.

Regulation: Psychologists will be regulated in the same way as other health care professionals – see above. There is no regulation of counsellors or psychotherapists.

Possible criteria: The Board may consider assisting with private psychological services for former residents. Again, the VHI cover could act as a guide – seven visits a year at €35 a visit.

Service: Alternative therapies

Publicly available: The HSE does not generally provide for alternative therapies. A range of alternative therapies is privately available. The VHI covers the following alternative therapies: Acupuncturists, Chiropractors, Osteopaths, Physical Therapists and Reflexologists. These are covered for a total of seven visits a year at €35 a visit.

Regulation: There is no regulation.

Possible criteria: The Board could consider assisting with the costs of such therapies on broadly the same basis as the VHI.

Part 2: Education services

The Act does not specify what educational supports may be provided.

The Education Finance Board (EFB) had a set of criteria for the award of grants. These criteria were revised from time to time. The majority of applications to the EFB were from family members of former residents while a relatively small proportion were from former residents themselves. As the RIFB may support former residents only, the criteria used by the EFB may need to be adapted. In particular, primary school support programmes should probably not be included.

It is suggested that the criteria about educational supports be expanded and made more specific in order to encourage former residents to avail of the scheme. For example, this could cover computers for people going back to education. The DSP Back to Education Allowance scheme used to provide a “cost of education allowance”. This was €300 when it was abolished at the end of 2012. The Board could consider making such a payment to former residents who decide to avail of this or similar back to education schemes.

The Board could consider whether specific supports for training schemes should be made available.

The Board also needs to consider to what degree former residents who got assistance from the Education Finance Board should get assistance from the RISF or whether those payments should be taken into account at all.

Part 3: Housing Support Services

Housing support services are defined in the Act as including the adaptation or improvement of real property but not including financial aid for the purchase, mortgage or charge of real property. In effect, the Board may not support the buying of a property or the repayments of a mortgage on a property. It could, however, support rent payments.

Support for rent payments

Rent Supplement may be available from the Department of Social Protection to help meet the cost of rent in privately rented accommodation. The rules are very complex but, in general, recipients have to meet the first €30 (single person) or €35 (couple) a week from their own resources. People who work more than 30 hours a week do not generally qualify for the supplement (there are some exceptions).

The Board could consider assisting with the personal contribution or assisting with the rent for those former residents who do not qualify for the supplement.

Former residents who live in local authority housing pay rent under the differential rent scheme. Different schemes apply in different local authority areas but it is expected that a more uniform scheme will be put in place in 2014. In general, these schemes reflect income and it would be difficult to justify further assistance.

Current grants for house adaptations and improvements

There is a range of grant schemes for housing adaptations and improvements. They are mainly aimed at people with disabilities and older people.

Generally, a report from an Occupational Therapist is required for these grants. There are often considerable delays in getting the services of an OT to carry out the assessment. This is mainly because of a shortage of OTs.

Housing Adaptation Grant for People with a Disability

The Housing Adaptation Grant for People with a Disability Scheme is administered by local authorities and provides grant aid to applicants to help in the carrying out of works that are reasonably necessary for the purposes of rendering a house more suitable for the accommodation needs of a person with a disability.

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The effective maximum grant under the scheme is €30,000, which may cover up to 95% of the approved cost of works. The maximum grant may be paid in cases where the gross household income is less than €30,000. Reduced grants may be payable where the household income is more than €30,000 but less than €65,000.

The scheme can cover a range of works including the provision of access ramps; stair-lifts; downstairs toilet facilities; accessible showers; adaptations to facilitate wheelchair access; extensions; and any other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability.

Mobility Aids Grant Scheme

The Mobility Aids Grant Scheme provides grant aid to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing, for example, grab-rails, access ramps, level access showers and stair-lifts.

The effective maximum grant is €6,000 which may cover 100% of the cost of works. The maximum is payable if the gross household income is less than €30,000.

Housing Aid for Older People

The Scheme of Housing Aid for Older People is available to help people aged over 60 to have necessary repairs or improvements carried out to their homes. The effective maximum grant is €10,500 which may cover up to 100% of the cost of works. The maximum is payable where the gross household income is less than €30,000 and a lower grant may be payable up to an income of €65,000. The scheme can cover works such as structural repairs or improvements; re-wiring; drylining; repairs to / replacement of windows and doors; provision of central heating, water and sanitary services; contract-cleaning; painting and radon remediation works.

Publicly available: Local authorities are allocated an amount of money for each scheme. When that money is used, further applications have to wait until the following year. There are also considerable delays in getting the Occupational Therapy assessment completed.

Possible criteria: The Board could consider assistance to former residents to grants to cover some or all of the costs not covered by the local authority grants or where the works are not covered at all by the local authority. If this were to be decided, criteria on assessment of need, tax clearance and quality assurance of builders would be needed.

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The costs of hiring a private Occupational Therapist could also be considered in order to speed up the application process.

Sustainable Energy Authority schemes

Better Energy Warmer Homes Scheme

The Better Energy Warmer Homes Scheme is operated by the Sustainable Energy Authority of Ireland (SEAI). It aims to improve the energy efficiency and warmth of homes owned by people on low incomes. The work that may be funded includes attic insulation, draught-proofing, lagging jackets, energy-efficient lighting and cavity wall insulation.

Better Energy Homes Scheme

This scheme provides grants to certain homeowners to improve the energy efficiency of their home. Grants are available for solar heating, attic and wall insulation, high efficiency boiler installation and a heating controls upgrade.

Publicly available: These grants seem to be paid promptly.

Possible criteria: The Board could consider assistance with the costs not covered by SEAI but would need to have income limits for the Better Energy Homes Scheme.

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