The Role and Future Development of Supportive Housing for Older People in Ireland

National Council on Ageing and Older People
An Chomhairle Náisiúnta um Aosú agus Daoine Aosta

The Role and Future Development of Supportive Housing for Older People in Ireland

Kevin Cullen, Sarah Delaney and Ciarán Dolphin

National Council on Ageing and Older People

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FOREWORD

As Chairperson of the National Council on Ageing and Older People (NCAOP), it gives me great pleasure to present the report, *The Role and Future Development of Supportive Housing for Older People in Ireland.* The report details the results of research that provides, for the first time in Ireland, a picture of the number, location and source of supportive housing units specifically for older people.

The Council notes an increased emphasis on supportive housing for older people in key national policy documents including *Towards 2016* (Government of Ireland, 2006) and the *National Action Plan for Social Inclusion 2007-2016* (Government of Ireland, 2007), as well as the establishment of a cross-departmental team on sheltered housing. The Council welcomes these developments and believes that this report is timely, as it highlights a range of issues that are critical to the future development of the sector. These include the need for standardisation of types of supportive housing and the services provided therein, the need for increased capital and revenue funding for voluntary housing providers, and the need for increased input from the Health Service Executive (HSE) into supportive housing schemes in general and the need for clarification of regulatory issues relating to care services provided in supportive housing schemes.

The Council believes that supportive housing should be considered as one element in a continuum of accommodation options for older people. The majority of older people want to remain in their own homes for as long as possible and should be enabled to do so through the provision of grants to repair, upgrade and adapt their homes. However, some older people may wish to move to alternative accommodation for safety and security reasons, while others may be inappropriately placed in long-stay care services due to lack of alternative supports in the community. Supportive housing is an ideal alternative for these latter groups. The critical issues here are ones of availability, choice and equity of provision to ensure that all older people are enabled to live in dignity and independence, irrespective of accommodation type, and receive the right care, in the right place and at the right time.

On behalf of the Council I would like to thank the supportive housing providers who completed the survey and the older people, service planners and providers who agreed to be interviewed as part of the research. I would also like to thank sincerely the authors, Kevin Cullen, Sarah Delaney and Ciarán Dolphin of the Work Research Centre.

I would also like to thank Bernard Thompson, who chaired the Consultative Committee that advised on the progress of the research and oversaw the preparation of the report. Sincere thanks are also due to the members of the Committee: Janet Convery, Mary Hanlon, John Laffan, Sr Mary Lalor, Karen Murphy, Kate Shortall, David Silke, David Wilkinson and Natalie Vereker.

Finally, I would like to thank the Council's former Director, Bob Carroll, and its Research Officer, Sinéad Quill, who steered the research on the Council's behalf. Particular thanks are due to Helen Bradley who prepared the report for publication and to Margaret Flynn and the Council's administrative staff for their assistance throughout the course of the project.

AUTHORS' ACKNOWLEDGEMENTS

This report was commissioned by the National Council on Ageing and Older People. The Work Research Centre conducted the study. The study team comprised Kevin Cullen (Study Co-ordinator and Centre Director), Sarah Delaney (Senior Research Consultant) and Ciarán Dolphin (Research Consultant).

We acknowledge the support and assistance of many individuals in completing this report. In particular, we would like to thank the directors and staff of the housing departments of the local authorities, the members of the voluntary housing organisations, and representatives of older people for participating in the research and making such an important contribution. We also extend our thanks to the members of the Supportive Housing Consultative Committee for their guidance and support throughout the research: Janet Convery, David Silke, Mary Hanlon, John Laffan, Sr Mary Lalor, Bernard Thompson, David Wilkinson, Natalie Vereker, Karen Murphy and Kate Shortall. We would especially like to thank Bob Carroll (Director at the time of research) and Sinéad Quill (Research Officer) of the NCAOP for their hard work and support throughout the research process.

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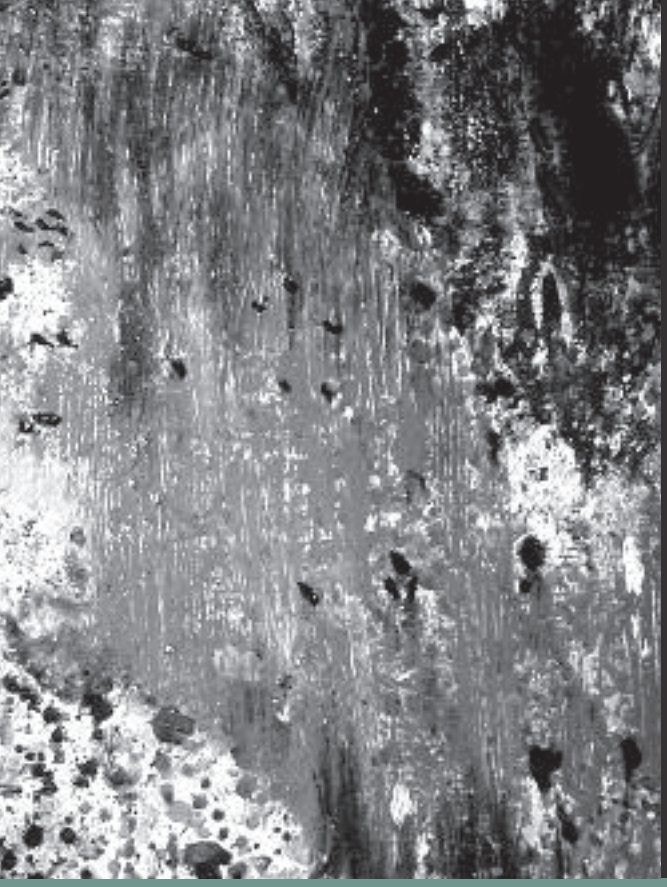

COUNCIL COMMENTS AND RECOMMENDATIONS

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OLDER PEOPLE'S HOUSING CIRCUMSTANCES

The standard and suitability of older people's accommodation is vital to their health and quality of life and a key factor in their capacity to take care of themselves or to be cared for should they become dependent. The NCAOP, therefore, welcomes an increased national policy focus on older people's housing circumstances, as demonstrated in the current partnership agreement, *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015* (Government of Ireland, 2006), and the *National Action Plan for Social Inclusion 2007-2016* (Government of Ireland, 2007). It has been acknowledged in these publications that good quality housing is a critical factor in the promotion of independence and the attainment of a good quality of life for older people.

Older people's housing circumstances[1] broadly fall into the following categories:

- homeownership sector
- private rented sector
- social housing sector (of which supportive housing is a subset)
- living with relatives (in one's own home or in a relative's home)
- homeless sector
- long-stay care services sector.

Suitability of Older People's Housing Circumstances

The high incidence of homeownership among the older population often masks the large proportion of people aged 65 years and over who currently reside in substandard or unsuitable accommodation.[2] Council, and other research, has highlighted a number of critical concerns with regard to older people's housing in general:

- older people are twice as likely as average to report a major problem with their dwelling, for example in relation to dampness, food preparation facilities, sanitary facilities or ventilation (Watson and Williams, 2003)
- older people in the private rented sector are significantly more likely than those in other housing tenures (Layte *et al*., 1999) to experience at least three of four named housing problems

- older people may have changing physical, mental and medical needs that can coincide with the ageing process, which may deem accommodation unsuitable[3]
- social factors, such as social isolation, loneliness and security concerns, may make an older person's accommodation unsuitable to their needs and preferences[4]
- many older people (21 per cent of single older people) are living in accommodation that they feel is too big to meet their needs (Watson and Williams, 2003)
- Data (DoHC, 2005) suggest that a significant minority of residents have been placed in long-stay care for 'social reasons'.

Summary Profile of Older People in Relation to Their Housing Circumstances

Older homeowners

- vast majority of older people
- may have housing needs
- may have health and social care needs
- may have social needs
- usually ineligible for social/supportive/sheltered housing
- a small number may be accommodated exceptionally by voluntary agencies.

Older private renters

- minority of older people
- may have housing needs
- may have health and social care needs
- may have social needs.

Older social housing renters (of which supportive housing is a subset)

- usually those assessed as having a housing need only are eligible
- age of residents is increasing
- may have housing needs (particularly those in single unit local authority dwellings)
- may have health and social care needs
- may have social needs (particularly those in single unit local authority dwellings).

Older people living with relatives

- minority of older people
- may have housing needs
- may have health and social care needs
- may have social needs.

Homeless older people and hostel dwellers

- NCAOP research recently commissioned to capture experiences of this group
- have housing needs
- may have health and social care needs
- may have social needs
- some will not be amenable to re-housing.

Older long-stay care residents

- age of residents is increasing
- large numbers of low/medium dependency levels
- significant numbers resident for 'social reasons' – may have social needs
- majority have health and social care needs.

The Council recommends that housing policy and practice/delivery developments, designed to meet the needs of older people in any tenure, take account of all the factors that make older people's accommodation unsuitable to their needs and preferences.

OLDER PEOPLE'S HOUSING NEEDS

Older people's housing needs can be twofold: the need for repairs and adaptations to existing accommodation; and the need for alternative accommodation when necessary or when preferred.

The Department of the Environment, Heritage and Local Government's (DoEHLG) *Delivering Homes, Sustaining Communities: Statement on Housing Policy* (2007) acknowledges that 'an objective and comprehensive assessment of a person or family's housing need is an essential first step in putting in place a modern system of housing supports' and the Council welcomes its proposals for the development of a new approach to the assessment of housing need.

The Council recommends that this new approach be sensitive to all[5] factors that may deem an older person's accommodation unsuitable to their needs and preferences.[6] A more nuanced housing assessment for older people would enable local authorities to quantify the need for repairs and adaptations, in addition to the need for alternative accommodation (of varying types). This is critical for better estimating and planning the level of output required under different housing supports within individual local authority action plans.

The Council notes that, going forward, local authority Housing Action Plans will be required to outline, in a specific strategy, the role of the local authorities and voluntary and co-operative housing sectors in response to the housing needs of older people in their areas (*Delivering Homes, Sustaining Communities: Statement on Housing Policy,* 2007). **The Council recommends that responses be developed in cooperation with all relevant players in the housing sector to ensure that resources are allocated efficiently and that all players are fully aware of their roles and responsibilties in meeting the housing needs of older people.**

MEETING OLDER PEOPLE'S HOUSING NEEDS

Repairs and Adaptations

Until recently, the following schemes existed to fund repairs or adaptations to older people's homes:

- the Essential Repairs Grant
- the Disabled Persons Grant (DPG)
- Special Housing Aid for the Elderly.

The Council welcomes recent proposals for the reformation of these schemes for older people into one new scheme, the Housing Aid for Older People Scheme, as outlined in the *Statement on Housing Policy* (DoEHLG, 2007). The new streamlined scheme is intended to be beneficial in cutting down on administration, making the process of application more accessible and facilitating a more seamless set of responses to the needs of people with a disability and older people.

The Council, however, has noted difficulties that undermined the effectiveness and operation of the previous schemes and hopes that the new Housing Aid for Older People will address the following:

- the failure of some local authorities to apply for funding for the schemes and the consequent inconsistency in their availability throughout Ireland
- the bureaucracy involved in applying for them and difficulties negotiating the grant scheme
- the limited availability of funding to cover the full costs of repairs or adaptations
- the lengthy waiting time involved in receiving sanction for grants and aid and for completion of work
- the challenge of finding and supervising building contractors who will carry out the repairs or adaptations
- the lack of awareness among the public and among older people, in particular, with regard to the existence of the various schemes
- variable availability of grants from one local authority to another.

The Council would like to note, in particular, the critical contribution of the Scheme of Special Housing Aid for the Elderly in assisting older people with repairs to their accommodation. One of the important aspects of this scheme has been its ability to facilitate a local response to a need for repairs. Given that this scheme is now being amalgamated with others into the broader Housing Aid for Older People Scheme, the Council is concerned that it may become increasingly difficult for older people to source funding and manpower for smaller repairs that they may have. The Council recommends that local authorities be obliged to establish or encourage the establishment of a specific panel of suitable workers to carry out both minor and significant repairs on older people's accommodation.[7]

Though the *Statement on Housing Policy* (DoEHLG, 2007) has also proposed that 'the availability of a range of supports will be actively promoted through the expansion of local authority led housing centres and through the use of a range of communications opportunities', the Council remains concerned by the lack of infrastructure to deal with difficulties that older people may experience in relation to the new scheme, and in particular when completing application forms, and sourcing and supervising building contractors.

The Council, therefore, recommends that further measures, such as a brokerage service or a dedicated worker/agency within a local authority, be put in place to assist older people in this regard. The Council has previously recommended the introduction of dedicated workers for older people at local level (Delaney *et al.,* 2005) and has offered its assistance in the identification of current best practice and in the initiation of a pilot project in this regard.

Moving to Alternative Accommodation

For some older people, repairs and adaptations may be sufficient to enable them to remain in their own homes. However, the following older people may need or choose to seek alternative accommodation more suited to their requirements: those living in substandard or unsuitable accommodation and unable to access these schemes; those with social needs such as loneliness, isolation and/or safety and security concerns; and those wishing to downsize. In addition, those with physical impairments may wish to move to alternative accommodation that provides additional social care supports to enable them to carry out activities of daily living.

SOCIAL HOUSING FOR OLDER PEOPLE

In 2005, there were over 3,075 older people on waiting lists for social housing. The Council, therefore, welcomes the measures aimed at meeting the social housing needs of older people that have been detailed in the *Statement on Housing Policy*. These include:

- the provision of new options for older single people in the private rented sector to enhance security of tenure through the Rental Accommodation Scheme (RAS)
- broader implementation of financial contribution schemes (such as those currently being implemented by Dublin City Council); these will enable older people to part exchange private housing for social rented accommodation specifically designed for older people
- the inclusion of a specific strategy, in local authority Housing Action Plans, reflecting their response to the accommodation needs of older people in their areas.

SUPPORTIVE HOUSING FOR OLDER PEOPLE

The focus of the present research is on supportive housing for older people. Supportive housing, which is a subset of social housing for older people, is defined, for the purposes of this study as group schemes of older people's dwellings and sheltered housing.

The Council believes that this research is timely given the increased emphasis on supportive housing for older people at national level, with the current partnership agreement, *Towards 2016*, acknowledging that, in some cases, older people may need to move to alternative accommodation, including sheltered housing with varying levels of support.

This research provides, for the first time, comprehensive data relating to the number, location and source of supportive housing schemes for older people in Ireland.[8] It proposes that the diversity in levels and sources of provision uncovered by the research reflects an absence of clear policy with regard to the provision of supportive housing for older people at national level.

In its last report on sheltered housing[9] for older people in Ireland (O'Connor *et al*., 1989), the Council recommended a minimum provision of 25 units per one thousand people aged 65 years and over. It is of significance that the current level of supportive housing provision in general has yet to reach the 1989 sheltered housing benchmark, though provision is closer to the benchmark in some areas of the country than in others. Furthermore, the research has found that outside of the major cities in Ireland, and Dublin City in particular, approved voluntary bodies are the main providers of supportive housing.

Pending the establishment of a national supportive housing policy for older people and robust assessment of need in this regard, the Council recommends an increase in the supply of supportive housing to the 1989 benchmark, which should be considered as a minimum service level to be used for planning purposes. A more robust system of assessment would: indicate the level and location of need for the different types of supportive housing; facilitate a more regionally balanced development of services; facilitate equality of opportunity for older people wishing to access services; and enable local authorities and approved voluntary housing bodies to better plan and cooperate to meet this need.

This research also highlights a number of issues critical to the strategic development of the supportive housing sector and the Council recommends that they be attended to in the short term if commitments made in the current national partnership agreement, *Towards 2016*, and the *National Action Plan for Social Inclusion 2007-2016* are to be fulfilled. These include:

- **standardisation of working definitions of supportive housing to secure comprehensive and sustainable funding**
- **enhanced support for approved voluntary housing bodies**
- **encouragement of private sector provision**
- **enhancement of local authority provision**
- **encouragement of co-operative housing provision**
- **facilitation of ageing in place (the housing/care interface).**

Standardisation of Working Definitions of Supportive Housing to Secure Comprehensive and Sustainable Funding

Within the supportive housing sector, there are many types of schemes provided by different providers (voluntary, local authority and private)[10] offering varying levels of support. This variety is a result of the unplanned nature of developments within the supportive housing sector, which are often in order to accommodate changing local needs and to provide assistance in the absence of other support services or a national policy on supportive housing.

The Council recommends the establishment of a minimum standard for group schemes of older people's dwellings and sheltered housing, defined by certain core features, which should be considered as baseline service requirements and funded accordingly.

The Council is conscious that, frequently, additional social or care supports may be introduced into what was originally a group scheme of older people's dwellings in order to accommodate residents' changing and/or increasing needs. This action technically, and sometimes unintentionally, transforms the scheme into sheltered housing (characterised by the availability of these additional supports). The Council believes, however, that a basic minimum standardisation is necessary in order to direct older people to services most appropriate to their needs and preferences.

The Council, therefore, recommends the following as core features of group schemes of older people's dwellings:

- **number of units clustered together in one location/scheme**
- **specifically target older people**
- **residents have their own individual living unit.**

The Council recommends the following as core features of sheltered housing for older people:

- **number of units clustered together in one location/scheme**
- **specifically target older people**
- **residents have their own individual living unit**
- **alarm system**

- **communal facilities (living areas, dining rooms, laundry, etc.)**
- **non-nursing support provided by on-site staff or delivered to the schemes by external providers.**

The requirement for standardisation of the core features of sheltered housing is particularly important as the research highlighted an absence of certain core features in housing schemes that some local authorities classify as 'sheltered housing'. Furthermore, the research identified a wide variation among voluntary housing schemes, in particular, in the amount of rent charged to residents. In some cases, the rents could be considered as uneconomic and service providers proposed that this had implications for the sustainability of the schemes. In theory, rents are normally only payable in relation to the actual accommodation/dwelling let and are a condition of the letting agreement or licence. The terms of the Capital Assistance Scheme (CAS), for example, state that rent amounts will be used to meet housing management /administration, caretaking of buildings, repairs and maintenance costs, as well as any residual capital loan repayments. Anecdotal evidence suggests, however, that in practice some voluntary housing bodies are diverting part of the higher rents received towards the additional costs of on-site support services because of the limited funding or revenue support for the running costs of these services.

The Council recommends that rents be used to meet the cost of housing management and administration, caretaking, repairs and maintenance, and include reserves for future maintenance requirements and to meet any residual capital loan repayments. The Council further recommends that there be adequate and separate financial accounting for the cost of any support services provided and that the sources of revenue identified for this purpose include any HSE financial assistance.

Encouraging Voluntary Housing Provision

As stated above, the research found that, with the exception of major cities and Dublin City in particular, supportive housing is, predominantly, provided by approved voluntary housing bodies.[11] The research noted a number of issues, which currently militate against the development of the sector:

Capital funding eligibility criteria

The Council recommends that there be a clearly defined capital funding scheme, which acknowledges that a higher level of care may be provided in some supportive housing schemes. In light of this, the DoEHLG may need to consider amending

eligibility criteria for the CAS, as was done to some extent with regard to mental disability. Furthermore, the Council recommends that the merits of streamlining and simplifying current capital funding arrangements (CAS and the Capital Loan and Subsidy Scheme [CLSS]) be explored.

Limited revenue funding

The Council recommends the establishment of a defined revenue funding scheme to cover appropriate staffing (regarding qualifications and skill mix) and the on-going running of the scheme.

Land acquisition difficulties

The Council recommends, given current trends, that assistance be provided to voluntary organisations to enable them to compete on the open land market.

Cumbersome and complex administrative requirements

The Council recommends that more assistance be provided to enable an approved voluntary housing provider to increase its capacity for good management practices and value for money in the usage of public funds.

The DoEHLG, in its *Statement on Housing Policy*, recognised that 'the voluntary and co-operative housing sector has made a major contribution to housing provision in Ireland', and proposes that the progress made in recent years in developing the sector should continue through:

- the introduction of new funding arrangements to optimise resources available to deliver increased output while reflecting the diversity of project types that the sector manages
- a commitment to the provision of additional sites and land for the purpose of meeting identified housing need (to increase supply by three thousand during 2007-2009)
- the introduction of mechanisms for monitoring activities, such as accounts, tenancies, rents and letting criteria, employed by the sector.

The Council welcomes these proposals and further recommends that, at national level, supportive housing for older people be included in the programme of work of the Working Group on Voluntary and Co-operative Housing, which will be progressing the proposals detailed above.

Encouraging Private Sector Provision

Anecdotal evidence suggests that there has been a limited, but perhaps slowly expanding, interest by the private sector in providing supportive housing for older people. **In order to ascertain the scale of private sector provision (current and planned), the Council recommends further dedicated research and investigation in this regard, and that the merits of public/private partnerships in future supportive housing developments for older people be investigated.**[12]

The Council also suggests that the private sector's involvement in the provision of supportive housing might be brought about by means of a tax relief incentive scheme similar to that which operates for private nursing homes. **The Council strongly recommends, however, that the potential use of the tax relief type of incentive for private sector supportive housing provision should be initially and carefully analysed with a view to ensuring that such supportive housing developments are provided in appropriate numbers, in locations where they are actually needed, and are of a high quality.**

Enhancing Local Authority Provision

In many instances, some of the core requirements for sheltered housing are absent in schemes that local authorities classify as 'sheltered housing'. **The Council recommends that local authorities reclassify their schemes, as appropriate, on the basis of definitions provided earlier and enhance provision in sheltered housing so that it meets with core requirements.**

In addition, local authority provision is primarily confined to urban areas. **The Council recommends that the local authorities expand provision into rural areas, on the basis of assessed need. This expansion should be executed in partnership with approved housing bodies in the area and the details of proposed expansion, and roles and responsibilities in this regard, contained in the local authority Housing Action Plans.**

The Council notes that a number of local authorities have adopted a conscious policy to ensure that new builds for older people have two bedrooms as opposed to one. This affords residents the opporunity to accommodate friends, family or carers, as appropriate, and may assist in preventing social isolation and loneliness, which is often a reason for moving from their original residence in the

first instance. The Council recommends that this good practice be replicated in all new social housing builds for older people.

Encouraging Supply by the Co-Operative Housing Sector

The Council recommends that, in assessing further options for supportive housing development, co-operative housing organisations are considered, with membership/user arrangements that involve older people in the management boards. There are member/user co-operative housing networks already in existence in Ireland that could be expanded or extended to include supportive housing for older people.

Ageing in Place – The Housing/Care Interface

Interviews with key stakeholders confirmed that, as for the general population, the demands for health and social care services increase as the resident population in supportive housing schemes grows older. The Council welcomes recent developments at national level, which appear to signal a conscious effort on the part of health and social service policy-makers to make home care for older people a priority in the future.[13]

The Council recommends that supportive housing be considered as 'home' for its residents and, as such, contends that they should be able to access health and social care services in the same way as an older person living in their own home. In late 2005, the HSE established a national committee on sheltered housing for older people[14] as a result of a new emphasis on the care element of sheltered housing[15] at national level.[16] The Council welcomes the recommendations of the committee, which also contend that older people in such housing should have the same access to community services, on the basis of assessed needs, as any other older people living in their own homes.

The research noted that one in three schemes (that took part in the research) currently provide high levels of support and care to their residents. These schemes tend to be run by approved voluntary housing bodies.[17] The research, however, also highlighted the increasing concerns of sheltered housing providers[18] with regard to providing increased levels of care to their older residents. They noted a number of specific issues including:

- a lack of clarity with regard to responsibility for the provision of care in sheltered housing
- the limited input of the HSE in the delivery of care services to residents
- the limited availability of revenue funding for the provision of care services by the voluntary housing bodies.

The Council strongly recommends that the responsibility for the provision of care to older people in sheltered housing be clearly established in national, regional and local policy and that the HSE be charged with the responsibility for both the direct and indirect provision of services through revenue funding to an individual in the scheme or to the voluntary housing body running the scheme (as previously recommended by The National Economic and Social Council [NESC], 2004).

The Council further recommends that, in the event of the HSE providing revenue funding to an organisation, that a standardised service level agreement be adopted nationwide in order to bring consistency to this statutory/voluntary relationship (as recommended by the HSE committee on sheltered housing). The service level agreement would also serve to clarify roles and responsibilities in the provision of services to residents. The Council understands that a national service level agreement for sheltered housing has been developed by the HSE committee on sheltered housing and recommends its adoption at national level.

Furthermore, the Council recommends the development of protocols between residents and supportive housing providers, particularly when residents are in receipt of care services. This would ensure that both providers and residents would be fully aware of the maximum level of care that could be provided in a supportive scheme and, therefore, be aware of discharge procedures and residents' rights in this regard.

The research highlighted limited coordination and cooperation among the local authorities, voluntary housing bodies and the HSE in the delivery of care to older people in supportive housing. This stems from the fact that supportive housing is, in the first instance, provided to fulfil a housing need and, as a result, roles and responsibilities with regard to the provision of care are unclear.

In this regard, the Council welcomes proposals in *Towards 2016* and the *Statement on Housing Policy* relating to the development and implementation of

new protocols for inter-agency cooperation where there is a care dimension additional to accommodation needs. It further recommends that this action be addressed in the short term.

The Council recommends that any development of such protocols be driven at Departmental level given that the current system, which is based on broad and separate functional responsibilities determined at a central level (DoEHLG and DoHC), has implications for integration at local level (between local authorities and the HSE). As a result, the Council further recommends that the proposed cross-departmental team on sheltered housing (*Towards 2016*) be the forum within which the development of these protocols can be progressed.

Regulation of Care in Supportive Housing

As noted previously, a small but significant number of supportive housing schemes currently provide very high levels of care to their residents. The level of care provided in some schemes, in fact, could be considered as being of a level similar to that provided in long-stay care facilities/nursing homes.

The Council believes that the willingness and ability of providers to offer high levels of care in supportive housing will be essential to the promotion of an ethos of ageing in place. This would avoid a 'conveyor belt' attitude towards the health and social care needs of residents, which would require them to continuously move on to other facilities that provide increasing levels of nursing care to fulfil increasing care needs.

The Council, however, also believes that the current lack of infrastructure for setting standards and monitoring high levels of care provision (when it is provided) within the supportive housing sector is a critical deficit and recommends that it be addressed in the short term. It recommends that, initially, consideration be paid to the use of the service level agreement between the HSE and the supportive housing provider as a mechanism by which the HSE can monitor the standard of care provided.

The Council understands that a Health Information and Quality Authority (HIQA) working group is in the process of finalising standards for all long-stay care services. It, therefore, recommends that HIQA consider how to regulate supportive housing schemes that provide nursing care in its programme of work relating to standards for long-stay care services.

FUTURE PROOFING HOUSING FOR OLDER PEOPLE

The Council contends that, with the exception of instances of good practice that have been found throughout Ireland, the limited planning and consideration of older people's housing needs and preferences of fifteen to twenty years ago are still impacting negatively on current service provision.

In order to ensure that older people are enabled to live in accommodation best suited to their needs and preferences, both now and in the future, the Council recommends that:

- **older people be encouraged to plan for their long-term care needs[19]**
- **older people be provided with accessible and timely information with regard to repair and upgrade schemes, and alternative housing options**
- **all future local authority housing action plans be age proofed**
- **all new builds be lifetime adaptable**
- **assistive technologies be introduced into older people's homes as appropriate**
- **emerging trends such as the growth in retirement communities be acknowledged and factored into future housing policies and action plans**
- **the housing strategy for people with disabilities, pledged in *Towards 2016*, make provision for older people with disabilities.**

NOTES

1. According to Census 2006, the majority of older people living in permanent accommodation in Ireland today are homeowners with significant minorities living in accommodation rented from local authorities and from the private sector. Less than 5 per cent of those 65 years and older are in long-stay care (public, private and voluntary) (DoHC, 2007) or are living with relatives, and anecdotal evidence suggests that a significant minority of older people are homeless.
2. While research has indicated the factors that contribute to the unsuitability of some older people's housing, an absence of concrete data limits a precise quantification of the numbers of older people affected in this regard.
3. The *HeSSOP* studies (2001, 2005) demonstrated that significant minorities (5 per cent approx.) of community-dwelling older people were in need of assistive devices and home adaptations.
4. Recent research highlighted that security issues, fears for one's safety, and loneliness were reported as some of the main problems affecting the majority of the over 60s who were interviewed (ARK, 2003). Recent NCAOP research (Treacy *et al.,* 2004) found that approximately 10 per cent of the older population reported feelings of loneliness and social isolation.
5. These include: substandard or poor quality housing; housing that is unsuitable due to changing physical needs; preferences for alternative housing due to loneliness, social isolation and/or security concerns; and preferences for downsizing.
6. The *Housing Needs Assessment 2005* (DoEHLG, 2005) revealed the number of people over the age of 61 that were in need of social housing only. The *Irish National Survey of Housing Quality* (2003), though useful in providing a picture of overall housing quality at a macro level, does not provide detail in this regard at a local level.
7. The Little Jobs Scheme in Summerhill, Co. Meath, provides an example of good practice in this regard.
8. The Council believes that audits of service delivery are essential to the strategic planning and provision of services and recommends that such an exercise be carried out for all health and social services provided for older people (as recommended in its recent pre-Budget 2007 submission).
9. For the purposes of the 1989 study, sheltered housing was defined as those schemes where the occupancy of dwellings was mainly restricted to older people and the scheme had a resident warden and/or an alarm system connecting each dwelling. However, the study noted that in Ireland, the term was also used loosely to distinguish different types of housing which are not simply older people's dwellings but provide some kind of extra support.
10. The research did not investigate the supply of supportive housing by the private sector but anecdotal evidence suggests that this sector is slowly expanding its provision.
11. This is not surprising as, in Ireland and elsewhere, in the absence of a national policy relating to a particular area of service delivery in which there is unmet need, new and innovative types of service responses have been increasingly initiated by non-statutory organisations working from a voluntary/social service and philanthropic, or a self-help/cooperative, motivation.
12. The CAS could be considered to set a precedent in this regard given the possibility of allocating 25 per cent of units to those not on local authority waiting lists.
13. These include: monies allocated in Budget 2006 and 2007 to home care services such as day services, home help, respite, sheltered housing, meals-on-wheels and home care packages; the recent HSE programme on advancing the national agenda for services for older people, the aim of which is to increase, standardise and enhance the quality of home care services delivery; proposals on long-term care made in the new national partnership agreement, *Towards 2016;* proposals relating to increasing the emphasis on primary care and health promotion in the National Development Plan (NDP), 2007-2013, particularly those relating to the development of five hundred primary care teams by 2011 and the increased investment in home care packages, Home Helps, day care and respite services; current HSE initiatives such as rapid access clinics, the hospital in the home and community intervention schemes.
14. With the following terms of reference:
    - to examine current policies/procedures and initiatives
    - to identify models of best practice
    - to formulate a national position in relation to the role of sheltered housing in the continuum of care
    - to look at models of community services provision to sheltered housing
    - to address issues relating to provision of community supports/services in sheltered housing facilities
    - to formulate recommendations regarding appropriate models of care provision.
15. As opposed to older people's group dwellings.
16. Primarily as a result of commitments made in *Towards 2016.*
17. The research noted that the schemes provided by the local authorities were mainly older people's group dwellings, though called 'sheltered housing' by the authorities.
18. Older people's group dwellings are characterised by an absence of social care support services.
19. 76 per cent of older people interviewed for *HeSSOP* I (Garavan *et al.,* 2001) reported that they had not discussed their preferences for their long-term care with their family or with anyone else that they trusted.

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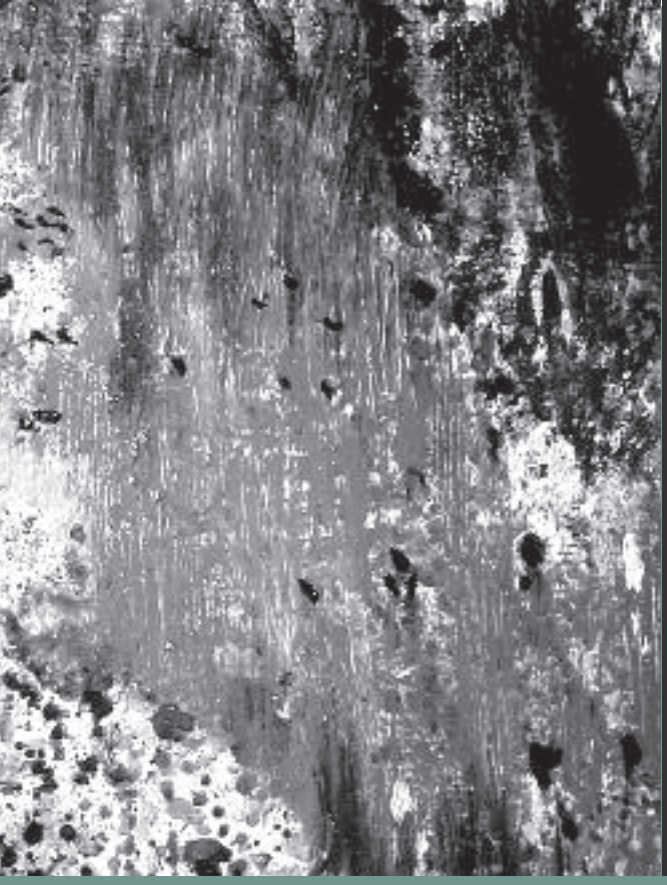

EXECUTIVE SUMMARY

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This report presents the results of a study to investigate the role and future development of supportive housing for older people in Ireland. For purposes of the study, supportive housing was defined as group or sheltered housing schemes for older people where the residents have their own apartments or houses. The key feature is having one's own home but within a purpose-built, clustered arrangement rather than individual homes dispersed throughout the community. Within this definition there is a continuum in the amount of support and care that is provided for residents.

This focus on supportive housing as defined above is timely in view of the increasing policy attention being given to this area in Ireland, in particular to sheltered housing. High expectations are being placed on it in relation to meeting housing and care needs of older people and delivering on the policy objective of avoiding, or at least delaying, the necessity for older people to move to residential care because they can no longer live independently in their own homes.

STUDY BRIEF

The NCAOP has recognised a need for more information and analysis that would enable policy–makers and service planners to take stock of the current situation and provide a sound basis for a strategy to underpin the future development of supportive housing in Ireland. The study was commissioned to provide data and analysis that would help to identify the current and future need for supportive housing in Ireland. In addition, the study was expected to provide a better understanding of the attitudes to provision of supportive housing options for older people from the perspectives of key stakeholders, including older people, voluntary and statutory housing providers, and care service providers.

Core elements of the study included: a survey of voluntary housing associations and local authorities to quantify and describe the nature and extent of supportive housing on offer in Ireland; secondary analysis of available Irish and other data sources to facilitate quantitative estimates of need and demand for supportive housing; and a series of interviews with key stakeholders in the housing and/or care dimensions of supportive housing (local authorities, voluntary housing associations and health services), and with older people and family carers.

SUPPORTIVE HOUSING: CONCEPT, POLICY AND EXISTING RESEARCH

A review of the field suggests that the concept addressed in this study is a clustered arrangement of housing for older people where the residents have their own homes and where some level of support is implied. The support may range from basic supports deriving from the clustered arrangement to high levels of care. A number of different variants on the supportive housing theme can be found internationally.

In the US and Australia, retirement and continuing care communities, and assisted living facilities are growing models for housing with care, in many cases targeted towards better-off older people who pay market rates for the housing and services that they receive. In Ireland, the UK and other European countries, the sheltered housing model seems to predominate, with the housing and care elements typically provided by the public sector and/or non-profit organisations. Private markets, however, are also emerging.

In some European countries schemes are differentiated in terms of the levels of need they target and the levels of care they provide. In Ireland two main levels tend to be distinguished: group housing with low levels of support (low support); and sheltered housing with higher levels of support (higher support). There is, however, no standard official definition of either type and boundaries between levels are not clearly defined.

While most older people express a preference to remain living in their own homes for as long as possible, the available evidence suggests that the majority of older people who have moved to supportive housing are positive about this. On the financial side, studies in the UK suggest that supportive housing is generally a more cost-effective option than residential care but that comparisons with delivery of care services to older people in their original home depend on how much care is required and how the housing costs are calculated.

Earlier research has suggested that there has been a significant under-supply of supportive housing in Ireland. Recent years, however, have seen considerable growth in the provision of both low and higher support supportive housing by approved housing bodies from the voluntary sector in Ireland, fuelled by increased availability of public funding for the capital costs. In addition, supportive (sheltered) housing is currently receiving a lot of attention in the policy context, with expectations that it can make an important contribution to meeting the needs of an ageing population in both the housing and care fields.

There has been a lack of basic information to underpin future policy and action in this field in Ireland, regarding how much supportive housing is currently provided, who provides it, who it is targeted towards and the geographical distribution. There has also been a lack of data on how much care and support is being provided, and on how it is being provided. This information is necessary to help assess whether current supply is meeting current need for supportive housing. An analysis of the evolution of needs and supply will also be necessary in order to support planning for the future.

Finally, there has been a lack of clarity on the roles of the different stakeholders (local authorities, voluntary housing associations and the health and social care sector) in the provision of supportive housing. The increasing importance of voluntary housing associations and the recognition of the importance of coordination between the housing and health and social care sectors mean that roles will need to be clearly defined and appropriately supported if the potential contribution of supportive housing is to be achieved.

ASSESSMENT OF THE CURRENT SUPPLY OF SUPPORTIVE HOUSING IN IRELAND

The main focus of this study is on provision of supportive housing by local authorities and voluntary housing associations. There is, however, also a growing supply of supportive housing by the private sector, in part fuelled by tax incentive schemes. The emerging public/private mix on the supply side is an important issue to be considered in the development of public policy on supportive housing.

The survey of supportive housing provision by local authorities and voluntary housing organisations identified a total provision of 9,232 units of accommodation across Ireland. The 9,232 units of supportive housing in the country as a whole translate into a level of provision equal to 19.8 units per one thousand older people. However, there are wide variations across the country, ranging from 1.1 to 59.7 units per one thousand older people. Each of the sectors numerically contributes about one half of the total stock, with a large proportion of the local authority provision being in Dublin City. The voluntary housing sector constitutes the main (and often only) provider of supportive housing in more than three quarters of the 34 city and county areas across Ireland.

Both sectors address approximately the same core target groups – older people on low incomes with housing difficulties and/or social or other welfare needs. None of the local authority schemes directly provide higher levels of support, whereas one third of the

voluntary schemes do so. More generally, there is considerable variability across schemes (both local authority and voluntary) in the levels of support provided (communal facilities, alarm systems, staffing and other forms of support).

Levels of demand among older people for supportive housing are not easy to assess, given that demand is difficult to measure in the abstract (people may only really consider it when the need arises). Demand is likely to be at least partially supply-led and will be influenced by the alternative options that are available. The analysis in this study focused on visible demand, estimated on the basis of vacancy and waiting list data from voluntary organisations and local authorities. Although it is difficult to achieve accurate figures, on the basis of the available data there may be more than three thousand older people currently waiting for places in supportive housing.

Estimating need for supportive housing is also a challenging task. The analysis in this study employed three normative yardsticks expressed in terms of units available per one thousand older people (20/1,000, 25/1,000 and 50/1,000) against which to measure the extent to which there is enough supply to meet needs, based on levels of supply in other countries and a target set by the NCAOP on the basis of earlier research (O'Connor *et al*., 1989). The data from the current study suggest that, for the country as a whole, only the lowest yardstick has been reached to date. There are also wide variations across the country, with only one half of areas reaching even 50 per cent of this target. The level of provision of higher support units is lower than that which is desirable on the basis of experiences in other countries.

Projected growth in supply of supportive housing on the basis of current building projects and plans can be expected to increase the current stock by about one third. Taking population ageing into account, this would bring levels of provision for the country overall to 23.2 units per one thousand older people by approximately 2010. The evidence suggests, however, that the additional stock may not always be delivered where it may be most needed.

VIEWS OF THE STAKEHOLDERS

All of the stakeholders on the supply side who were interviewed (local authorities, voluntary housing associations and Health Service Executive [HSE] services) viewed supportive housing as being of benefit to older people and having an important role to play in the continuum of housing with care for older people. Along with older people eligible for inclusion on the housing lists of local authorities, supportive housing was

reported as benefiting: older people living in rural areas without means of transport; returning emigrants; older people in urban areas living in private rented accommodation; and vulnerable older people with a diagnosis of mental illness or dementia. Suitability depended on the levels of service provided by the scheme. Supportive housing was also seen to prevent or delay admission to long-stay care facilities and to enhance the quality of life of residents.

Residents of group or supportive housing schemes were very positive about their accommodation. Older people who were not resident in such schemes were also quite positive about this form of living arrangement but still felt that staying in their original homes was preferable. They also felt that they did not know enough about supportive housing and that the relevant information was either not available or not accessible to them. The term 'sheltered housing' was perceived by quite a number of providers and older people as carrying connotations of dependence but there was little consensus as to an appropriate name for this type of accommodation.

Some problems with the current situation were identified. While local authority interviewees tended to feel that supply was sufficient to meet demand for supportive housing, voluntary sector, HSE and private sector respondents reported undersupply and uneven distribution across the country. Two important gaps in provision were identified across interviews: for older people in need of higher levels of support and at risk of admission to long-stay care; and for older people who own their own homes but are no longer able to live independently in them.

A generally positive picture emerged of good working relationships at frontline level between voluntary providers, local authority staff and HSE community care staff. At strategic level, however, the situation was perceived to be more complex and it was suggested that there is a need for more engagement and support at higher management levels in the HSE.

SUPPORTIVE HOUSING ON THE HOUSING-WITH-CARE CONTINUUM

In order to meet the preferences of most older people to remain living in their own homes for as long as possible, the full range of home care and housing services (repairs, adaptations and assistive technologies) must be available to them. Although the level of support in these areas has improved over the years, the situation in Ireland is not yet on a par with that in some other European countries, which have more developed services. This must now become a priority area for attention.

The available data on housing-with-care needs in Ireland is very limited and needs to be considerably expanded. Population mapping exercises that have been conducted in the UK provide a useful model for what could be done here to provide the necessary information to underpin planning and resource allocation.

About 2 per cent of the older population in Ireland currently live in supportive housing. This could increase and perhaps even double if supply were increased and supportive housing was actively targeted as an alternative to residential care.

The limited Irish data available suggest that delivery of social care in supportive housing can be cost-effective, particularly in comparison to residential care costs. More detailed cost-effectiveness analyses are needed to fully address the complexities in this field, including the need to incorporate both housing and care costs in making assessments.

KEY ISSUES FOR POLICY

On the basis of the results of the study, some key issues are identified that must be taken into account in the further development of supportive housing as a housing-with-care option for older people in Ireland.

Public/Private Mix

Although a large share of available supportive housing in Ireland is currently provided by local authorities and voluntary housing associations, and targeted towards low income older people, there is also a growing private sector supply that can avail of support from the public finances through tax incentives. Supportive housing policy needs to address issues of equity, quality of service delivery, choice and value for money in this emerging public/private mix.

Housing, Care or Both?

An important issue to be addressed concerns the role that supportive housing is expected to play in the spectrum of services and supports for older people in Ireland. Historically, the emphasis in sheltered housing tended more towards the housing than the care dimension. This must be reviewed given that current policy appears to be placing greater expectations on supportive housing as an environment within which to effectively deliver community care services and even, in some cases, as an alternative to residential care.

What Should it be Called?

If housing with care is to be offered along a continuum ranging from low support to higher support accommodation, then the question of terminology needs to be addressed. The terms currently used most frequently in Ireland are 'group' and 'sheltered' housing. Focus group discussions for this study suggested that not everyone is happy with the existing terminology and its possible connotations. Thought will need to be given to the concept and terminology, and to how different levels of supportiveness should be defined in this context.

Who Should be Responsible for it?

The housing sector (public and voluntary) currently bears the main responsibility for supportive housing in Ireland. If the role of supportive housing is to be envisaged as one of delivering not just housing, but a gradient of housing with care to meet different levels of need among older people, then the role and responsibilities of community care services will need to be clarified. This raises important issues of coordination and integration of services across the housing and care domains. The fact that some local authorities and HSE local services are, separately, considering the introduction of specific key workers to focus on supportive housing in their areas reinforces the need for clarification of roles and coordination of efforts in this field.

When Should it be Offered and How?

Current allocation processes for places in supportive housing appear to vary considerably although priority generally tends to be given to older people on low incomes with housing difficulties and/or other social or welfare needs. There is a need for clarification on when supportive housing should be offered to older people (i.e. under what circumstances and set of needs) and how it should be offered (i.e. the respective roles of housing and community care services).

How to Provide Real Choice?

The available evidence suggests that older people may sometimes end up in supportive housing without having had an opportunity to consider alternatives. There is a need to ensure that supportive housing is presented as an option that older people can opt for as a positive choice if this is what best meets their needs and preferences. This requires that realistic alternative options are available, where possible, such as improvements to their existing housing and/or provision of care services to them in their existing homes.

How Should the Care be Provided?

There is considerable variability in the way that care services are provided to residents of supportive housing and there is no system in place to ensure that needs are being met in a consistent manner across Ireland. A key issue to be considered concerns the respective roles of housing organisations (particularly voluntary housing organisations) and community care services in the provision of care. If an important role in care delivery is envisaged for supportive housing providers then systems need to be developed to assess capacity to deliver care and to provide the necessary financing to meet the costs of care provision.

Tenancy Arrangements and Rents

There is no systematic information available on the nature of the tenancy agreements that are in place across current supportive housing tenancies or on the rents that are being charged. The evidence from this study suggests that there may be considerable variability in both regards. An important issue also concerns the extent to which supportive housing should provide for 'ageing in place', whereby residents can remain living in their supportive housing accommodation as their needs increase over time.

Addressing Special Needs

The evidence from the wider research suggests that the special needs of older people with dementia, in particular, may be difficult to accommodate in mainstream supportive housing. This study, however, identified some supportive housing initiatives dedicated specifically to this target group. There is a need to examine further the role that supportive housing might play in meeting the needs of people with dementia in Ireland.

How to Achieve Consistency Across Ireland?

Finally, the evidence from this study suggests that there is a lot of variability across the country in the amount of supportive housing available, in the levels of services and supports provided and in the extent of coordination between service providers in the housing and care sectors. There is a need to develop a framework for supportive housing at national level, including guidance for the key stakeholders at local level. This has received a lot of attention in the UK and there may be scope for learning from the experiences there.

RECOMMENDATIONS

The main recommendations that have been formulated on the basis of the research findings and the issues that they raise are summarised below. They are intended to contribute to the achievement of a strategic approach to supportive housing in Ireland that will address the needs of older people and policy objectives in the housing and care domains.

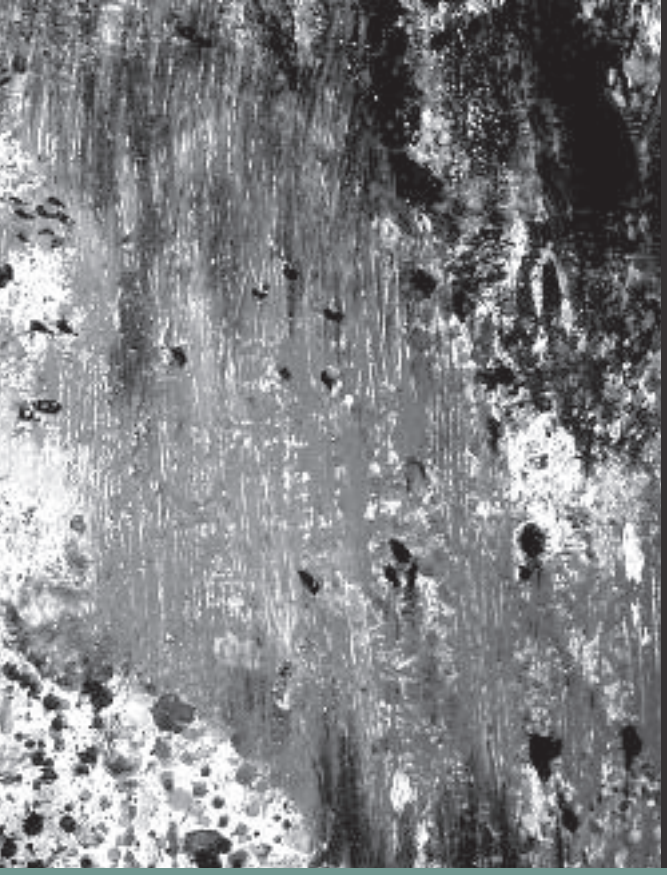
Table ES1: Summary of recommendations

Theme	Actions	Relevant Stakeholders
Concept and role	Develop a clear vision and statement on: • what 'supportive housing' is, what it should be called, and the housing and care components that should be provided • who should be responsible for it and how it should be provided • how the roles of the relevant stakeholders should be coordinated • what is needed to ensure equitable treatment for the full spectrum of older people • the overall (integrated) regulatory framework needed for supportive housing.	Cross-departmental team on sheltered housing
The public/private mix in supportive housing provision	Conduct a comprehensive review of the emerging public/private mix in supportive housing provision in Ireland (as there has been strong growth and considerable public financing of both the voluntary and private sector in this field). Such a review must address equity, quality of service delivery, choice and value for money. The role of land use planning in local authority housing strategies as a mechanism for strategic development in this area should also be examined.	Department of Finance DoEHLG

Theme	Actions	Relevant Stakeholders
Framework for care provision	Establish a formal framework for care provision in supportive housing, to include: • clear and appropriate allocation of roles and responsibilities • procedures to ensure delivery of care to residents, in accordance with their needs • consistent and reliable funding for care services • regulatory and monitoring procedures.	HSE in consultation with supportive housing providers
Regulatory framework (housing aspect)	Develop and implement an appropriate regulatory framework for the housing component of supportive housing, to include: • tenants' and landlords' rights and obligations • rents • provisions for ageing in place.	DoEHLG in consultation with supportive housing providers (HSE for ageing in place dimension)
Local level guidelines	Develop and disseminate guidelines for the key stakeholders in the provision of supportive housing at local level, to address: • local level needs assessment • inter-agency cooperation • quality assurance • other relevant aspects.	Cross-departmental team on sheltered housing
Needs assessment protocol that supports positive choice	Develop an integrated needs assessment protocol for housing with care to be applied at local level. The approach to needs assessment must be underpinned by a philosophy of offering positive choice to older people as to how their housing-with-care needs are to be met.	DoEHLG Local authorities HSE
Baseline assessment of needs/demand	Carry out a systematic, baseline needs/demand assessment exercise across Ireland to identify the levels of housing with care need that can be best met in particular ways including: • repairs, adaptations and assistive technology • home care inputs	DoEHLG Local authorities HSE

Theme	Actions	Relevant Stakeholders
Baseline assessment of needs/demand, cont.	• repairs, adaptations and home care inputs • supportive housing (of different forms/levels). This should include surveys of older people to ascertain their preferences for how their housing-with-care needs should be met. These aspects should be incorporated in the preparation of housing strategies by the local authorities.	
Unnecessary threats to continued living at home	Ensure immediate allocation of the necessary resources to enable those whose preference is to remain living in their existing home to do so. This choice is threatened by housing and/or care needs that could reasonably be met through home modification and/or home care inputs.	DoEHLG Local authorities HSE
Unnecessary moves to residential care	Examine the possibility of setting specific policy targets for supportive housing as an alternative to long-stay residential care, addressing, for example: • 'social' admissions • low/medium dependency admissions • dementia. Implement the necessary actions to ensure that such policy targets are achieved.	Department of Health and Children (DoHC) HSE
Infrastructural investment	Develop an infrastructural investment plan for supportive housing that will ensure adequate supply in all parts of Ireland, based on: • immediate targeting of low supply areas as priorities for funding • future resource allocation to be based on the results of the nationwide needs assessment exercise.	DoEHLG NDP

Theme	Actions	Relevant Stakeholders
Role and future development of voluntary housing associations	Examine the role and future development of voluntary housing associations in delivering on these infrastructural targets, including their capacity to deliver and the supports required. More generally, the advantages and disadvantages of the current policy of high reliance on voluntary housing associations for provision of supportive housing should be assessed.	DoEHLG in consultation with voluntary sector
Design standards	Develop and implement design standards for supportive housing that will address the needs of older people with disabilities and that will facilitate ageing in place as an individual's needs change with increasing age and over time.	DoEHLG DoHC HSE
Research	Commission: • research on the impacts of supportive housing on health and well-being, and on health and social services costs • a comprehensive cost-effectiveness analysis of the role of supportive housing in meeting (special) social housing needs, including implications for overall housing stock through equity release or other schemes to accommodate homeowners • an integrated cost-effectiveness study on both the housing and care dimensions of supportive housing.	 DoHC, HSE DoEHLG DoHC, HSE DoEHLG



CHAPTER ONE

Introduction

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Introduction

This report presents the results of a study to investigate the role and future development of supportive housing for older people in Ireland. For the purposes of the study, supportive housing was defined as group or sheltered housing schemes for older people where the residents have their own bedsits, apartments or houses. The key feature was having one's own home but within some form of purpose-built, clustered arrangement rather than individual homes dispersed throughout the community.

Within this definition there is a continuum of arrangements that vary in the amount of support and care provided for residents, ranging from group housing for active older people (with limited or no support services or staff) to very sheltered housing providing assisted independent living (with onsite staff such as managers and caretakers, and extra support services).

The focus on supportive housing as defined above is timely in view of the increasing policy attention that is being given to this area in Ireland, in particular to 'sheltered' housing. High expectations are being placed on it to deliver on the key overall objective of avoiding, or at least delaying, the necessity for older people to move to residential care because they can no longer live independently in their own homes.

1.1 THE RESEARCH BRIEF

The NCAOP has recognised the need for more information and analysis that will facilitate an appraisal of the current situation and provide a sound basis for the development of an appropriate strategy to underpin the future development of

supportive housing in Ireland. The overall aim of the study was to inform the strategic development of supportive housing for older people in Ireland. A core element of this was to be an investigation of the types and amount of supportive housing on offer in Ireland and of the respective contributions of the different types. This was to include an examination of roles and responsibilities in relation to the provision of different types of supportive housing in Ireland, and of the allocation processes that influence which older people come to be residents of supportive housing facilities. The activities and perspectives of the non-profit (voluntary) housing sector,[1] local authorities and health services were to be taken into account.

In addition, the study was to provide data and analysis that would help to identify the current and future need for supportive housing in Ireland. Finally, the study was expected to provide a better understanding of the attitudes to provision of supportive housing options for older people from the perspective of key stakeholders, including older people and voluntary and statutory housing providers.

The research brief required that a mix of qualitative and quantitative methods be used, as appropriate, to address these different dimensions.

1.2 APPROACH AND METHODS

The overall research approach included a number of core components, namely:

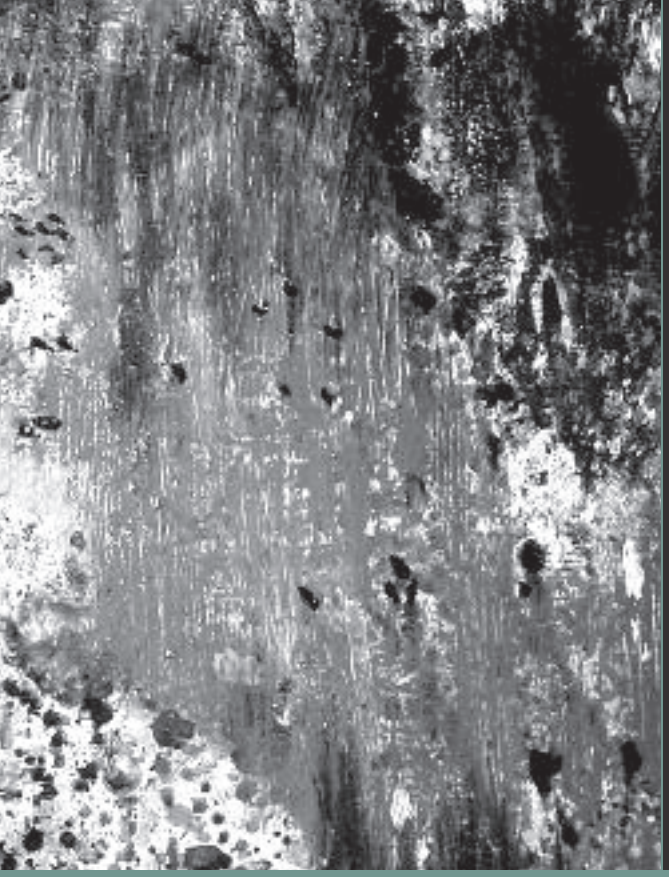
- a review of Irish and international research literature and policy relating to the supportive housing theme
- a survey of voluntary housing associations and local authorities to quantify and describe the nature and extent of supportive housing on offer in Ireland
- secondary analysis of available Irish and other data sources to enable quantitative estimates of need and demand for supportive housing to be made
- a series of interviews with key stakeholders in the housing and/or care dimensions of supportive housing (local authorities, voluntary housing associations and health services)
- focus group discussions with older people and family carers, to assess perceptions and attitudes of older people representing a spectrum of different circumstances and needs.

1. This sector comprises approved housing bodies that comply with the requirements for public support as defined by the DoEHLG (2002). These require non-profit status and specify the necessary governance structures that must be in place.

1.3 STRUCTURE OF THE REPORT

The remainder of the report is structured into six main sections:

- Chapter Two presents an overview of the Irish and international research literature and policy relating to supportive housing.
- Chapter Three presents a quantitative profile and analysis of the supply of supportive housing in Ireland.
- Chapter Four links this with other data sources to develop estimations of need and demand for supportive housing in Ireland, now and in the future. It also provides an assessment of how well current and future need and demand for supportive housing in Ireland are being, or are likely to be, met on the basis of the current situation and trends.
- Chapter Five presents the information that was gathered on the perspectives and attitudes of the various stakeholders, including those involved in the supply of supportive housing, older people and family carers.
- Chapter Six looks at the wider picture and examines the place of supportive housing on an overall housing-with-care continuum, which includes interventions to enable older people to remain in their existing homes as well as those involving a move to supportive housing.
- Chapter Seven draws together the material from the previous chapters to prepare an overall analysis and synthesis, and present a set of recommendations on the future development of supportive housing in Ireland.



CHAPTER TWO

Supportive Housing: Concept, Policy and Existing Research

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This chapter presents an overview and synthesis of the research literature and policy material on supportive housing that was collated during the course of the study. It begins with a discussion of the concept of supportive housing. This is followed by a synthesis of available information on the nature and supply of supportive housing in Ireland and other European countries. The main findings are then presented from research that has assessed the role and contribution of supportive housing. Finally, the Irish policy context in relation to supportive housing is examined.

2.1 THE CONCEPT OF SUPPORTIVE HOUSING

As a starting point, should be noted that the term 'supportive housing' is not, in fact, very widely used either in Ireland or internationally. Other terms more commonly used to describe housing arrangements that would be encompassed within or at least closely linked to the supportive housing concept include 'group housing', 'sheltered housing' and, in the UK, 'extra care housing'. The degree of precision and consistency in the usage of these terms can vary considerably, sometimes being used to refer to a clearly defined package of housing and other supports and at other times being used a lot more loosely. The term 'supportive housing' is used in this study to provide an integrative concept that embraces all other variants and avoids being restricted to any one of these.

2.1.1 The Concept of Supportive Housing Employed in This Study

As noted in the introduction, 'supportive housing' has been conceptualised for purposes of this study as group or sheltered housing schemes for older people where

the residents have their own bedsits, apartments or houses. There are a number of important dimensions integral to this.

2.1.1.1 Clustered

Supportive housing is defined as having a clustered element, in the sense that a number of individual units of accommodation for older people are clustered together in one location/scheme.[2] Dispersed individual houses or apartments scattered across the wider housing stock, therefore, even if purpose-built for older people and/or provided with support services, are not included within the definition.

2.1.1.2 Targeting Older People

For purposes of this study, the focus was on arrangements that were for older people only or, where the scheme accommodated other groups (such as adults with disabilities under the age of 65), older people were clearly targeted as a client group and comprised a significant proportion of the residents. In practice, the vast majority of schemes with older residents in Ireland are dedicated to older people.

2.1.1.3 One's Own Home

A third major dimension is the requirement that the residents have their own home within the clustered arrangement. This may be a bedsit, apartment or house. In keeping with contemporary lifestyle expectations, each unit of accommodation should be self-contained, with its own bathroom/toilet and cooking facilities.

Linked to this is the issue of tenancy. As a general rule, the concept of supportive housing that is being investigated in this study focuses on arrangements where having one's own home is enshrined in a tenancy arrangement between landlord (the organisation providing the supportive housing) and tenant (the older person resident).

2.1.1.4 Levels of 'Supportiveness'

By definition, supportive housing has an element of 'supportiveness' for residents. At a minimum, this is provided through the cluster, which provides the opportunity for social contact and collective security provisions. In addition, there is often the benefit of convenient access to shops and other services due to the location of supportive housing schemes. Many schemes provide additional supports to their residents, which

2. The term 'scheme' is widely used to refer to such clusters of accommodation. In the course of this study, however, a number of people voiced a dislike of the term as it was seen to have potentially negative connotations.

may include: an alarm system to alert support services when problem situations arise; communal facilities for residents (living areas, dining rooms and meals, laundry, etc.); visiting support staff; and on-site support staff.

2.1.1.5 Affordability

The concept of supportive housing defined in terms of the four dimensions above (clustered, targeted towards older people, having one's own home, and providing some level of supportiveness) can and should be employed independently of the financial dimension as it has relevance as a potential housing option for older people, rich and poor. In practice, however, much of the provision of supportive housing and, indeed, the very concept of sheltered housing in Ireland, has tended to encompass a strong affordability dimension. Traditionally, sheltered housing was provided by local authorities and targeted towards their generally low-income client base. More recently, many voluntary housing associations have been provided with capital assistance towards the development of group or sheltered housing, with a requirement that they make the majority of places available to older people with housing needs as identified by local authorities. Rents are, therefore, often set at well below market levels.

2.1.2 Related Concepts and Perspectives

2.1.2.1 Sheltered Housing

Sheltered housing has been, and continues to be, an important form of supportive housing in the UK and Ireland. There is no formal, statutory definition of sheltered housing in Ireland but it is commonly understood to include a number of the following elements.

O'Connor *et al.* (1989) defined sheltered housing as 'schemes where the occupancy of dwellings is mainly restricted to older people and the scheme has a resident warden and/or an alarm system connected to each dwelling.' The Irish Council for Social Housing (ICSH) defined sheltered housing as follows (ICSH, 1993):

- group schemes of dwellings with on-site communal facilities for assisted independent living
- the dwellings may be of a one- to two-person type in a suitably designed group scheme of houses or apartments, or in buildings suitable for conversion
- the project includes on-site communal facilities such as a kitchen for preparing congregate/group meals, dining/recreation areas, laundry and alarm system

- there is usually an on-site warden or caretaker
- care supports may include the provision of meals and assistance with cleaning, hygiene and bathing, requiring extra staff to be employed for this purpose subject to financial budgets.

More recently the ICSH (2005) has distinguished between two levels of supportive housing:

- Low support group housing schemes – these are designed for active older people and have visiting support services. They generally incorporate between five and twenty one- to two-person units and are considered as being low support housing projects.
- Sheltered housing – these usually contain a minimum of 25 dwellings and have on-site support services (for example a warden, congregate meals, alarms and sometimes a health centre or infirmary). These schemes provide a higher level of support than the group housing schemes described above but do not provide intensive care.

Originally, the concept of sheltered housing in Ireland (and the UK) tended to refer to schemes that targeted active older people who required little additional support other than the social and security aspects of clustered facilities. As can be seen from the two-level classification in the recent ICSH report, however, the concept is now being applied to a wider group. There is now recognition of the role that sheltered housing can play in meeting the needs of older people who require higher levels of support and care.

2.1.2.2 Very Sheltered Housing

The role that sheltered housing can play in supporting higher levels of need among older people has begun to be given greater emphasis in the UK. Part of the reason for this has been the ageing of existing tenants and the resulting need to cater for an increasing requirement for support. Also a more active policy approach began to be developed as far back as the 1970s to house older people who had more needs than could be met in traditional sheltered housing (Tinker *et al*., 1999).

There have been various efforts to define the distinguishing features of very sheltered (or extra care) housing in the UK (Riseborough and Fletcher, 2003; King, 2004). In general the term is used to refer to facilities that provide an enhanced level of support over and above that provided in basic sheltered housing (Tinker *et al*., 1999). In the UK,

this very sheltered housing is sometimes purpose built and may comprise of upgraded existing sheltered housing stock (e.g. with more communal facilities or more care from wardens or others). A whole scheme may be very sheltered or some tenants may receive extra care. It seems, however, that a lot of very sheltered housing in the UK at the moment may not be self-contained and this can be a factor in high vacancy rates in some cases. Arrangements where the individual dwelling units are not self-contained would not strictly fall within the definition of supportive housing employed in this study.

An increasing provision of care in sheltered housing has regulatory implications. In the UK, for example, it has been pointed out that providers of extra care sheltered housing may have to be registered under the Registered Homes Act if they provide both personal care and board (Tinker *et al*., 1999). This is an issue that is now also arising in Ireland.

Finally, an important issue in relation to very sheltered housing concerns the way that the care element is provided. In the UK, two main models have been distinguished (Tinker *et al*., 1999): schemes where services are provided from the outside (e.g. by social services) – a model that applies mainly to local authority providers; and schemes where services are provided by staff of the scheme – a model that applies mainly to housing associations. This is an important issue in the current Irish context and will arise at various points in this report.

2.1.2.3 European Equivalents to Sheltered and Very Sheltered Housing

A survey of the literature by Croucher *et al.* (2006) suggests that in Northern Europe the development of housing-with-care models has been in many ways similar to that in the UK. The terms 'service apartments' or 'service housing' tend to be used in a number of countries (Giarchi, 1996), with other terms being used in some countries.[3]

2.1.2.4 Assisted Living

'Assisted living' is a term used in the US for the fastest growing type of housing with care in that country, with estimates varying, depending on the definition used, from between 15 thousand and 40 thousand residences serving up to one million older people (Croucher *et al.,* 2006). Definitions of assisted living vary and a range of models have emerged. The National Center for Assisted Living (NCAL) defines assisted living as:

3. In France, for example, 'logement-foyer' is the term used for congregate dwellings for relatively independent older people and other terms ('résidences arcadies' and 'foyers-soleil') are used for types of congregate facility that provide more support and care.

- a congregate residential setting that provides or coordinates personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities and health-related services, and that includes at least one awake staff member at all times
- designed to minimise the need to move; accommodate the individual residents' changing needs and preferences; maximise residents' dignity, autonomy, privacy, socialisation, independence, choice, and safety; and encourage family and community involvement
- a setting that provides assistance in maintaining and enhancing the physical, emotional, intellectual, social, and spiritual needs of residents based on their preferences.

It has been suggested that this US concept of assisted living shares much in common with the housing-with-care provisions in the UK, with the exception that the UK provisions are mainly targeted towards those on low incomes and the US provisions towards those who can afford to pay themselves (Croucher *et al.*, 2006).

2.1.2.5 Retirement and Continuing Care Communities

Retirement villages or communities have become an important option for older people who can afford them in the US and Australia, and have also begun to emerge in both the UK and Ireland. In Australia recent figures suggest that about 44 thousand people (about 5 per cent of Australia's older population) live in approximately 1,700 retirement villages (Croucher *et al.*, 2006). In the US there are both leisure-oriented retirement communities, with little care or support provided within the scheme, and continuing care retirement communities.

The latter are of greater interest in the context of this study and have been operating in the US since the late 1940s, being provided by both commercial and not-for-profit organisations. There are currently approximately two thousand such communities (Croucher *et al.*, 2006). They can vary enormously in size, from several hundred to several thousand residents. Many are located in the Sun Belt states of Florida, California and Arizona.

Sometimes called 'life care communities', continuing care communities provide a package of housing and health and social care services to their residents. Most operate on an insurance principle, where individuals can protect themselves from the uncertainties of escalating health care costs by paying regular premiums to cover the

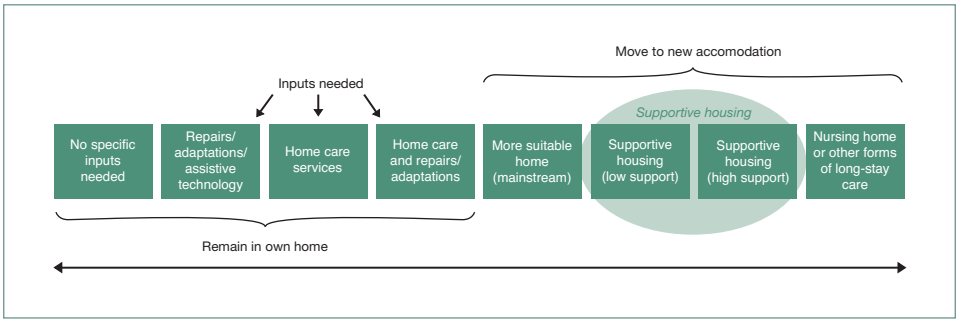
costs of their future care, including nursing home care (Sherwood *et al.*, 1996). The idea is that residents can move into independent accommodation units when they are fit and well, moving on to more supported assistive living or nursing home facilities on-site if and when needed. Other facilities for recreation and leisure are also provided on-site.

Like the assisted living facilities discussed in the previous section, continuing care communities are typically targeted towards middle- and higher-income groups who must meet the costs themselves.

2.1.3 The Broader Picture: Housing With Care

All of the arrangements discussed above are variants on the clustered accommodation theme. It is important to situate these within a broader and more holistic perspective on the interlink between housing and care supports. Figure 2.1 presents a continuum perspective that helps to identify some key types and levels of input that may be needed to support independent living and prevent or delay a need to move to institutional care.

Figure 2.1 A housing-with-care continuum



Many older people can remain in their own home without any special inputs for most or even all of their lives. Others may have problems posed by a poor state of repair or unsuitable facilities in their house and require only help with repairs and/or adaptations to enable them to remain living there. For others, the physical aspects of the home may be suitable but they may need input from home care services in order to be able to continue living there. Some may need inputs of both repairs and/or adaptations and home care services.

For some older people, the option to move may be the best or only realistic one. Some may desire to move to more suitable (mainstream) housing, for example to a smaller and/or more age friendly home or to move in with family. Others may desire or need the supports and facilities provided by supportive housing; low or high support may be needed depending on circumstances. Finally, some may have needs that are best met through a move to a nursing home or other residential care institution.[4]

Chapter Six returns to the housing-with-care continuum and develops a more detailed examination of the place of supportive housing on this.

2.2 SUPPLY OF SUPPORTIVE HOUSING IN IRELAND AND ELSEWHERE

2.2.1 The Historical Supply of Supportive Housing in Ireland

Prior to the current research there have only been two direct studies on the amount of provision of supportive housing in Ireland. One study in the late 1980s (O'Connor *et al.*, 1989) found that there were 117 sheltered housing schemes in Ireland, 71 of which were run by local authorities, 34 by voluntary bodies, 7 by private commercial organisations and the remaining 5 by health boards. The schemes encompassed a total of 3,504 individual units, housing approximately 3,471 older people. Of the total units provided, 2,515 (72 per cent) were provided by local authorities, 666 (19 per cent) by voluntary organisations, 310 by private commercial providers (9 per cent) and 13 by health boards. Most sheltered housing (69 per cent) was located in cities, with 25 per cent in towns and 6 per cent in rural areas. A total of 72 of the 117 schemes (62 per cent) were centred around Dublin. The next largest concentration of schemes was in Cork City with 11 schemes.

At that time there were 1,093 people on waiting lists for sheltered housing. Supply was projected to increase, with 332 housing units at tender stage and 1,360 at planning stage. Since then, a survey carried out by the ICSH (2005) identified 79 ICSH member housing associations providing a total of 3,165 units of accommodation in either low support group housing or high support sheltered housing for older people. A total of 84 associations were identified as having plans to develop schemes for older people, which were expected to provide 2,413 further units of accommodation.

4. As regards institutional care it can be noted that a more differentiated perspective could be developed in terms of a continuum of provision from residential facilities with a primarily social dimension to those providing full medical/nursing care. There is, however, currently little in the way of such differentiated provision in the Irish context and this is an area that needs a lot more attention to ensure that appropriate residential care is available to meet different levels of need.

The ICSH survey indicates that there has been a fairly substantial growth in the provision of group and sheltered housing by voluntary organisations in Ireland through the 1990s and early 2000s. This has, no doubt, been stimulated by the increasing levels of public (housing) funds that have been made available to voluntary organisations.

As indicated in the study by O'Connor *et al.* (1989), in the 1980s the public sector (local authorities) was the main provider of sheltered housing in Ireland, a pattern that was also then prevalent in the UK. This was in line with the (then) UK and Irish approaches to social housing generally, where the emphasis has been historically on provision by the public sector (Mullins *et al.*, 2003). In both countries there is now evidence of a shift towards a more European model, where non-profit housing organisations play a more significant role in the provision of social and sheltered housing for older people.

2.2.2 Supply of Supportive Housing in Europe

In general, there has been very little comparative research on the provision of supportive housing across EU countries. Table 2.1 presents an overview of some of the models of supportive housing provision operating in various countries.

Table 2.1 Types of supportive housing in other EU countries

Country	Features
Belgium	Mix of service housing (common room for hot meals, usually an alarm); facilities for those who are semi-dependent (small units with common rooms built near residential home or community centre for more independent older people); clustered housing schemes with warden, etc.
Czech Republic	Sheltered housing with home help. The amount of care provided varies, with some facilities providing continuous supports and others not staffed during evenings, nights or weekends
Denmark	Includes both traditional sheltered housing and newer independent housing units. Recent policy has been to reduce nursing home places and replace them with independent (not sheltered housing) housing units
Finland	Service flats/housing close to service centres or residential/nursing homes, with a lot of services and facilities, provided by municipalities
France	Different levels of supportive housing: 'logements-foyers' are the main form, where residents are intended to be autonomous and care, if needed, is provided from the outside; higher needs for care now being met in facilities with internal care services
Germany	Includes a range of sheltered housing, with two main models: facilities with service offices and care provided by external providers; and facilities where care is provided internally. Also projects connected to nursing homes and those that are run like hotels

Country	Features
Ireland	Sheltered housing provided by mix of local authorities and voluntary organisations; care provided by health services or internally by the voluntary organisations
Netherlands	Mix of provisions: service housing and flats (with communal facilities and domestic help); group housing (separate buildings with communal facilities); collective housing (separate units in same building); and communal (everything shared)
Norway	Sheltered housing provided by municipality, which also provides care
Sweden	Sheltered housing provided by municipality, which also provides care
Great Britain	Sheltered housing provided by mix of local authorities and non-profit housing associations; care provided by health services or internally by the housing associations

Sources: EUROFAMCARE (2004); Giarchi (1996).

Although the information in Table 2.1 has been compiled from a variety of sources and it is sometimes difficult to discern precisely what forms of housing with care are encompassed within the varying terminologies used, it nevertheless presents a useful picture against which to situate the current Irish situation.

Overall, it appears that the basic models are similar across countries, even if the physical types of housing arrangement vary. One interesting aspect is the apparent shift in emphasis in Denmark from sheltered (clustered) housing to separate independent units in the community. More generally, a distinction between low support and higher (extra care) support is apparent in most countries.

An important issue concerns who provides the care – the housing provider or some other external agency. In some countries the housing provider (e.g. the municipality) is also the care provider. In others, a mix of models can be found in operation, including voluntary provision of housing with external supply of care and voluntary provision of housing with internal supply of care.

Finally, two important emerging themes or trends can be detected across these European countries: the increasing emphasis on giving more attention and resources to supporting older people to live in mainstream, non-congregate housing in the community; and the attention now being given to the provision of increased care and support for those living in clustered housing, to cater for older people with greater levels of need than were originally envisaged when supportive housing first began to be developed.

2.2.3 Estimates of Need and Adequacy of Supply

The view that the amount of sheltered housing in Ireland has been insufficient to meet needs has been a recurring theme in research and policy analyses. Service providers surveyed by O'Connor *et al.* (1989), for example, estimated that between 5 and 10 per cent of older people (or between fifty and one hundred per one thousand) had a need for sheltered housing, whereas the figures on supply at that time indicated a level of provision equating to just 1 per cent of older people (or ten per one thousand). On the basis of this and UK figures for the time, the NCAOP recommended that between 25 and 50 units per one thousand older people would be an appropriate norm and set a target of reaching a minimum of 25 units of sheltered housing per one thousand older people by the year 2000. Towards the end of the 1990s (although without up-to-date quantitative evidence), Ruddle *et al.* (1997) concluded that supply was still too limited in Ireland.

Table 2.2 presents an overview of some quantitative estimates for various European countries for the levels of provision in the mid-1990s or later. Again, it should be noted that this information has been compiled from a variety of sources and may not always be entirely reliable. Nevertheless, it presents a useful picture against which to establish benchmarks that can be applied in the Irish context.

The data in Table 2.2 suggest that the UK and Nordic countries can be considered to be high supply countries (fifty or more units per one thousand older people) and provide considerably more supportive housing than the other European countries included in the table (typically twenty or fewer units per one thousand older people). These figures will be returned to in Chapter Four when seeking to assess the adequacy of current supply in Ireland.

Table 2.2 Estimates of supply of supportive housing in some other EU countries

Country	Units per 1,000 older people
Czech Republic	18
France	16-20
Germany	16
Norway	50
Finland	50+
Sweden	71.4
Great Britain	60

Sources: EUROFAMCARE (2004); Giarchi (1996); Laing and Buisson (2005).

Apart from these quantitative estimates of the supply of supportive housing, the literature review found very few attempts to make a rigorous assessment of actual levels of need for supportive housing in Ireland or elsewhere, nor of how adequate the supply is to meet needs. One exception was a large-scale study carried out in the UK in the early 1990s (McCafferty, 1994). This study estimated that between forty and fifty older people per one thousand could be classified as needing sheltered housing, of which almost one third would need very sheltered housing. It was concluded that there was an oversupply of basic sheltered housing and a considerable undersupply of extra care sheltered housing in Great Britain at that time. The results of this study by McCafferty will be returned to in Chapter Six when discussing the examination of needs in Ireland in relation to the various points in the housing-with-care continuum introduced earlier.

The issue of possible oversupply of some forms of sheltered housing was also addressed in a study of difficult to let sheltered housing in the UK; such housing is identified in terms of vacancy levels and/or refusals to take offered places (Tinker *et al.*, 1995). Factors found to be associated with oversupply included:

- a growing number of alternative ways of supporting older people to stay in their own homes resulting in fewer older people opting for sheltered housing
- high costs of some schemes for some tenants (especially service charges)
- sheltered housing may be inherently unsuitable for very frail people without significant help from outside.

Solutions proposed included refurbishment, better marketing, review of allocation policies, changing the use of schemes and even disposal of some schemes. An important conclusion was that greater emphasis should be placed on the need for small ordinary mainstream housing and on the provision of very sheltered housing.

2.2.4 Allocation of/to Supportive Housing

Very little information was found in the literature on how older people are allocated places in supportive housing schemes (or are allocated to supportive housing schemes, as the case may be when real choice on the part of the older person is limited).

In Ireland, the study by O'Connor *et al.* (1989) reported that allocation criteria and processes varied across providing bodies. The most common criteria were health, present housing status and need. In over one half of cases (58 per cent), a points system was used for allocation, although 20 per cent had no formal system; the main provision at that time was by local authorities.

Overall, it was concluded that prevailing approaches at that time needed to be formalised into established procedures that took a holistic approach and involved coordination between housing, and health and social care providers; the levels of cooperation were judged to be inadequate at that time. Despite some subsequent pilot initiatives (Browne, 1992), eight years later Ruddle *et al.* (1997) made a similar assessment in their review of the extent of implementation of the recommendations of *The Years Ahead – A Policy for the Elderly* (Working Party on Services for The Elderly, 1988).

Another issue raised in the study by O'Connor *et al.* (1989) was the fact that most providers of sheltered housing included as part of their approach to allocation the requirement that the prospective tenants be capable of independent living. This is a relative concept in that capacity for independent living is influenced by types of facilities and support services that are available. In addition, needs and capacities change over time but ongoing procedures for assessing levels of independence and related needs did not seem to be in place.

The study by O'Connor *et al.* (1989) also included a survey of a relatively small number of tenants of sheltered housing schemes (one hundred tenants from a mix of urban and rural schemes). The majority of tenants, but not all, were dependent on State pensions, were from lower income backgrounds and had previously been living in rented accommodation (especially in urban areas). They covered a wide age range, from under 60 to over 85 years, with an average age of 73. Geographically, the distance of the sheltered housing scheme from their previous home was typically greater for tenants in rural schemes, with more than half having moved ten miles or more.

Regarding reasons for moving, it was concluded that these were mainly of the 'push' rather than the 'pull' type; that is older people moved to sheltered housing not because of its intrinsic attraction *per se* but because of problems in their previous living circumstances. Poor housing conditions was the most commonly mentioned main reason for moving to sheltered housing, mentioned by just under one third of those surveyed. Tenancy problems and difficulties living with relatives were next most commonly mentioned, with smaller numbers citing feelings of insecurity and poor health as factors. Most of the sample group reported that it had been their own decision to make the move to the sheltered housing scheme.

In the UK, however, Tinker *et al.* (1999) raised concerns that many older people had been directed towards very sheltered housing rather than making a positive choice for

this type of provision. In addition, haphazard allocation procedures resulted in a lack of clarity regarding the kinds of needs that sheltered housing was addressing. Evidence suggested that there were more 'fit' than 'frail' residents, which raised the question of who was being accommodated in such facilities and why.

More generally, evidence from the UK draws attention to the fact that entry criteria can vary enormously depending on the type of facility (Croucher *et al.*, 2006). Entry to some very sheltered housing facilities, for example, is restricted to those already receiving care services, whereas entry to some retirement communities is dependent on first passing a medical examination.

There is some wider literature on movement of older people to retirement communities, mainly from the US and Australia (Croucher *et al.*, 2006). The main reasons cited in the literature include: aspiring to live in a more amenable community or climate; needing help due to deteriorating health and/or needing services; and seeking more affordable housing. Also, for some people, freedom from maintenance of property and more security in housing are important factors. Australian research suggests that type of tenure can also be an important factor, with homeowners more likely to cite health and location issues and those who are not homeowners more likely to cite affordability issues.

More generally, planning for the future is clearly indicated in various US and Australian studies as a key push factor in deciding to move to a retirement community. Access to medical care services and long-term care services in order to maintain independence and avoid the potential problems of ageing in place seems to be of high importance for many people. Contractual guarantees that services will be provided if needed are a key issue in this regard.

Choosing to move seems to be more likely for older people living alone and those who do not have children living nearby, and there is some evidence that motivations may vary depending on marital status and gender. A desire for companionship and to be nearer family seem, perhaps not surprisingly, to be stronger pull factors for widows and widowers. More generally, some research suggests that the opportunities for more company may be more important for older women than for older men, with the illness or death of a partner being more of a motivator to move to a retirement community for women than for men (Croucher *et al.*, 2006).

2.2.5 Home for Life?

The issue of whether supportive housing can be considered to be a 'home for life' is an important one and has received some attention in the research literature. This concerns the extent to which a move to supportive housing can be considered to be a final move, in the sense that the necessary supports will then be available to enable the older person to age in place for the remainder of their life. The idea is that instead of moving from care setting to care setting as needs change, the level of care is increased *in situ* according to individual needs. A variant of this is where a care home is provided on-site that residents can move into (and out of) as required.

Again there is little Irish information on this theme. The study by O'Connor *et al.* (1989) found evidence of some exiting of sheltered housing by residents, with some moving to nursing homes, some to long-stay hospitals, some to live with relatives and some back to their previous accommodation. Overall, however, among those sheltered housing schemes that had suitable records, over a given reference period, about three times as many residents had died as had moved to long-term care suggesting that for many residents the move to sheltered housing was their final one.

UK research suggests that while many housing-with-care schemes may aspire to offer a home for life, current evidence indicates that this may be problematic (Croucher *et al.*, 2006). It seems that housing with care may not easily accommodate people with more severe dementia-type illnesses or with high levels of dependency, although the ability to cope with different needs varies from scheme to scheme. Factors that have been found to promote moving include: challenging behaviours associated with dementia and the associated levels of disruption or risk caused to other residents; difficulty in providing flexibility of care; the dependency mix of residents and the numbers with high level needs that can be cared for at any one time; the availability of places in other facilities; and the willingness of funders to pay for increasing levels of care for individuals. It may also be related to the choices and preferences of residents and their relatives.

The literature suggests that the concept of a home for life seems to be poorly defined in the UK and often not clearly addressed (Croucher *et al.*, 2006). There appears to be a general absence of explicit policies by housing providers on home for life and decisions regarding move-on placements tend to happen on an *ad hoc* basis. In addition, there is often a lack of clarity regarding the identity of the key decision-maker – the landlord, GP or other health professional, older person or family member.

There is some information in the wider literature on issues relating to the need for and use of care services, and on ageing in place (Croucher *et al.*, 2006). One study of assisted living facilities in the US (Frank, 2001) concluded that such facilities tend to offer 'prolonged residence' rather than 'ageing in place'. This was because residents may be asked to move on if their care needs become too great, although often the specific circumstances under which they would be asked to move were not clear to residents or to the organisations. This was reported to result in residents wondering how long they could stay and even concealing their frailties or health problems. Other research in the US (Crook and Vinton, 2001) suggests that commercial and not-for-profit facilities there may differ considerably in their approaches, with the not-for-profit organisations being more likely to consult with residents in making decisions about whether or not a resident should move.

Overall, on the basis that a considerable number of residents move on to residential care, it is clear that housing with care may be an alternative to, but is not a complete replacement for, residential care settings.

2.3 ASSESSMENTS OF SUPPORTIVE HOUSING

2.3.1 Evidence from Ireland

The only assessment of sheltered housing in Ireland to date was in the study by O'Connor *et al.* (1989). This found that, in general, the sample of tenants of sheltered housing were satisfied with their accommodation and were happy with their lives in the sheltered housing schemes. Asked whether they would recommend it to someone contemplating making such a move, about three quarters said either that they would do so unreservedly or that they would tell them about positive features of sheltered housing. About one in eight tenants, however, said that they would express reservations or mixed feelings and one in fourteen that they would say 'don't come'.

When asked what were the best aspects of sheltered housing in their opinion, the most commonly mentioned factors were the convenience of the location, security, the surroundings, their neighbours and having independence. As regards convenience of location of the schemes, more than three quarters felt that they were close enough to amenities such as shops, chemists, post offices, banks, bus stops and public telephones, and to their families and friends. Tenants were also generally positive about the locality in which they were situated.

About one third of the tenants mentioned things that they disliked, with dissatisfaction being more common among tenants in large urban areas. Most common dislikes were the location or surroundings, with smaller numbers expressing dissatisfaction with their interactions with their neighbours or with the quality of their accommodation. Those who had a bedsit with combined bedroom and living room often cited the lack of a separate bedroom to be a negative aspect.

Although most of the schemes that the surveyed tenants were living in had communal facilities (including lounge areas, dining areas where meals were served and laundries) up to one half of the tenants said that they rarely or never used these facilities. Some residents reported being lonely and among those that reported having been lonely before moving to the scheme there was little evidence that the move to sheltered housing had alleviated this.

Finally, as regards impacts on access to health and social care services, the evidence from the study by O'Connor *et al.* suggested that a move to sheltered housing may be associated with an increase in levels of services received, although many tenants had not received any services except GP visits in the six-month period prior to the survey.

2.3.2 Evidence From the UK and Elsewhere

There has been more evaluation of sheltered housing in the UK than in Ireland. A review of the literature in 1999 (Tinker *et al.*, 1999) concluded that: the majority of residents seem satisfied or very satisfied with their schemes and with their home/accommodation (McCafferty, 1994); most do not want to move, although 6 per cent were thinking of moving again (Tinker, 1989) and 2 per cent were very/fairly likely to move within 12 months (McCafferty, 1994); and most, but not all, would advise other older friends or relatives to live in sheltered housing (Tinker, 1989). One in five, however, said they wished they had stayed in their previous home (Tinker, 1989), as did one in six who had been in a scheme for less than five years (McCafferty, 1994). In addition, few felt that alternatives had been discussed with them.

Housing with care has been thought to serve a number of functions including the promotion of independence, reduction of social isolation and provision of an alternative to institutional models of care, allowing ageing in place (Croucher *et al.*, 2006). To assess the extent to which this is actually the case, Croucher *et al.* reviewed a number of studies that looked at various types of housing with care (retirement communities, sheltered housing and extra care sheltered housing) and various dimensions of the experiences of residents. Some of the main findings are summarised below.

2.3.2.1 Independence With Security

One of the advantages of housing with care over residential care is considered to be its potential to allow tenants, owners or leaseholders greater independence and autonomy (Croucher *et al.*, 2006). There is a large body of research evidence indicating that independence is, in fact, one of the main advantages and most valued aspects of housing with care for residents. The combination of independence and security is what seems to be especially valued by older people.

The physical aspect of supportive housing is a key factor, with independence being mainly promoted by having self-contained accommodation – your own front door. This facilitates privacy and autonomy in terms of activities, possessions and company, as well as relationships with care staff, creating a sense of being 'at home' rather than 'in a home'. In addition, family relationships can continue as usual and family members can still offer care and support.

The research suggests that living in more accessible, warm, comfortable, purpose-designed housing also promotes and maintains independence and can help older people to do more for themselves and sometimes even return to activities that they had previously given up because of difficulties presented by their former accommodation. An accessible environment also makes people feel less fearful of falling or injuring themselves and this contributes to their sense of independence and security.

The philosophy of care in the facility also seems to be an important factor. The approach in some schemes (e.g. focusing on what the residents can do rather than on what they cannot do) has been reported to help some residents regain or maintain skills and increase their sense of confidence.

An issue emerging from the literature, however, is that residents and providers may not always have a shared understanding of independence (Croucher *et al.*, 2006). Older people tend to consider independence as being related to privacy, autonomy and having choices. For some, having help with activities of daily living, therefore, does not compromise their concept of independence, particularly when such tasks take a lot of time and energy and interfere with quality of life. For providers, however, the notion of independence may be linked to encouraging residents to do things for themselves. The security of knowing that help is at hand when needed is also a valued factor, as is feeling safe from crime and intruders. Twenty-four-hour cover seems to be highly valued, even by residents who are in relatively good health and not receiving regular

assistance from care staff. Responsiveness of staff is an important requirement in this regard and sometimes can be problematic, for example when assistance is needed in going to the toilet.

The extent to which residents have choice and control is also an important issue. A consistently reported desire of residents was to not be forced to take part in social activities – to be able to choose when to participate and when not to. Choices in other aspects of daily life were also highly appreciated, for example whether to have the meals provided or cook for oneself. There was little indication, however, that residents had much choice or control regarding who provided their care or when it was provided.

2.3.2.2 Health, Well-Being and Quality of Life

There has been very little research on outcomes in these areas, with a particular lack of evidence on the impacts of housing with care on quality of life. In addition, assessment impacts on health must take account of the widely varying health status of residents on entry; different schemes are accommodating people in varying states of health and are also drawing their residents from different populations (e.g. low income and high income). Overall, the evidence available suggests positive impacts on health due to the environment that is provided and to the greater visibility of health problems and attention to them when they arise.

Impacts on use of health and care services are also difficult to identify definitively and an issue to be considered is the possible redirection of care demands from public/community services to services provided by the facility. Overall, it is likely that a move to supportive housing may result in increased usage of health and care services because of increased visibility of and closer attention to needs. As noted earlier, the study by O'Connor *et al.* (1989) provided some evidence of this in the Irish context.

As regards wider implications for quality of life, evidence of high levels of satisfaction and appreciation of the independence and security provided would suggest that a good quality of life can be maintained by residents of housing-with-care facilities. In some cases this is likely to be higher than could have been achieved in their previous living arrangements and in many cases is likely to be greater than would be experienced in an institutional setting. There is some research evidence that satisfaction of residents is affected by the residents' prior circumstances, with residents feeling more satisfied if moving had been a positive choice and they were in control, but also if the move was considered to be inevitable and they were getting on well.

2.3.2.3 Social Integration

Like the US and Australian research mentioned earlier, UK studies have also found that social opportunities were often cited as one of the reasons for moving into a scheme, although independence and security were generally stronger motivations (Croucher *et al.*, 2006). A number of studies have found that residents appreciate the companionship of others, while also valuing the control over the level of company that having your own door provides. Good neighbourliness and mutual support were also evident across these studies.

UK research, however, suggests that some residents find it hard to adjust to communal living, particularly in larger schemes. Gossip and rumour, although part of life in any community, could be stressful. Many studies also reported that cliques developed and that this could generate tensions and even open hostility.

The research also indicates that residents sometimes remained lonely despite the communal and social elements. Those who became most marginalised and socially isolated were often people with sensory, physical or cognitive impairments, although it is difficult to ascertain whether they would be more isolated or less isolated elsewhere.

Studies have also suggested that residents have mixed feelings about living in age-segregated settings; some report missing the presence of younger people and children but others do not and feel more secure than they would in the wider community.

Although it has been thought that schemes with a mixture of fit and frail older people would be beneficial, with the less able being helped by the fitter, studies suggest that there can be tensions in such schemes. In the UK studies problems were especially apparent where sheltered housing schemes were remodelled to become very sheltered housing and new residents were often likely to be very frail.

Some housing-with-care schemes have facilities for use by non-residents, with the intention being to integrate the schemes and residents into the wider community. Across the various studies in the UK that addressed this theme, however, there were mixed views from residents on the desirability of this. Some liked the links with the wider community but others were concerned about the security implications or that the inclusion of a day care centre, for example, promoted a more institutional feel.

2.3.2.4 Cost-Effectiveness

The issue of cost-effectiveness of different housing-with-care options is complex and there is no simple general rule that can be applied (Tinker *et al.*, 1999). Costs depend on the amount of care needed and comparisons are affected by how housing costs are calculated and allocated. For a given level of need, UK studies suggest that the costs of care in very sheltered housing can often be less than in ordinary housing (due to less need for adaptations and more efficient delivery of care). If housing costs are taken into account, however, the apparent cost advantages diminish and even reverse.

There has been no detailed calculation of comparative costs in the Irish context. Available data from the UK on the weekly costs of providing accommodation and care in residential institutions, ordinary sheltered housing and very sheltered housing (Netten and Curtis, 2000) suggest that costs are typically lower in non-institutional settings. It is important, however, to ensure that like is being compared with like as people in institutional settings may need and receive more care. In this regard, for example, Tinker *et al.* (1999) found that different approaches may be more or less cost advantageous depending on the care requirements of the individual and whether or not family care is being provided. In most (but not all) cases, supporting an older person to stay at home was the least costly option for the public purse, but in other cases a move to supportive housing can be less costly. An additional factor to be considered is the conclusion in the study by Tinker *et al.* that the ability of schemes to provide an alternative to institutions can be questionable due to evidence of a lack of necessary care services in some instances.

Finally, an important issue to consider in relation to housing-with-care policy is the need for an overall perspective that also takes into account wider housing issues. A move to purpose-built supportive housing will typically release housing for occupancy by someone else and, therefore, will have an impact on the overall housing stock available.

2.4 IRISH POLICY ON SUPPORTIVE HOUSING

Although there is no statutory requirement to provide supportive housing in Ireland, some local authorities have been providing sheltered housing for older people for many years. In the 1980s, almost three quarters of sheltered housing provision was by local authorities (O'Connor *et al.*, 1989). As will be seen from the updated data presented in Chapter Three, local authorities continue to play an important role in provision although the relative contribution of voluntary organisations has seen more significant growth.

2.4.1 The 1980s and 1990s: Recognition of Supportive Housing, With Limited Progress

The close relationship between policy on care for older people and housing policy has been recognised for some time in Ireland. In *The Years Ahead: A Policy for the Elderly* (Working Party on Services for the Elderly, 1988) it was recommended that older people should have a choice between adapting their home to meet the needs of ageing or moving to accommodation that better suited them. If it were not possible to maintain an older person in their own home or in ordinary local authority housing, then it was recommended that sheltered housing should be the first choice of accommodation offered. Close liaison between local authorities and health boards in planning sheltered housing was strongly recommended, with domiciliary services provided for the residents and, where appropriate, for associated day centres. The report also recommended the further development of voluntary housing organisations in providing housing for older people.

The NCAOP endorsed many of the recommendations of *The Years Ahead* and also indicated various aspects of sheltered housing provision needing attention (O'Connor *et al*., 1989). A target was set for a minimum of 25 units of sheltered housing per one thousand older people (aged 65 years and over), to be achieved by the year 2000.

Almost ten years later, a review of the extent to which the recommendations of *The Years Ahead* had been achieved was carried out (Ruddle *et al.*, 1997). This concluded that although the contribution that sheltered housing can make to the welfare of older people was widely recognised, the availability of such housing was (then at least) far too limited. In addition, the review concluded that there were deficiencies in coordination between the health care services and the local authorities in the planning and design of sheltered housing, and in the provision of services to residents.

2.4.2 The 1990s and 2000s: Encouragement of Supply by Voluntary Housing Associations

The considerable expansion of the role of non-profit (voluntary) housing associations in the provision of sheltered housing in Ireland over the past ten to fifteen years has been driven particularly by the availability of public supports. This sector is commonly referred to as the 'voluntary sector' in Ireland and, therefore, for convenience, the terms 'voluntary housing sector', 'voluntary housing associations' and 'voluntary organisations' are frequently used in this report. Some concerns have been expressed, however, that the term 'voluntary' may suggest amateurism whereas in reality such housing organisations are required to have the credentials and competencies to qualify them as 'approved housing bodies' for purposes of public funding under the CAS and other programmes. The voluntary sector referred to in this report is thus constituted by organisations that meet the standards required to become approved housing bodies.

The importance of voluntary housing associations in housing policy was boosted in *A Plan for Social Housing* (DoEHLG, 1991) and this was reinforced a few years later with the publication of *Social Housing: The Way Ahead* (DoEHLG,1995), which introduced improvements in available supports. Subsequent to this, the National Development Plan (NDP) set substantial targets along with commensurate financial allocations for the voluntary housing sector in relation to increased delivery of social housing output. Specifically, the NDP envisaged an increase in housing association output to four thousand in 2006, of which half would be for special needs (e.g. for older people, people with disabilities, homeless people, etc.) and half would be general needs social housing. Although output by housing associations under the NDP has been substantial, it has not met the targets that were set in the NDP (output by both the voluntary sector and local authorities has been consistently below the NDP targets, with a relatively greater shortfall for the former) and has also tended to be patchy in geographical terms (Mullins *et al.*, 2003).

It has been estimated that at the end of 2001 there were approximately 330 active non-profit housing organisations in Ireland, with many of these being fairly recently established (more than half founded since 1990). Together, they managed between 12 thousand and 13 thousand dwellings overall in 2001 (a figure that has since grown substantially), constituting about 10 per cent of social housing in the country at that time. A survey of 181 of these organisations found that almost one half (48 per cent) aimed to provide housing predominantly for older people.

2.4.2.1 Capital Assistance Scheme

The main form of financial support for voluntary housing associations active in the supportive housing field is the CAS. This typically funds up to 95 per cent of the setup costs of a scheme by an approved housing association, up to established maximums (€110,000 to €140,000 for one- and two-person units in 2006, depending on location). Details of the operation of the scheme can be found in guidance documentation from the DoEHLG (2002). T*he Housing Policy Review 1990-2002* (Norris and Winston, 2004) reported that between 1991 and 2002 the CAS supported the provision of 2,858 units of accommodation for older people. No breakdowns between clustered (supportive) housing and dispersed mainstream housing units are provided and, in this regard, concerns have been raised that it is possible that not enough sheltered housing is being supported (NESC, 2004).

2.4.2.2 Communal Facilities Grant

In addition to setup capital costs, housing associations can also avail of the Communal Facilities Grant, introduced by *A Plan for Social Housing* (1991). The maximum grant (per resident) in 2006 was €7,500. It can be used for the capital cost of acquisition, conversion, renovation and refurbishment of an existing building for use as a communal facility. Eligible works for grant assistance may include communal dining and kitchen areas, sitting and recreation/activity rooms, laundries, accommodation for therapy or treatment, or other facilities reasonably required to improve the occupants' living conditions. Of the organisations included in the survey by Mullins *et al.* (2003), more than one third provided one or more facilities such as a day centre, dining room or laundry.

2.4.2.3 Operating Costs

The main public supports for the housing associations that provide housing for older people have, to date, focused on capital rather than operating costs. There is the possibility at local level to receive discretionary funding for operating costs from the Local Health Office (LHO) of the HSE.[5] A survey carried out by the ICSH in 2003 (ICSH, 2005), however, found that only a minority of the organisations providing supportive housing for older people reported receiving such funding.

The need for a consistent approach to the provision of public funding for operating costs of housing schemes provided by voluntary housing associations under different

5. Section 39 funding (previously known as section 65 funding).

programmes (in particular, the CAS and the CLSS) and for different target groups has been indicated (Brooke, 2001). In addition, the need for a proper funding basis for the provision of care and other supports by voluntary sector providers of supportive housing for older people has been identified as a key issue by the sector (ICSH, 2006) and by NESC (2004).

2.4.3 Recent Policy Recognition of the Importance of Sheltered/Supportive Housing

Supportive housing or, more specifically, sheltered housing has received an important renewal of attention in current Irish policy, both by the HSE as part of it's Advancing the National Agenda initiative and in the wider context of the *Towards 2016* social partnership agreement.

2.4.3.1 Supportive Housing Commitments in *Towards 2016*

The clearest current statement of policy in relation to supportive housing in Ireland is contained in the social partnership agreement, *Towards 2016* (Government of Ireland, 2006). This addresses the housing-with-care theme in a number of places.

One reference occurs in the section on long-term care services for older people, where a commitment is made that 'the continued development of sheltered housing options, with varying degrees of care support will be encouraged' (p. 61). Another reference occurs in the section on housing and accommodation for older people, where the commitment is stated as follows (p. 62):

> *Good quality housing is important to supporting the independence of older people. In some instances, housing and care services delivered in an integrated manner are essential to allowing older people to live at home for as long as possible. In other cases, older people may need to move to alternative accommodation, including sheltered housing with varying levels of support.*
>
> *Therefore, the range of responses includes:*
> - *The availability of a mix of dwelling types of good design across all tenures.*
> - *For older people on lower incomes, the availability of:*
>   - *Disabled Persons and Essential Repairs Grants Schemes and the Special Scheme of Housing Aid for the Elderly, which allow people to remain in their own homes;*
>   - *the provision of social housing including through downsizing schemes; and,*
>   - *specific sheltered housing options.*

The explicit linkage of sheltered housing with older people on lower incomes is worthy of comment. In practice, although not often commented on, 'sheltered housing' in Ireland has primarily been made available to older people on low incomes, historically by the local authorities and more recently by voluntary housing associations, many of whom receive capital funding under the CAS. A condition of the CAS is that at least 75 per cent of places are made available to older people who have been included in a local authority's most recent assessment of housing needs. As a result, publicly funded sheltered housing is mainly an option for those on lower incomes, although some people on higher incomes do live in sheltered housing provided by voluntary organisations, and also in the growing number of supportive housing provided by commercial organisations.

Another reference is made in the section on governance framework in *Towards 2016*, where it is stated that 'a cross-departmental team on sheltered housing is being established by the Department of Environment, Heritage and Local Government to oversee progress in that area [and that] there will be provision for consultation with social partners through the Housing Forum' (p. 65). This is clearly an important development that will fill a gap that has been frequently noted in the Irish context in relation to supportive housing.

Although not specifically referencing sheltered or other forms of supportive housing, the section 'Housing Policy Framework – Building Sustainable Communities' is also of relevance. One of the five main objectives concerns developing inter-agency cooperation where there is a care dimension (p. 26). More generally, it is stated in this section that 'the core objective of housing policy is to enable every household to have available an affordable dwelling of good quality, suited to its needs, in a good environment and, as far as possible, at the tenure of its choice' (p. 26). This approach and underlying principles have relevance for the supportive housing agenda in a number of ways, as outlined below.

Equality of Treatment

One dimension concerns equality of treatment of all who are supported by or involved in the provision of social housing:

> *The approach seeks to ensure that all housing is seen as being on an equal footing whether provided fully by the State or supported in some way. All parties have a role in developing this ethos, which makes no distinction between types of housing or tenure.* (p. 26)

This statement of principle has an important relevance for housing with care, with the implication being that residents of local authority or voluntary supportive housing should have equal access to the same level of support for the same level of need.

Needs Assessment and Choice

Another dimension concerns a commitment to improving needs assessment:

> *A critical factor in determining housing interventions is the requirement for a clear perspective as to the scale and nature of need, including local variations. In framing responses, account should be taken of individual and family circumstances and each person's position in the lifecycle. The approach should also seek to encourage choice, personal autonomy and a sense of community involvement for all those across the lifecycle. To advance these goals, a new means of assessment will be developed to provide a better basis for policy development and service delivery to ensure that all people can live with maximum independence within their community.* (p. 26)

Two important aspects of this merit commentary: the commitment to the development and implementation of a new and systematic approach to needs assessment, something that is clearly needed in relation to supportive housing for older people; and the emphasis on choice, an aspect that needs careful attention in relation to the processes whereby older people come to be residents of supportive housing schemes.

Wider Social Housing Reforms

Finally, *Towards 2016* also makes a commitment to progressing the social housing reform agenda set out in the Housing Policy Framework. This includes an acknowledgement of the conclusions of the NESC report on housing (NESC, 2004) regarding the need for substantial additional provision of social housing units over the period to 2012. It is stated that the 'implementation of such an objective will be assessed in the light of work on the assessment of need, the emerging picture in relation to need, the evolution of the various housing programmes and the outputs achieved under these, and the resources available' (p. 27). In this regard it is noted that meeting the need for social housing will include both new capital investment and utilisation of the RAS for new supply of housing for groups targeted within social housing policy.

2.4.3.2 HSE Sub-Committee on Sheltered Housing

In 2006 the HSE established a sub-committee under the Advancing the National Agenda initiative with a brief to examine the issue of sheltered housing and the role of the HSE in this context. The sub-committee's report gave support to the principles and commitments regarding sheltered housing outlined in *Towards 2016* and made a series of recommendations on the actions required to achieve them so as to maximise the independence of older people.

In particular, the report recommended that the government acknowledge the value of sheltered housing as an appropriate, cost-effective alternative for older people who cannot or do not wish to remain living in the family home as they age. There should be a commitment to increase the supply and range of sheltered housing options to meet local demand, with increased capital funding for building new schemes and revenue funding for the delivery of social support services in sheltered housing complexes.

It was also recommended that the commitment to establish a cross-departmental team on sheltered housing should be acted upon immediately and that, as a first priority, a national framework for sheltered housing should be developed to address various barriers to the achievement of the objectives in *Towards 2016*.

The report concluded that the HSE should proactively support sheltered housing as an option in the care continuum for older people who choose to avail of it. For the HSE, funding priorities should focus on the development and provision of social support services, including service initiatives that promote service integration at local level or that involve partnerships with other agencies/providers. It was argued that the HSE budget for sheltered housing must be raised significantly in order to meet the costs of social care provision for residents as they age.

2.5 SUMMARY AND CONCLUSIONS

A review of the field suggests that the essence of the supportive housing concept being addressed in this study is a clustered arrangement of housing for older people where the residents have their own homes and where some level of support is implied. The support may range from the basic supports deriving from the clustered arrangement to high levels of care. A number of different variants on the supportive housing theme can be found across the international scene.

In the US and Australia, retirement and continuing care communities and assisted living facilities are growing models for housing with care; in many cases these are targeted towards better-off older people who pay market rates for the housing and services that they receive. In Ireland, the UK and other European countries, the sheltered housing model seems to predominate, with the housing and care elements typically provided by the public sector and/or non-profit organisations; private markets are, however, also emerging.

In some European countries there is differentiation of schemes in terms of the levels of need that they target and the levels of care that they provide. In Ireland, two main levels tend to be distinguished: group housing with low levels of support (low support); and sheltered housing with higher levels of support (higher support). There is no standard official definition of either type, however, and boundaries between levels are not clearly defined.

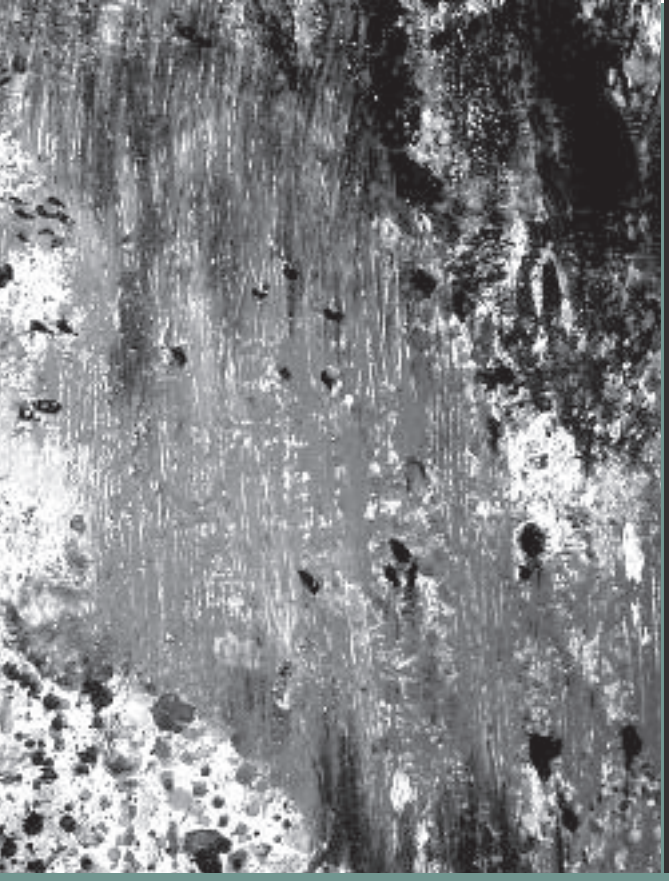
While most older people express a preference to remain living in their own homes for as long as possible, the available evidence suggests that the majority of older people who have moved to supportive housing are positive about this. On the financial side, studies in the UK suggest that supportive housing is generally a more cost-effective option than residential care but that comparisons with delivery of care services to older people in their original homes depend on how much care is required and how the costs of housing are calculated.

Earlier research has suggested that there has been a significant undersupply of supportive housing in Ireland. Recent years, however, have seen considerable growth in the provision of both low and higher support supportive housing by approved housing bodies from the voluntary sector in Ireland, fuelled by increased availability of public funding for capital costs. In addition, supportive housing is currently receiving a lot of attention in the policy context, with expectations that it can make an important contribution to meeting needs of an ageing population in both the housing and care fields.

There has been a lack of basic information to underpin future policy and action in this field in Ireland regarding how much supportive housing is currently provided, who provides it, who it is targeted towards and the geographical distribution. There has also been a lack of data on how much care and support is being provided, and on how it is being provided. This information is necessary to help assess whether current supply is meeting needs for supportive housing. A prospective analysis of the evolution of needs and supply is also necessary in order to support planning for the future.

There has also been a lack of clarity regarding the roles of the different stakeholders (local authorities, voluntary housing associations and the health and social care sector) in the provision of supportive housing. The increasing importance of voluntary housing associations and the recognition of the importance of coordination between the housing, and health and social care sectors mean that roles will need to be clearly defined and appropriately supported if the potential contribution of supportive housing is to be achieved.

Finally, the role of supportive housing within the wider continuum of supports for older people must be more clearly defined. More information and analysis is required on the circumstances and preferences of older people and on the types of housing and care inputs that they need in order to remain living independently and with a good quality of life. Improved needs assessment has a crucial role to play in this regard.



CHAPTER THREE

The Supply of Supportive Housing in Ireland

CHAPTER THREE

The Supply of Supportive Housing in Ireland

This chapter presents the results of the survey of local authorities and voluntary housing associations in Ireland that was carried out as a core part of the study. The aim was to determine the amount and nature of provision of supportive housing by these sectors across the country. Some commentary on provision of supportive housing by commercial organisations is also provided although this was not the main focus of the research.

3.1 METHODS AND SAMPLE

The main method used to gather data was a postal survey with follow-up by telephone to encourage a high response rate and/or to obtain clarification of issues where required.

The main themes addressed in the surveys, which were similar for both the local authorities and voluntary organisations, were as follows:

- whether they currently provide supportive housing for older people and, if so, how many schemes and how many units of accommodation
- whether they are currently building or planning to build (additional) supportive housing for older people
- referral sources of tenants and the allocation criteria that are applied
- levels of care/support needed by tenants
- staffing
- facilities provided (alarms, communal facilities and other supports)
- whether care services are provided to tenants by the organisation.

The definition of supportive housing used was the one presented in Chapter One – group or sheltered housing schemes for older people where residents have their own

bedsits, apartments or houses. The key requirement was that tenants had their own home but within some form of purpose-built, clustered arrangement rather than individual homes dispersed throughout the community. Although many voluntary housing associations and local authorities provide such dispersed housing for older people, this type of provision was not included within the scope of the study.

The survey covered the 34 main local authorities, including separate questionnaires sent to each of the Cork and Donegal divisional services. Identifying the sample for the survey of voluntary housing associations was more complicated. A number of sources were drawn upon for this, the main ones being the list of organisations approved for funding under the CAS since 1985 and the ICSH's membership list for 2005, supplemented with any additional organisations identified from the list of organisations funded under the Communal Facilities Grant and the CLSS.[6]

3.2 VOLUNTARY HOUSING SECTOR

The survey identified a total of 141 voluntary housing organisations that currently provide housing for older people that fall within the definition of supportive housing employed in this study, and a further 46 voluntary organisations not currently providing supportive housing for older people but who are building or planning to build such schemes. Although there is no definitive reference source against which to gauge how completely this set of organisations covers the entire voluntary sector supply of supportive housing, cross-checking with other sources suggests that it includes the vast majority of organisations currently active in this field.

For the assessment of current provision, basic information was collected on all 141 organisations, including number of schemes, number of units per scheme and geographical location of schemes. Detailed survey information was available from 114 organisations with a total of 3,557 units between them. This represents more than three quarters of all identified organisations (81 per cent) and units (78 per cent), and, therefore, provides a large and representative sample overall.

3.2.1 Current Supply

The 141 organisations identified together provide 248 separate schemes and a total of 4,532 units of supportive housing accommodation (Table 3.1).

6. This capital funding scheme was introduced in 1991 and has been used by housing associations primarily for housing low-income families who are eligible for social housing.

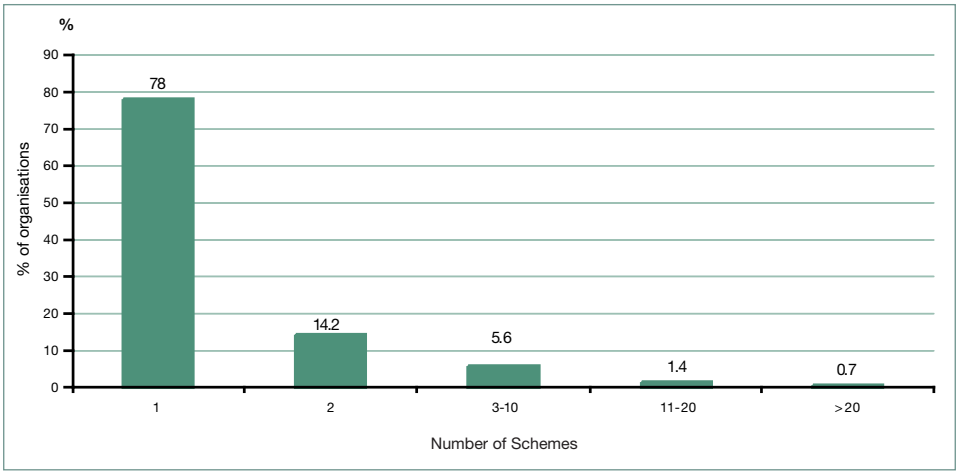
Table 3.1 Overall profile of supply of supportive housing for older people by voluntary housing organisations

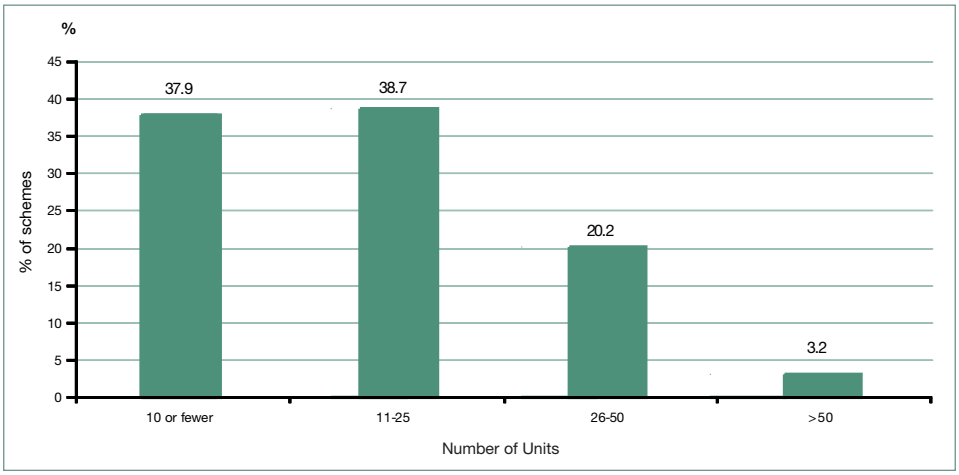
Organisations	Schemes	Units of accommodation
141	248	4532

3.2.1.1 Size

More than three quarters (78 per cent) of the voluntary organisations provide just one scheme and a further one in seven (14.2 per cent) provide two schemes (Figure 3.1). At the other end of the spectrum, there are three organisations providing more then ten schemes, with the largest provider having a total of 37 schemes.

Figure 3.1 Schemes per organisation and units per scheme





The average scheme size is just over 18 units but there is considerable variation across schemes in the number of units provided. Overall, more than three quarters (76.6 per cent) of schemes have 25 or fewer units and more than one third (37.9 per cent) have 10 or fewer units. Only eight schemes with more than fifty units were identified, including one with more than one hundred units.

3.2.1.2 Geographical Distribution

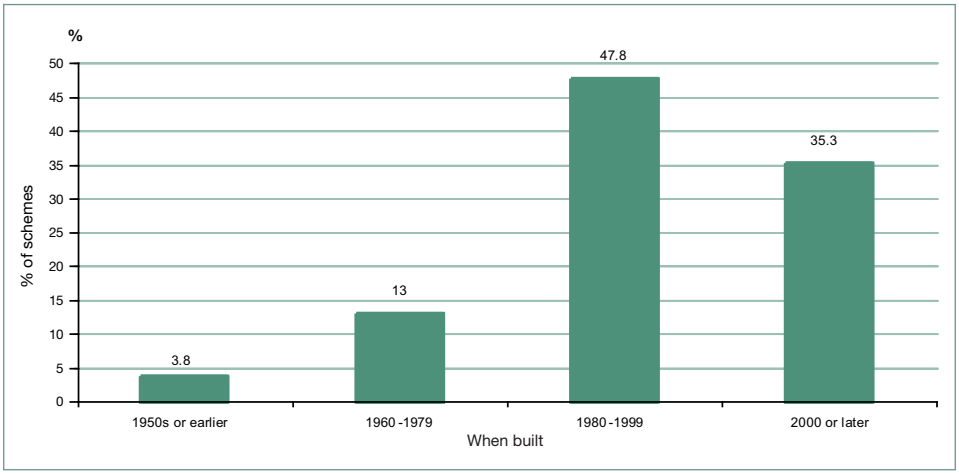
Table 3.2 presents the geographical distribution of the schemes and units provided by voluntary organisations, organised in terms of the 34 local authority areas. It can be seen that at least one voluntary sector scheme was identified in all but two of the areas (Galway City and Longford). The number of schemes and units per area varied considerably and the implications of this will be examined further in section 3.5 (when the combined voluntary and local authority provision is addressed) and also in Chapter Four (when the relative supply in terms of the size of the older population is addressed).

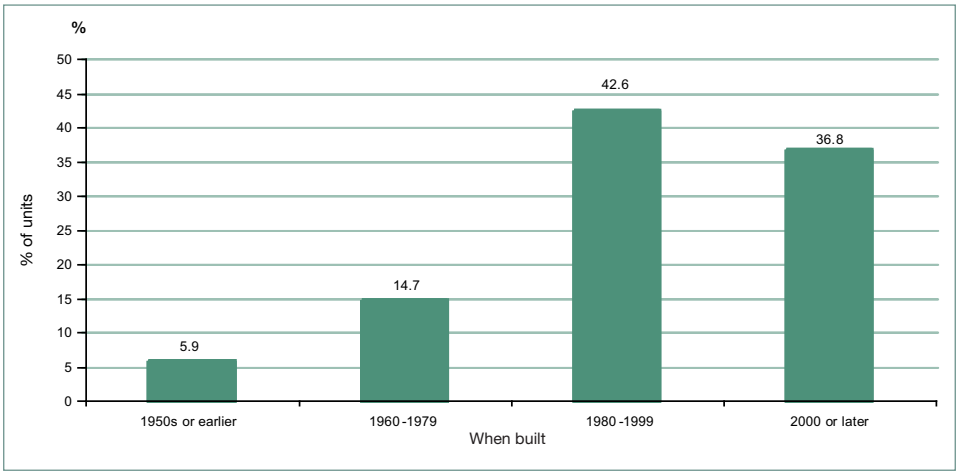
The largest numbers of voluntary schemes were found in Co. Cork (33) and Co. Limerick (26), followed by Dublin city (20), Cork City (17) and Mayo (15). The average scheme size also varied considerably across location, with a general tendency for schemes in cities to be larger although this was not always the case.

3.2.1.3 When Schemes were Built

Figure 3.2 shows the distribution of schemes (amongst the 114 organisations that provided detailed information) in terms of when they were built. It can be seen that almost one half (47.8 per cent) of current schemes were built between 1980 and 1999, and slightly more than one third (35.3 per cent) were built more recently.

Figure 3.2 When schemes were built





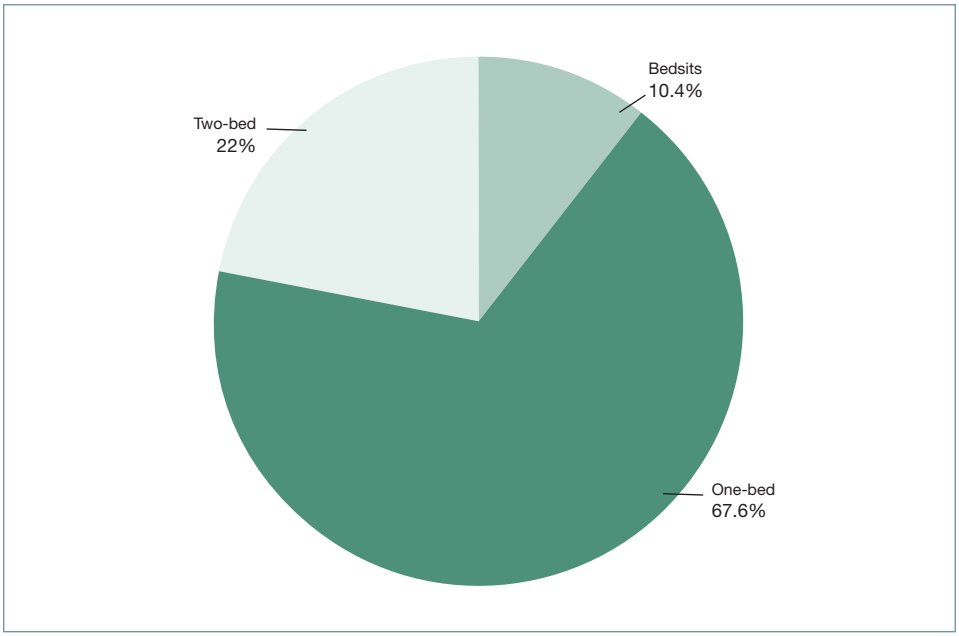
The recent increase in building coincides with the reinforced encouragement of voluntary sector social housing under the NDP. As will be discussed in more detail in Chapter Four, however, available evidence suggests that the new build has been uneven across the country in terms of how it relates to existing levels of supply.

Table 3.2 Provision of schemes and units by location

Location	Schemes	Units of accommodation	Average scheme size
Carlow	2	20	10
Cavan	5	66	13.2
Clare	8	79	9.9
Cork City	17	410	24.1
Cork County	33	449	13.6
Donegal	12	160	13.3
Dublin City	20	716	35.8
Dun Laoghaire-Rathdown	5	109	21.8
Fingal	3	125	41.7
Galway City	–	–	–
Galway County	10	238	23.8
Kerry	11	142	12.9
Kildare	4	101	25.3
Kilkenny	9	116	12.9
Laois	5	139	27.8
Leitrim	2	48	24
Limerick City	10	130	13
Limerick County	26	320	12.3
Longford	–	–	–
Louth	2	20	10
Mayo	15	241	16.1
Meath	3	30	10
Monaghan	4	53	13.3
Offaly	2	23	11.5
Roscommon	4	50	12.5
Sligo	3	50	16.7
South Dublin	2	27	13.5
Tipperary North	6	126	21
Tipperary South	5	82	16.4
Waterford City	10	247	24.7
Waterford County	1	8	8
Westmeath	3	66	22
Wexford	5	113	22.6
Wicklow	1	28	28
Total	**248**	**4,532**	**18.3**

3.2.1.4 Type of Accommodation

Figure 3.3 Type of accommodation



Accommodation in supportive housing can be provided either in the form of clusters of houses or bungalows (detached, semi-detached or terraced) or in apartment complexes. Houses or bungalows are more typical in rural areas and apartment complexes in urban areas. Overall, the survey indicated that about two thirds (67.6 per cent) of current voluntary sector units are one-bed units, just over one in five are two-bed units and one in ten are bedsits (Figure 3.3).

3.2.2 Referral and Allocation of Places

This section examines the sources of referral of tenants that were reported by the voluntary organisations and the allocation criteria that they use in the acceptance of applicants.

3.2.2.1 Referral Sources

Figure 3.4 presents data on the sources of referral of tenants that were reported by the voluntary housing organisations.

Figure 3.4 Sources of referrals

It can be seen that the most frequently reported sources of referral were from the older people themselves and/or their families and from the local authority housing needs lists, with about three quarters of organisations reporting getting referrals in these ways. In practice, both types of referral will often be linked, given the requirement for organisations that receive financial support under the CAS to make available up to 75 per cent of their places to older people identified by a local authority as having housing needs.

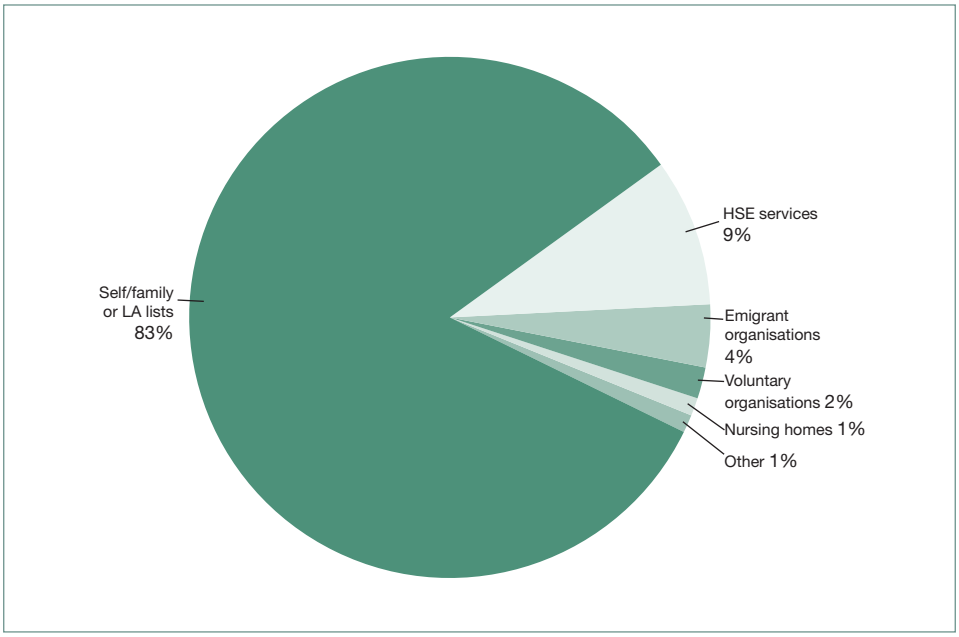
The next most frequently reported source of referral was from HSE services, with this being reported by just under one third of organisations (32.1 per cent). This was followed by referrals from emigrant organisations, presumably reflecting the implementation of the Safe Home programme,[7] and then by referrals from other voluntary organisations. Very few organisations reported receiving referrals from nursing homes.

Figure 3.5 gives an indicative view of the overall proportion of residents that have come from the different referral sources, based on the approximate estimates that were made by the respondents to the survey. Overall, it can be seen that the bulk of residents (over 80 per cent) appear to come via self-referral and/or from local authority housing needs lists. Only about one in ten appear to be referrals from HSE services and there are smaller numbers from the various other sources. These data need to be interpreted with some caution as they are based on approximate estimates rather than an exhaustive census of current residents of supportive housing. They give, however, an indication that the level of cross-linkage of care and housing services for older people

7. The Safe Home Programme originated in Mulranny, Co. Mayo and now has nationwide coverage. Under the programme, up to 25 per cent of places in projects funded under the CAS can be made available for allocation to emigrants returning to this country from abroad who satisfy the eligibility criteria.

may be currently quite limited. This important issue is taken up again in Chapter Five and also in the recommendations in Chapter Seven.

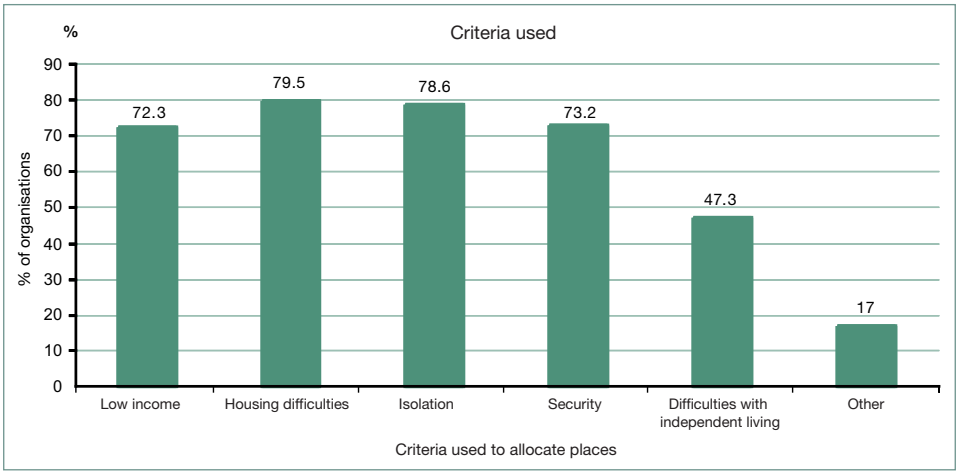
Figure 3.5 Distribution of residents by referral sources

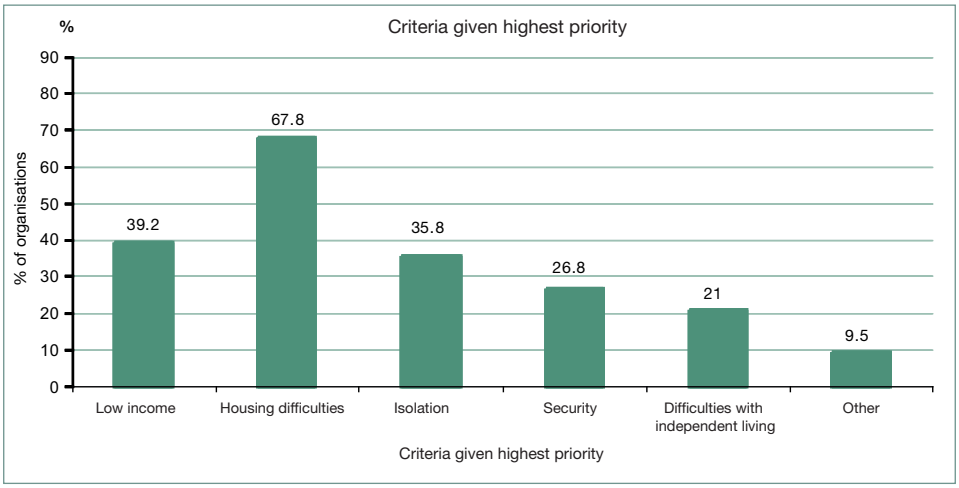


3.2.2.2 Allocation Criteria

The organisations were asked what criteria they used to allocate places in their schemes. The most frequently mentioned criteria were those related to housing difficulties (e.g. homelessness, poor housing conditions and overcrowding), isolation, security and low income (Figure 3.6). Difficulties with independent living were less frequently mentioned although they were reported to be a criterion used by almost one half of organisations.

Figure 3.6 Allocation criteria reported by provider organisations





In terms of the most important allocation criteria used by the organisations, defined as the criteria that were ranked first or second in terms of the importance that they were given, housing difficulties were most frequently given the highest priority, followed by low income and then by isolation. Although difficulties with independent living were not generally given the highest priority, more than one in five organisations (21 per cent) said that they gave this the highest priority.

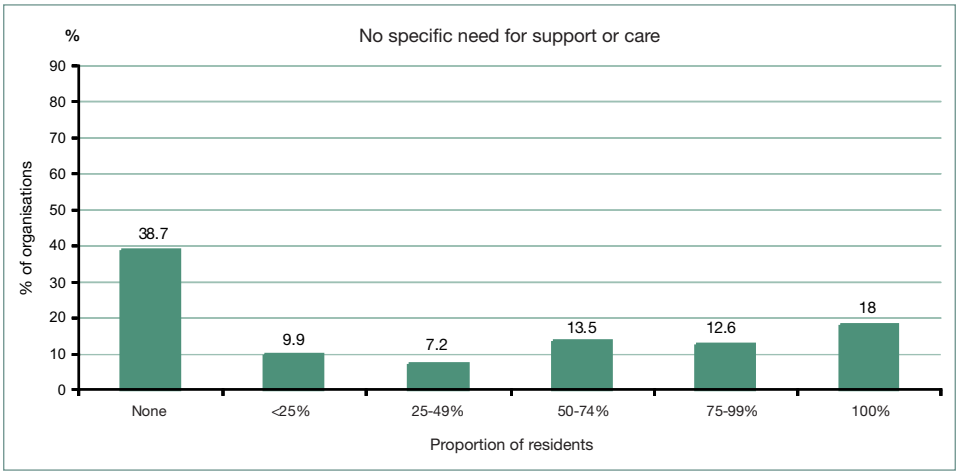
The data show that the predominant orientation of supportive housing is towards older people with a nexus of needs relating to low income, housing difficulties, isolation and/or security concerns. Provision of support for older people with independent living difficulties, however, is also an important objective of many providers of supportive housing. This

indicates that the historical view that sheltered housing is, by definition, for relatively independent older people (O'Connor *et al.*, 1989) is a lot less applicable today.

3.2.3 Perceptions of Levels and Types of Support or Care Needed

The majority of organisations (82 per cent) reported that at least some of their residents needed some level of support or care, with fewer than one in five (18 per cent) reporting that none did (Figure 3.7). Almost two in five organisations (38.7 per cent) felt that all of their residents needed support or care and more than one half (55.8 per cent) felt that at least half of their residents did.

Figure 3.7 Residents' needs for support or care (as perceived by organisations)



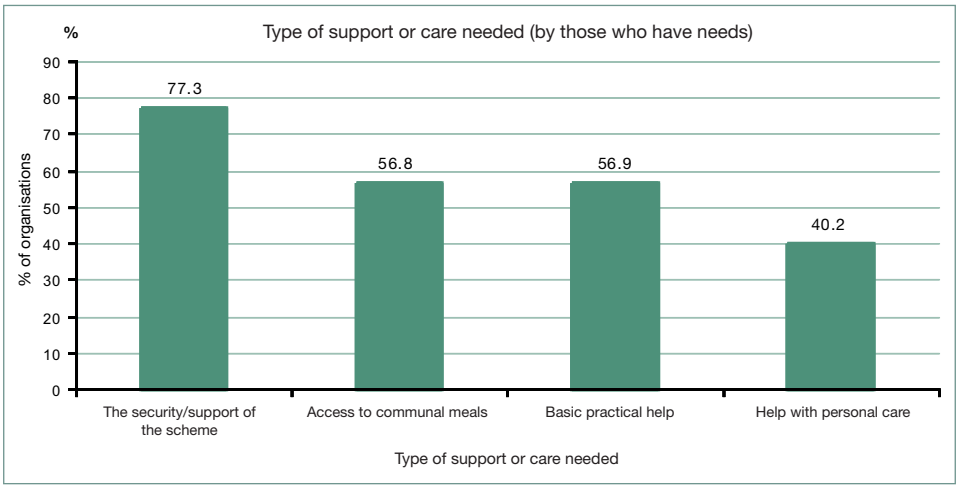
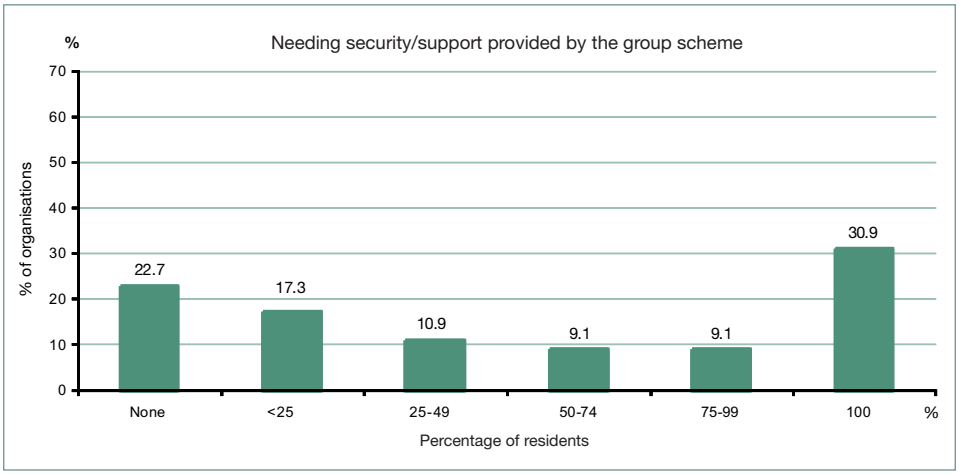
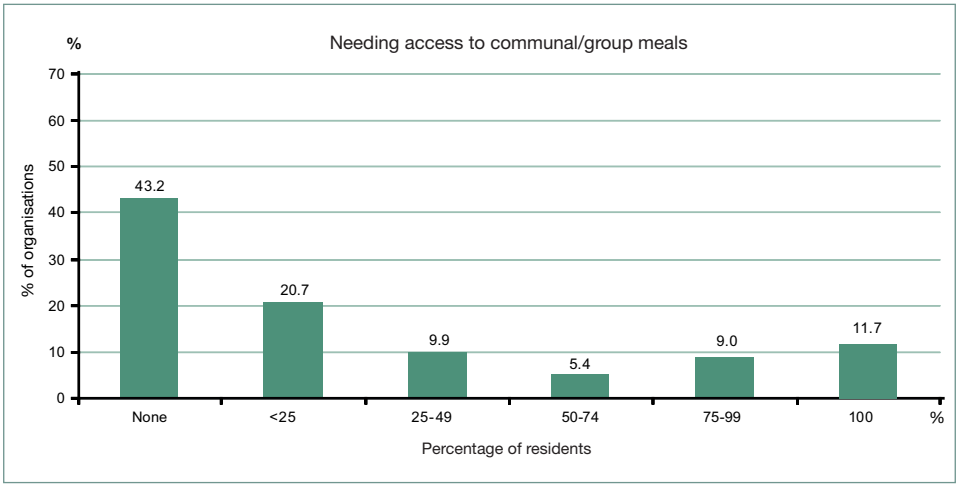
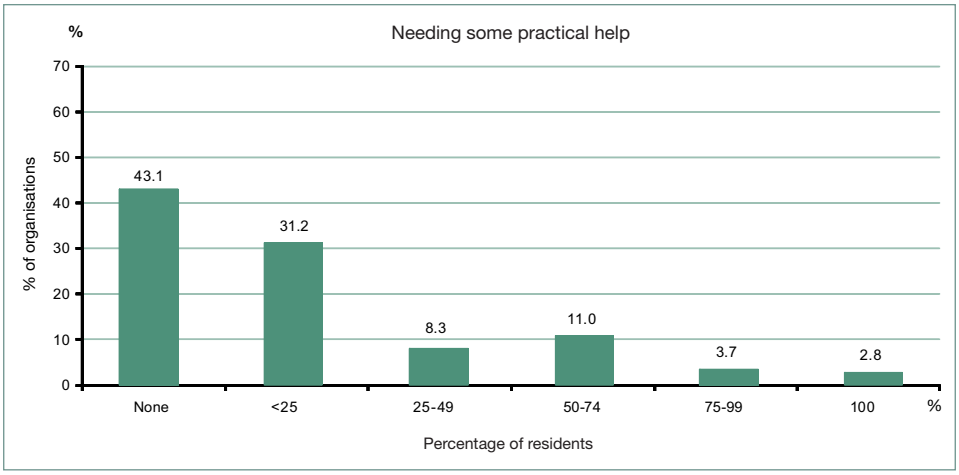


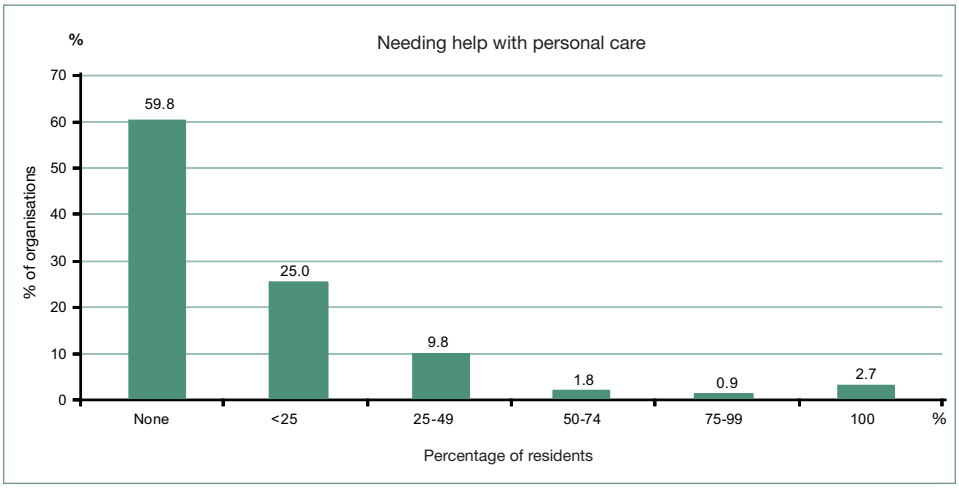
Figure 3.7 also presents data on the particular types/levels of support that the organisations felt at least some of their tenants needed. Figure 3.8 presents data on the estimated proportions of tenants needing each type/level of support.

Figure 3.8 Organisations' estimates of the proportions of their residents needing particular forms of support or care









3.2.3.1 Security/Support of a Group Scheme

More than three quarters of organisations (77.3 per cent) said that at least some of their residents needed the security/support of a group/clustered scheme, with almost one in three (30.9 per cent) reporting that all of their residents needed this and almost one half (49.1 per cent) reporting that at least half of their residents did.

3.2.3.2 Access to Communal/Group Meals

More than one half of organisations (56.8 per cent) said that at least some of their residents had a need for access to communal/group meals. Only a little more than one in nine (11.7 per cent), however, felt that all of their residents needed this and just over one quarter (26.1 per cent) felt that at least half of their residents did.

3.2.3.3 Practical Help

More than one half of organisations (56.9 per cent) said that at least some of their residents had a need for practical help. Very few (2.8 per cent), however, felt that all of their residents needed such help and fewer than one in five (17.5 per cent) felt that at least half of their residents did.

3.2.3.4 Personal Care

Finally, just over two in five organisations (40.2 per cent) reported that at least some of their residents needed help with personal care. Very few (2.7 per cent), however, felt that all of their residents needed such help and just under one in twenty (5.4 per cent) felt that at least half of their residents did.

Figure 3.9 Estimated percentage of residents needing different types of support or care

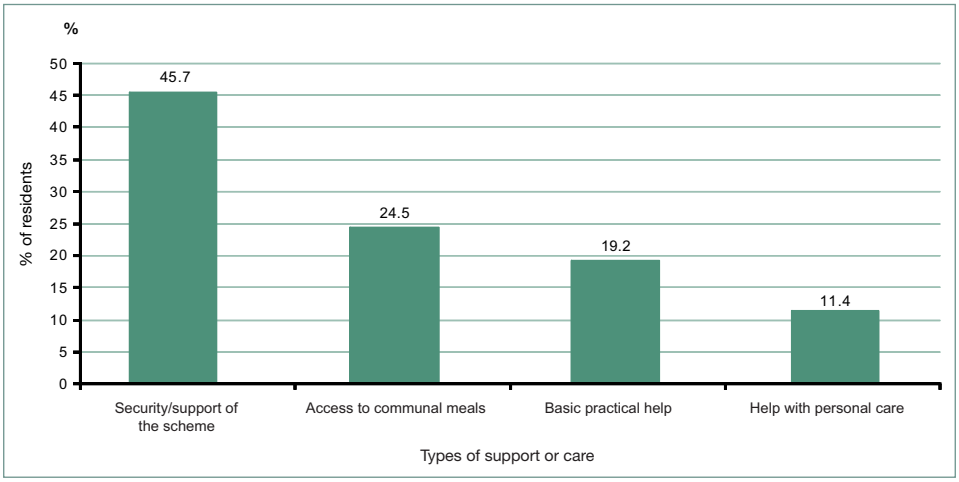


Figure 3.9 presents estimates of the overall proportions of residents needing the various supports or forms of care, based on applying the percentage estimates by the organisations to the number of units that they provide. On the basis of these calculations it can be estimated that a little under one half (45.7 per cent) of all residents need only the security/support of a (group/clustered) scheme, approximately one quarter (24.5 per cent) need access to communal/group meals, approximately one in five (19.2 per cent) need basic practical help and about one in nine (11.4 per cent) need help with personal care.

Although these estimates are, by necessity, fairly crude they nevertheless provide an indicative view of the situation as regards home care needs. The data suggest that although the majority of current residents seem to be relatively independent there is a substantial number that need some level of home care services. They also suggest that a larger proportion of older people in supportive housing may need such services in comparison to the wider population of older people living in mainstream housing.

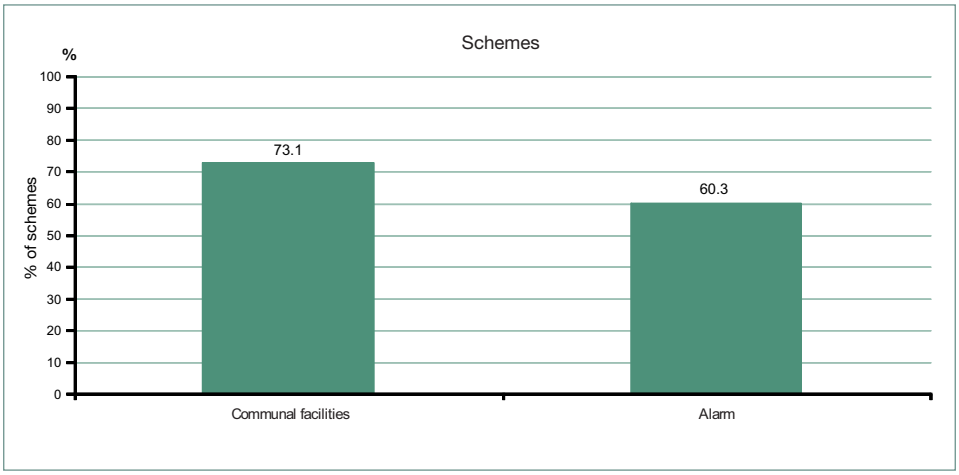
3.2.4 Levels of Support Provided by Current Schemes

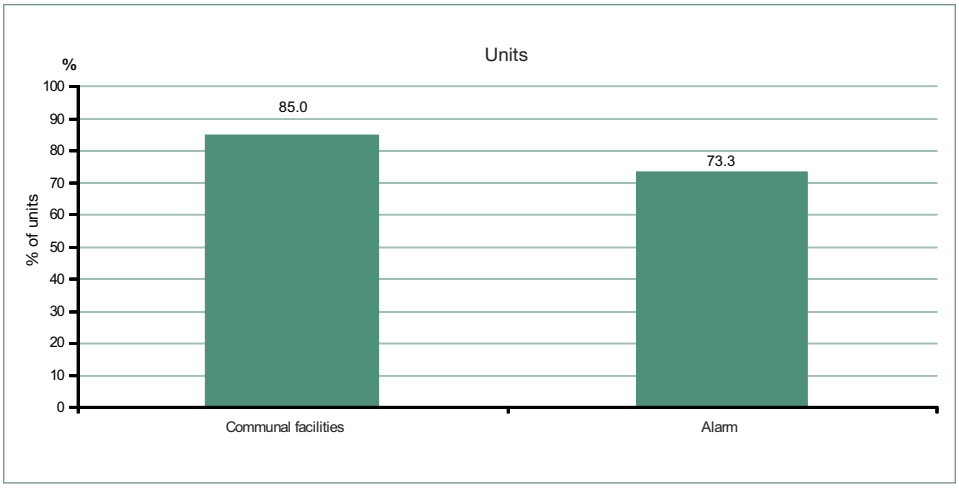
This section examines the levels of support that are provided by the supportive housing schemes across the country. It addresses communal facilities and alarms, staffing complements and the overall level of support and care provided.

3.2.4.1 Communal Facilities and Alarms

Figure 3.10 presents the percentages of schemes and units providing communal facilities and alarms. Larger schemes are more likely to have such facilities so that, overall, the percentage of units having such facilities (85 per cent) is larger than the percentage of schemes (73 per cent).

Figure 3.10 Communal facilities and alarms

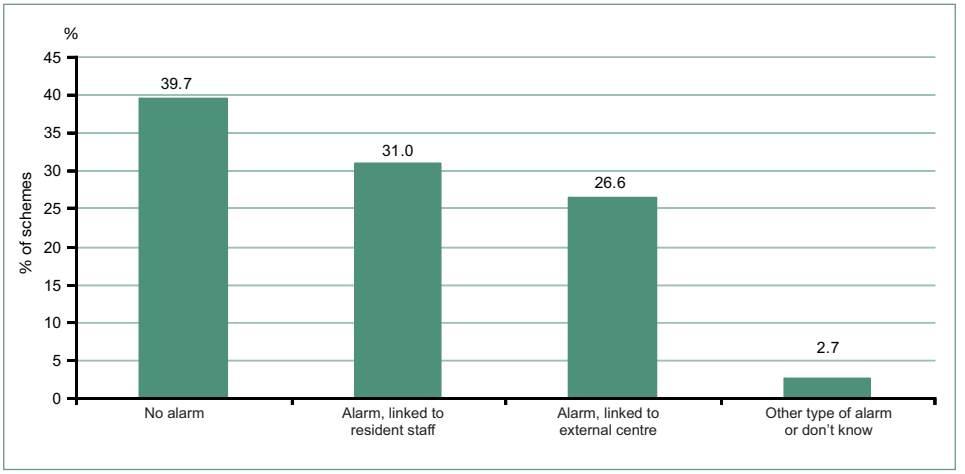




Almost three quarters (73.1 per cent) of schemes were reported to have communal facilities, representing more than four in five (85 per cent) units overall. Social facilities such as TV/living rooms and day centres were most frequently mentioned, with about two thirds of schemes (64 per cent) having some such facility. Just over one third (37 per cent) mentioned having a dining room and associated communal meals, and one in six (15 per cent) mentioned communal laundry facilities.

It should be noted that the figures for laundry facilities, in particular, appear low in comparison to other survey data (Mullins *et al.*, 2003; ICSH, 2006). The low figures in the current survey may in part reflect the fact that laundry services are sometimes provided in ways other than through on-site communal facilities. It is also possible that some organisations may have omitted to mention some of their communal facilities because of the open-ended questioning that was used for this item in the current study.

Figure 3.11 Alarm facilities



Alarms

About three in five schemes provide alarm facilities (60.3 per cent), representing about three quarters of units overall (Figure 3.10). About one half of these are systems linked to resident staff and one half are systems linked to an external centre (Figure 3.11).

3.2.4.2 Staffing

Figure 3.12 Staffing of schemes

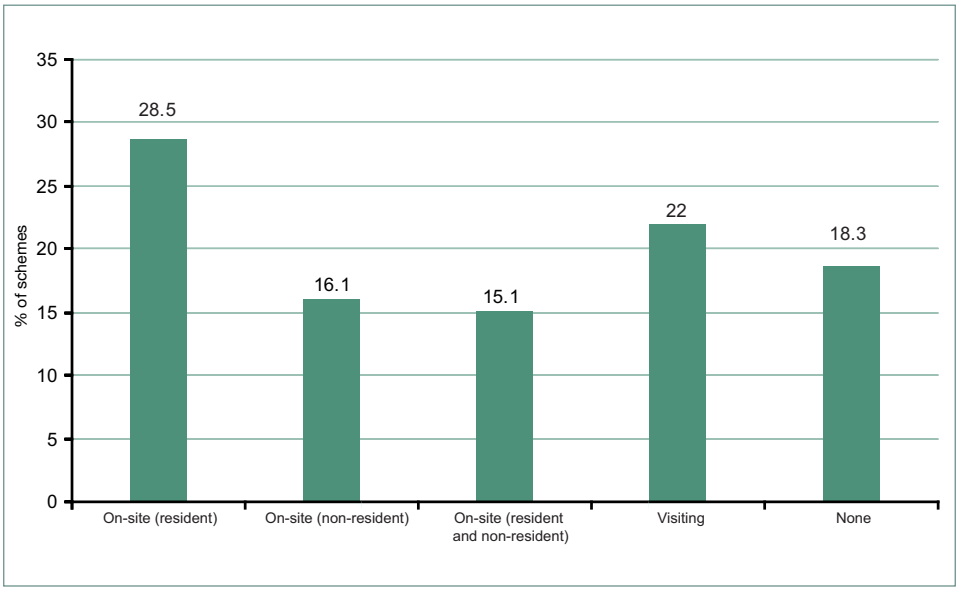
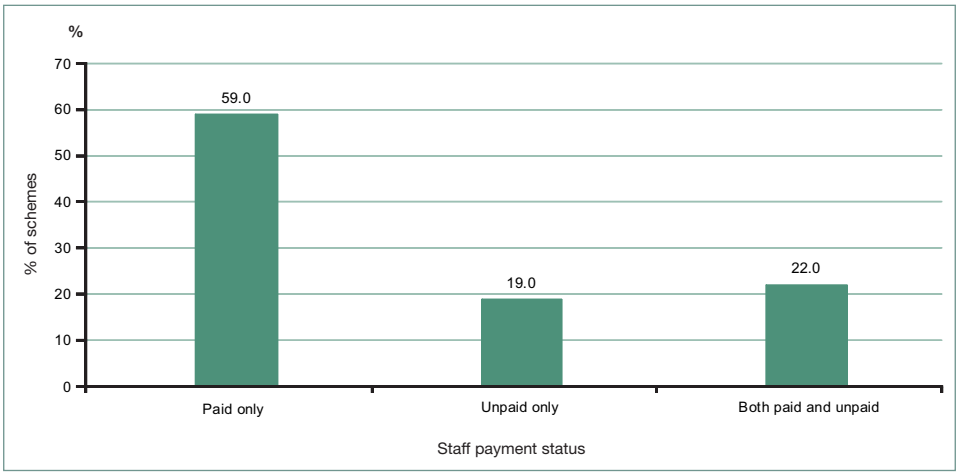


Figure 3.12 presents a profile of the supportive housing schemes in terms of their staffing arrangements. It can be seen that fewer than one in five schemes (18.3 per cent) have no staffing at all, just under one quarter (22 per cent) have visiting or other staff not based in the scheme, and three in five (59.7 per cent) have on-site staff. More than two in five (43.6 per cent) have resident staff (that is staff who either live on-site or who stay overnight) and a further one in six (16.1 per cent) have on-site staff during the daytime but not living on-site or staying overnight.

Figure 3.13 Paid and unpaid staff



Of the schemes that had some type of staffing, more than four in five (81 per cent) had some full-time or part-time paid staff (Figure 3.13). In the majority of cases (79.4 per cent) staff were paid by the organisation itself, although in some cases they were paid by another organisation (such as FÁS) or were jointly paid by the organisation and another organisation. Just under one in five schemes (19 per cent) rely on unpaid staff only and among those with some staffing, two in five (41 per cent) reported some unpaid staffing inputs.

3.2.4.3 Overall Levels of Support and Care Provided

A five-level scale was developed in order to reflect the overall level of 'supportiveness' of schemes (Table 3.3).

Table 3.3 Classification system for levels of support

Level of support/care	Features
1. Basic group/clustered	No additional supports other than the social/security aspects of group/clustered housing
2. Additional supports	Provide additional supports such as communal facilities and/or social activities
3. Practical (ADL) help	Provide help with practical activities such as shopping and housekeeping
4. Practical help and personal care	Provide both practical help and personal care
5. Round-the-clock care	Provide extensive care supports round the clock

In relation to this, it should be noted that care services for residents of supportive housing can be provided in various ways. In some cases the voluntary organisations themselves may provide care services, particularly where they have a background in care provision in addition to their housing activities. More generally, older people living in supportive housing should have access to HSE services on the same basis as older people living in mainstream housing. In fact, in the survey, many organisations noted that care services were provided to residents by the HSE services and it seems that residents in some schemes are likely to receive relatively high levels of HSE services because of special relationships that the schemes have with the HSE (e.g. location of day centres in the facility, provision of clinic rooms, etc.).

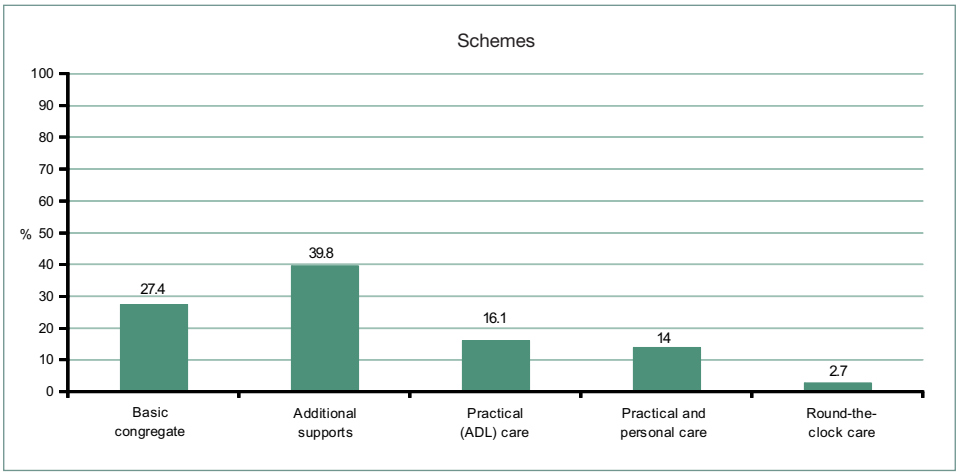
It was not possible in this study to examine how well the mix of possible care arrangements is working in practice, nor how consistently needs are being met in the schemes across the country. This is an important issue and is returned to in Chapter Seven.

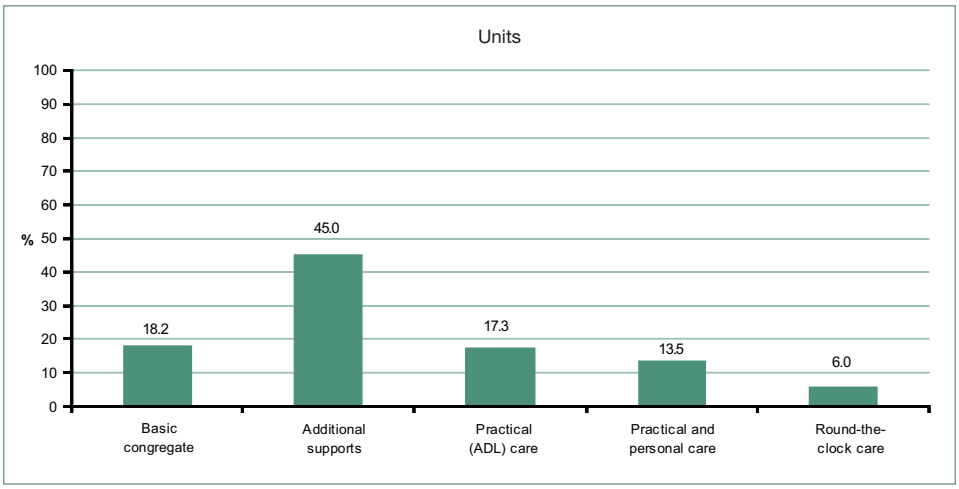
The remainder of this section looks at the specific issue of levels of support and care provided directly by the voluntary sector providers of supportive housing.

Levels of Support/Care Provided by the Voluntary Housing Providers

Overall, more than one quarter (27.4 per cent) of schemes can be classified as ones where the supportive housing provider provides only the basic social/security benefits of clustered housing arrangements and almost two in five (39.8 per cent) provide some level of additional support in terms of communal facilities and/or social activities (Figure 3.14). About one in six (16.1 per cent) provide help with practical activities of everyday life, a slightly smaller percentage provides both practical and personal care (14 per cent), and just a small proportion (2.7 per cent) provides round-the-clock care.

Figure 3.14 Level of support and care

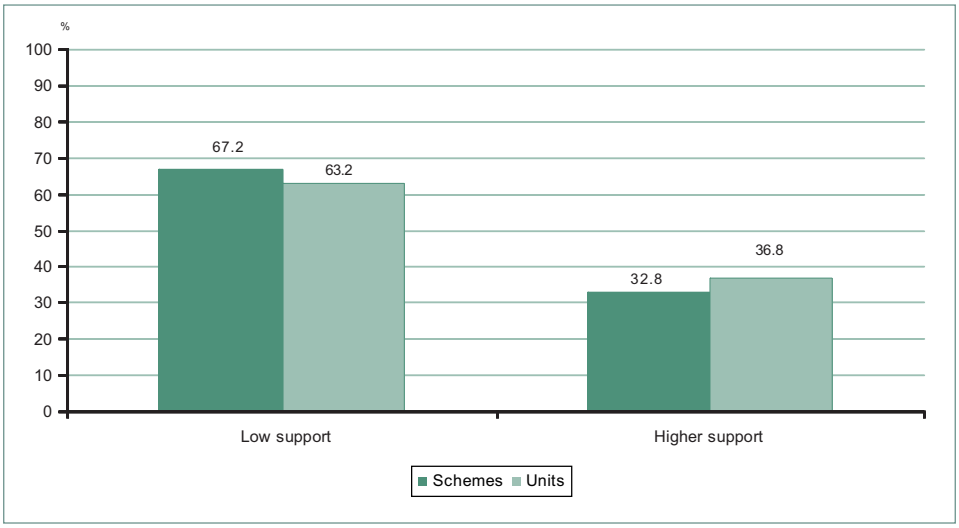




Looking at the picture in terms of numbers of units covered by the various levels of support and care it can be seen that larger organisations are more likely to provide a higher level of support than 'basic congregate' (the 27.4 per cent of schemes at this level represent only 18.2 per cent of units overall).

In order to enable comparisons to be made with other surveys and to help with the assessment in Chapter Four of how well needs are being met, it is useful to group the schemes and units into two categories – low support and higher support. Low support schemes are defined as those where the housing organisation does not directly provide any care (i.e. the first two categories on the five-level scale presented in Table 3.3). Higher support schemes are defined as those where the housing organisation directly provides at least some care services (i.e. the last three categories in Table 3.3).

Figure 3.15 Low and higher support schemes and units



It can be seen from Figure 3.15 that one third of schemes and a slightly larger proportion of units can be classified as higher support. These proportions are fairly close to those that were found in the ICSH survey carried out in 2003 (ICSH, 2006).

Table 3.4 Low and higher support schemes provided by voluntary organisations

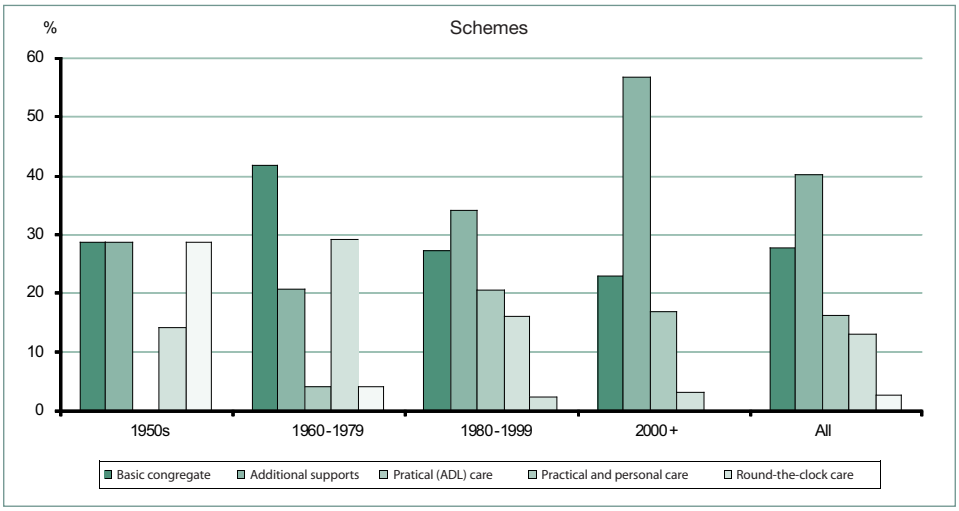
	Schemes		Units		
	Low support	Higher support	Low Support	Higher support	Higher support %
Carlow	2	0	20	0	0.0
Cavan	4	0	58	0	0.0
Clare	1	4	4	34	89.5
Cork City	14	2	300	106	26.1
Cork County	17	11	208	192	48.0
Donegal	4	1	71	20	22.0
Dublin City	9	8	273	352	56.3
Dun Laoghaire-Rathdown	2	2	80	23	22.3
Fingal	2	1	66	59	47.2
Galway City	–	–	–	–	
Galway County	7	2	202	32	13.7
Kerry	6	0	109	0	0.0
Kildare	3	0	75	0	0.0
Kilkenny	7	2	90	26	22.4
Laois	5	0	139	0	0.0
Leitrim	–	–	–	–	
Limerick City	1	6	20	31	60.8
Limerick County	17	6	185	72	28.0

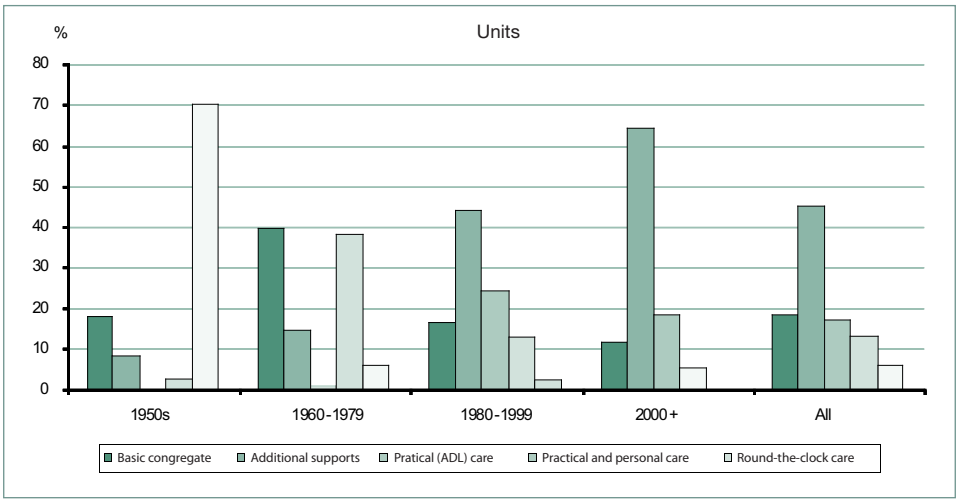
	Schemes		Units		
	Low support	Higher support	Low Support	Higher support	Higher support %
Longford	–	–	–	–	
Louth	2	0	20	0	0.0
Mayo	4	3	49	48	49.5
Meath	1	0	15	0	0.0
Monaghan	1	0	11	0	0.0
Offaly	1	1	13	10	43.5
Roscommon	–	–	–	–	
Sligo	–	–	–	–	
South Dublin	2	0	27	0	0.0
Tipperary North	4	0	76	0	0.0
Tipperary South	3	2	51	31	37.8
Waterford City	4	6	70	177	71.7
Waterford County	0	1	0	8	100.0
Westmeath	1	0	7	0	0.0
Wexford	1	2	10	59	85.5
Wicklow	0	1	0	28	100.0
Total	**125**	**61**	**2,249**	**1,308**	**36.8**

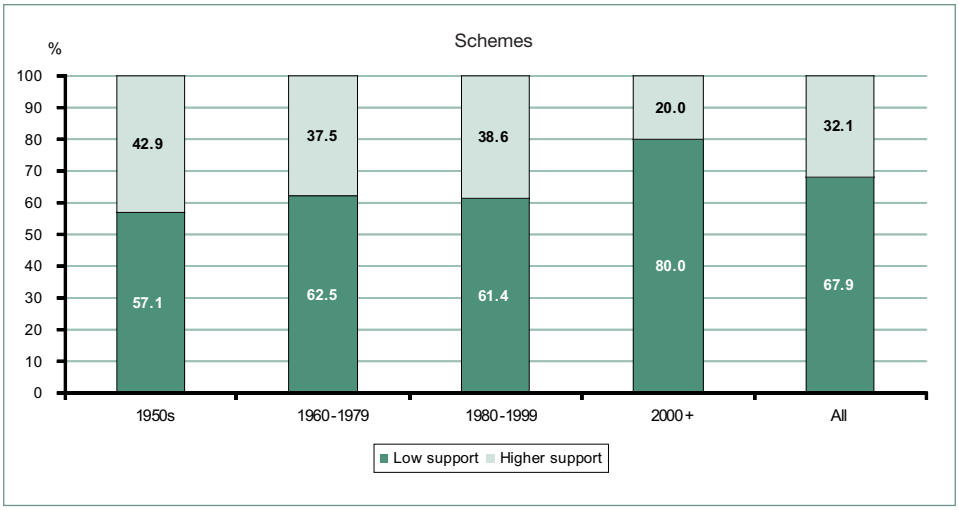
Table 3.4 presents the geographical profile of the voluntary sector schemes according to the low and higher support breakdown. It can be seen that there is wide variation across the country, with many areas having no higher support units and other areas having a large proportion of higher support units among the available supportive housing.

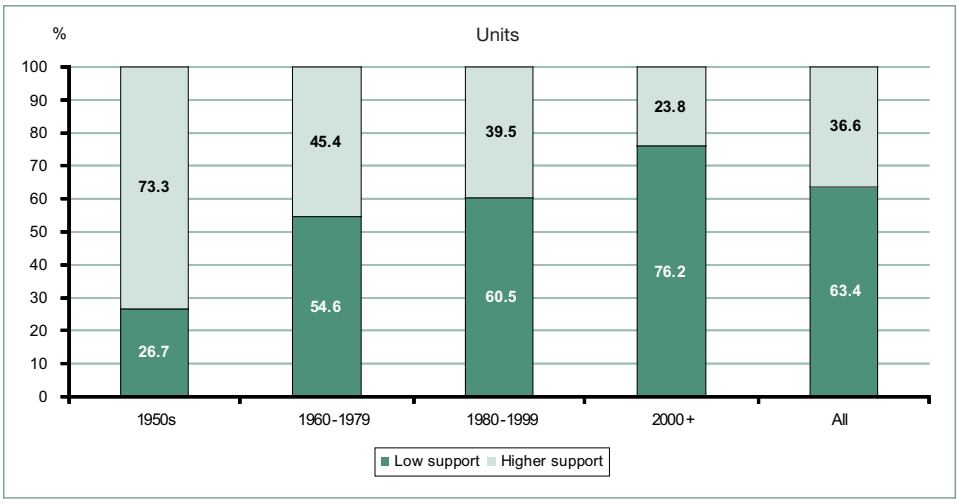
Finally, Figure 3.16 presents trends in the levels of support provided in schemes built during different periods.

Figure 3.16 Trends in the levels of support provided









It can be seen from Figure 3.16 that there has been a decrease over time in the proportion of higher support schemes being established, with only one in five schemes built since 2000 being in the higher support category.

3.3 LOCAL AUTHORITIES

Ascertaining the level and type of activity by local authorities in the field of supportive housing was more challenging than anticipated. One reason for this was the fact that local authorities can play both a direct provider role (where supportive housing for older people is provided as part of their own housing stock) and a role in supporting provision by voluntary organisations through financial supports, making sites available, and so

on. Another reason is the lack of a clear distinction between housing provided for older people as part of the mainstream (dispersed) housing stock and the type of clustered arrangement that is at the core of the supportive housing concept addressed in this study.

3.3.1 Supportive Housing Provided by Local Authorities

Survey returns were received from 33 of the 34 local authorities. After clarifications, a total of 10 of these 33 local authorities were deemed to be providing supportive housing in line with the concept employed in this study; details of these are presented in Table 3.5. Some of the other local authorities reported provision of dedicated housing for older people that did not fit strictly within the definition of supportive housing employed in this study. Those who did not report any direct supportive housing provision within their own stock generally reported that they provide supports for voluntary organisations to do this.

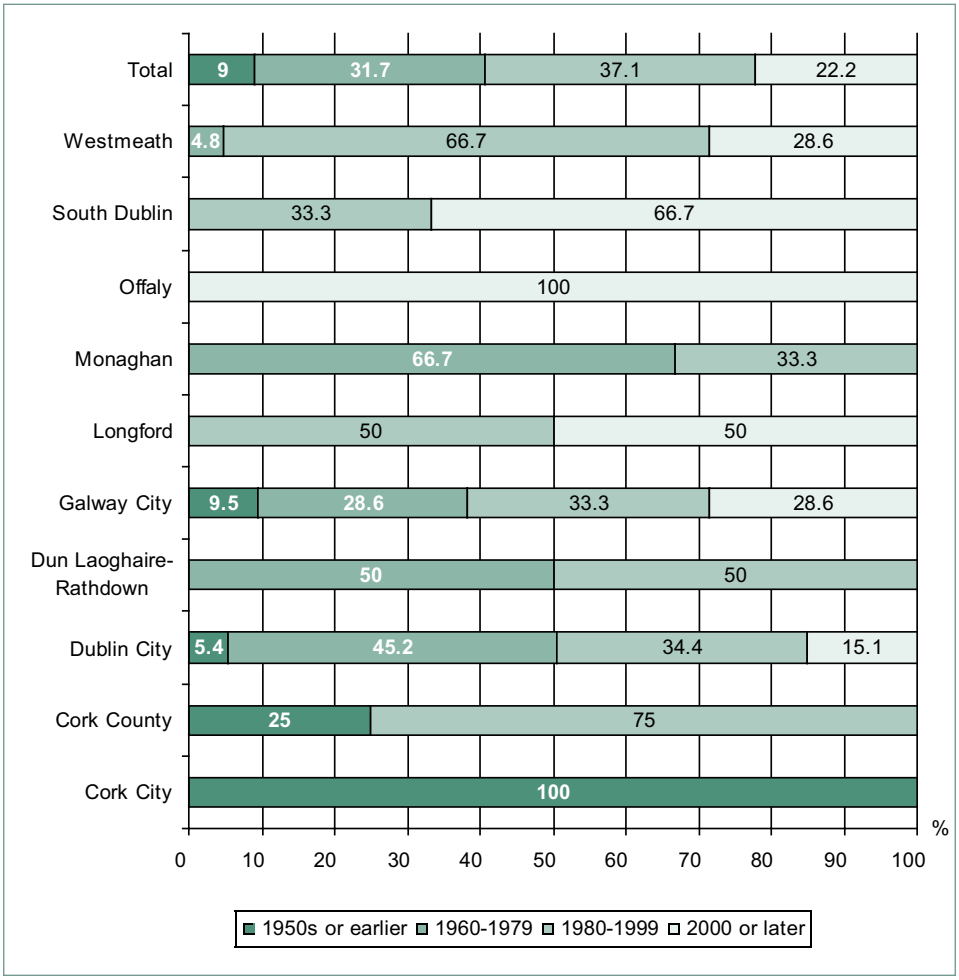
Table 3.5 Local authority direct provision of supportive housing (part of own stock)

	Schemes		Units		Average scheme size
	n	Per cent	n	Per cent	Units
Cork City	8	4.7	562	12	70.3
Cork County	4	2.3	38	0.8	9.5
Dublin City	96	56.1	3,330	70.9	34.7
Dun Laoghaire-Rathdown	2	1.2	118	2.5	59
Galway City	22	12.9	276	5.9	12.5
Longford	6	3.5	56	1.2	9.3
Monaghan	3	1.8	68	1.4	22.7
Offaly	6	3.5	54	1.1	9
South Dublin	3	1.8	57	1.2	19
Westmeath	21	12.3	141	3	6.7
Total	**171**	**100**	**4,700**	**100**	**27.5**

For the ten local authorities included in Table 3.5 it can be seen that in total they provide 171 supportive housing schemes and 4,700 units of accommodation. Dublin City provides over half of the schemes and almost three quarters of the units. The average scheme size is 27.5 units, with quite a broad variation across the local authorities and Cork City having particularly large schemes.

3.3.1.1 Age of Stock

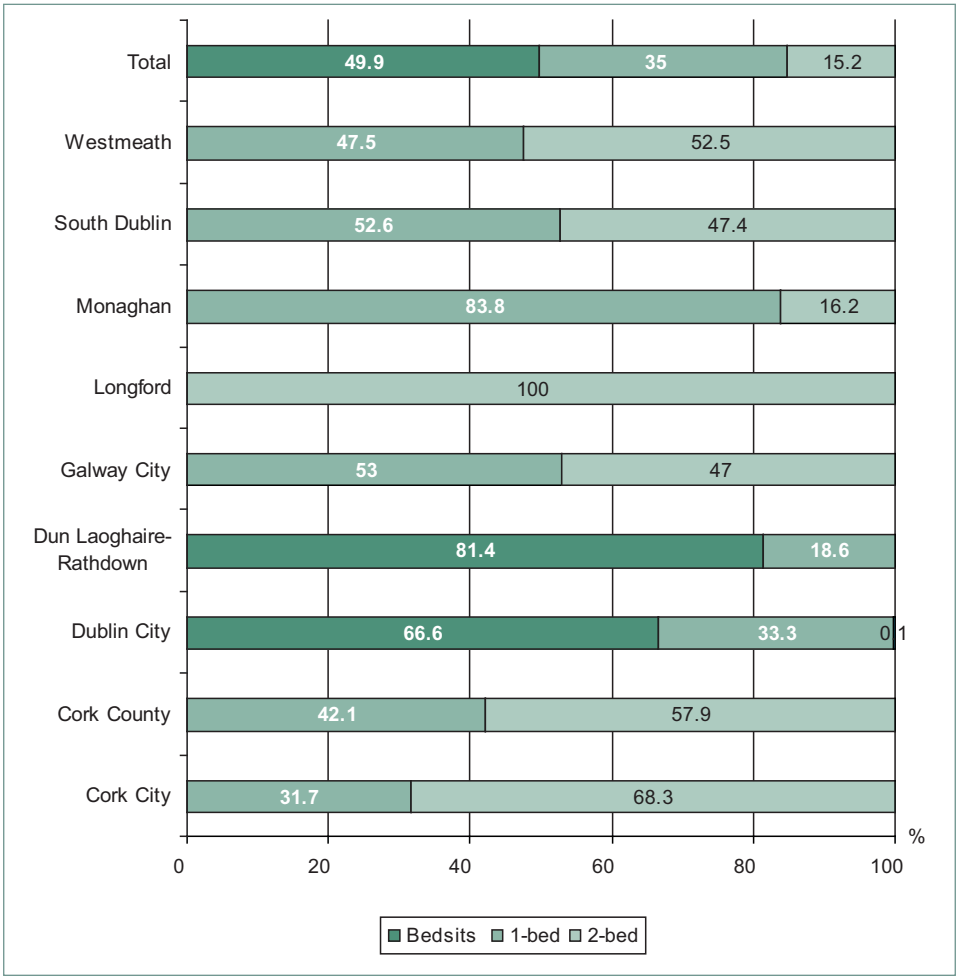
Figure 3.17 Age of stock



Overall, just over two fifths (40.7 per cent) of local authority supportive housing stock was built before 1980 (Figure 3.17), with approximately 9 per cent built in the 1950s or earlier. Much of this may be in need of modernisation. The age of stock varies considerably across local authorities, with all schemes dating back to the 1950s or earlier in Cork City and all schemes in Offaly built since 2000.

3.3.1.2 Type of Accommodation

Figure 3.18 Type of accommodation



The age of much of the stock is reflected in the relatively high proportion of bedsits (49.9 per cent) (Figure 3.18). This is largely a result of the high proportion of bedsits in the Dublin City stock.

3.3.2 Allocation Criteria

Table 3.6 Allocation criteria used by local authorities

Local authority	Allocation criteria reported
A	• Low income/affordability • Housing difficulties
B	• Scheme of letting priorities
C	• Medical/welfare priority • Housing difficulties • Tenancy surrender • Low income/affordability • Buy back
D	• Independent living difficulties • Housing difficulties • Low income/affordability • Tenancy surrender • Buy back
E	• Housing difficulties • Time on housing list
F	• Housing difficulties • Health reasons • Low income/affordability • Under-occupancy • Isolation
G	• Housing difficulties • Tenancy surrender • Low income/affordability • Security needs • Independent living difficulties (if HSE support available)
H	• Scheme of letting priorities
I	• Housing difficulties • Low income/affordability • Medical
J	• Scheme of letting priorities

Table 3.6 presents the criteria that the local authorities reported using for the allocation of places in their schemes, listed according to the order of importance placed on them by the local authorities. Practically all local authority lettings of supportive housing are to older people who qualify for social housing. As regards specific housing or other needs, housing difficulties (homelessness, poor housing conditions and overcrowding) have a high importance for all local authorities. It is interesting to note that in some local authorities, broader welfare/health/independent living needs were also reported to have a high importance.

3.3.3 Perceptions of Levels and Types of Support or Care Needed

There appear to be some differences across the local authorities as regards the needs they perceive their tenants have for support. In five local authorities it was reported that no tenants or very few needed specific support or care, whereas in the other local authorities up to one half of tenants were so classified. Among the latter five local authorities there was some variation in the types and levels of need that were reported. For the most part, the security/support offered by a group/clustered scheme was the most common requirement. Overall, a relatively small proportion of tenants (15-20 per cent) were considered to need communal facilities/group meals, which is about the same proportion as need practical help with everyday activities. Only one local authority reported having tenants that needed personal care.

3.3.4 Levels of Support Provided

3.3.4.1 Communal Facilities

The extent of provision of communal facilities appears to vary considerably across the local authorities. In Dublin City, almost two thirds of schemes (61.5 per cent) have some form of communal facilities. The most common facilities provided include communal rooms and dining rooms. About one half also have either communal laundry facilities or provide some form of laundry service. In addition, about one half of the schemes have regular social activities such as adult education, art or music, or gardening.

In Galway City just 3 of the 22 schemes have communal facilities, with one having a social room, library and PC; another having access to a community house on the estate for classes or other activities; and the third having a communal laundry. In Dun Laoghaire-Rathdown both schemes have communal facilities (communal and dining rooms in both, with laundry facilities in one). In South Dublin none of the three schemes has communal facilities, with the exception of a room for visiting services in one. No communal facilities were reported for the schemes in Cork City, Cork County, Longford, Monaghan, Offaly or Westmeath.

3.3.4.2 Alarms

The extent of provision of alarm systems also varied across the local authorities. In Dublin City, almost all schemes have alarm systems linked to an external centre, while

in South Dublin, one of the three schemes has an alarm system. In Dun Laoghaire-Rathdown there is a collective alarm system in one scheme and in the other most residents have pendant alarms. No alarm systems were reported for the schemes in Cork County, Galway City, Longford, Monaghan, Offaly or Westmeath.

3.3.4.3 Staffing

The extent of provision of staffing in association with schemes varied across the local authorities. In Dublin City the main provision was in the form of a visiting liaison officer and a caretaker. Some of the Dublin City schemes also have additional on-site personnel during the day, for example for preparation of meals and organisation of activities. These may be provided through the HSE, Community Employment (CE) scheme or voluntary inputs. In South Dublin two of the three schemes have on-site wardens and the third has a resident warden. In Dun Laoghaire-Rathdown both schemes have overnight staff provided by an external organisation. In Cork City, Monaghan and Offaly, housing officers make visits to the schemes and Galway City reported that tenant liaison officers and social workers can be contacted at City Hall by residents. Cork County, Longford and Westmeath reported no staffing for their schemes.

3.3.4.4 Care Provision

None of the local authorities directly provides care services themselves, although many schemes have facilities for visiting professionals from the HSE. One of the Dun Laoghaire-Rathdown schemes has round-the-clock care provided by nurses from a religious order.

Overall levels of support/care provided

Table 3.7 provides a summary overview of the overall levels of support/care provided to residents by the local authorities themselves.

Table 3.7 Overall levels of care/support provided by local authority schemes

Location	Basic group	Group/clustered with additional /clustered levels of care/support			
		Additional supports	Practical (ADL) help	Practical help and personal care	Round-the-clock care
Cork City	All schemes	–	–	–	–
Cork County	All schemes	–	–	–	–
Dublin City	Just over one third of schemes	Nearly two thirds of schemes	–	–	–
Dun Laoghaire-Rathdown	–	One of two schemes	–	–	One of two schemes
Galway City	Just over 85 per cent of schemes	Less than 15 per cent of schemes	–	–	–
Longford	All schemes	–	–	–	–
Monaghan	All schemes	–	–	–	–
Offaly	All schemes	–	–	–	–
South Dublin	All schemes	–	–	–	–
Westmeath	All schemes	–	–	–	–

It can be seen that in terms of the low support/higher support classification developed in section 3.2, all of the local authority schemes would be classified as low support, with the exception of one in Dun Laoghaire-Rathdown where high levels of care are provided on-site by nurses from a religious order.

3.4 A COMBINED VIEW OF VOLUNTARY SECTOR AND LOCAL AUTHORITY SUPPLY

This section brings together the material from sections 3.2 and 3.3 to present a combined view of voluntary sector and local authority supply of supportive housing for older people in Ireland.

3.4.1 Different Forms of Provision

The type of provision of supportive housing by the voluntary sector and by the local authorities differs in various ways, as indicated in the overview provided in Table 3.8.

Table 3.8 Features of supportive housing provided by voluntary organisations and local authorities

Feature	Voluntary organisations	Local authority
National coverage	Almost all cities/counties	Limited number of cities/counties
Age of stock	More than one third is recent	In some areas a lot of stock is pre-1980
Scheme size	Average = 18.3 units	Average = 27.5 units
Accommodation	Mainly houses/apartments	Dublin area still has many bedsits
Tenants	Mainly low income, but not all	Low income
Needs (of tenants)	Broad mix – from none to high	Mix, but fewer with high care needs
Levels of support	Varies – one third higher support	Low support

It seems that, overall, both sectors are addressing approximately the same core target groups – people on low incomes with housing difficulties and/or social or other welfare needs. Interviews with voluntary and local authority providers also indicated that older people living in isolated rural areas and in private rented accommodation were also priority groups for their supportive housing (see Chapter Five for further details). The general similarity across the two sectors in their approach to targeting is as might be expected given the linkage between capital funding and allocation of places in schemes operated by voluntary organisations. None of the local authority schemes, however, directly provide higher levels of support whereas one third of the voluntary schemes do so.

3.4.2 Rents

An important issue concerns the levels of rents being charged for supportive housing across Ireland. In the local authorities the differential rents system is applied, with rents set at a proportion of the tenant's income. The calculation methods vary across the country. In all cases, however, rents will be very low because older people are typically dependent on State pensions for their household income.

There are guidelines for approved housing bodies receiving financial support under the CAS (DoEHLG, 2002). These state that they ‘should fix rents at levels which are reasonable having regard to tenants' incomes and the outlay of the approved housing body on the accommodation including the ongoing costs of management.’ It is also stated that the conditions of the loan should give the housing authority clear rights of consultation in relation to fixing rents. In the guidelines the term ‘rent’ applies only to the letting and occupancy of the dwelling unit itself; there is no direct reference to, or

separating out of, how charges for care or other services should be calculated and applied.

The guidelines refer providers to the ICSH (for voluntary housing associations) and to the National Association of Building Co-operatives (NABCo) (for co-operative housing societies) for information and advice about fixing rents. In this regard, the ICSH has set rental guidelines of about €63 per week. This level was set to take account of the availability of Social Welfare rent allowances and would mean, in effect, that most tenants would be paying about €13 per week themselves.

Although the main survey in the current study did not address rent levels, enquiries about rents charged were made of twenty voluntary sector providers around the country. It seems that the ICSH guide is being applied by many, but by no means all, voluntary sector providers. In addition, there seem to be examples of wide variation in rents being charged without these necessarily being linked to levels of service provided.

3.4.3 Geographical Distribution of Voluntary and Local Authority Provision

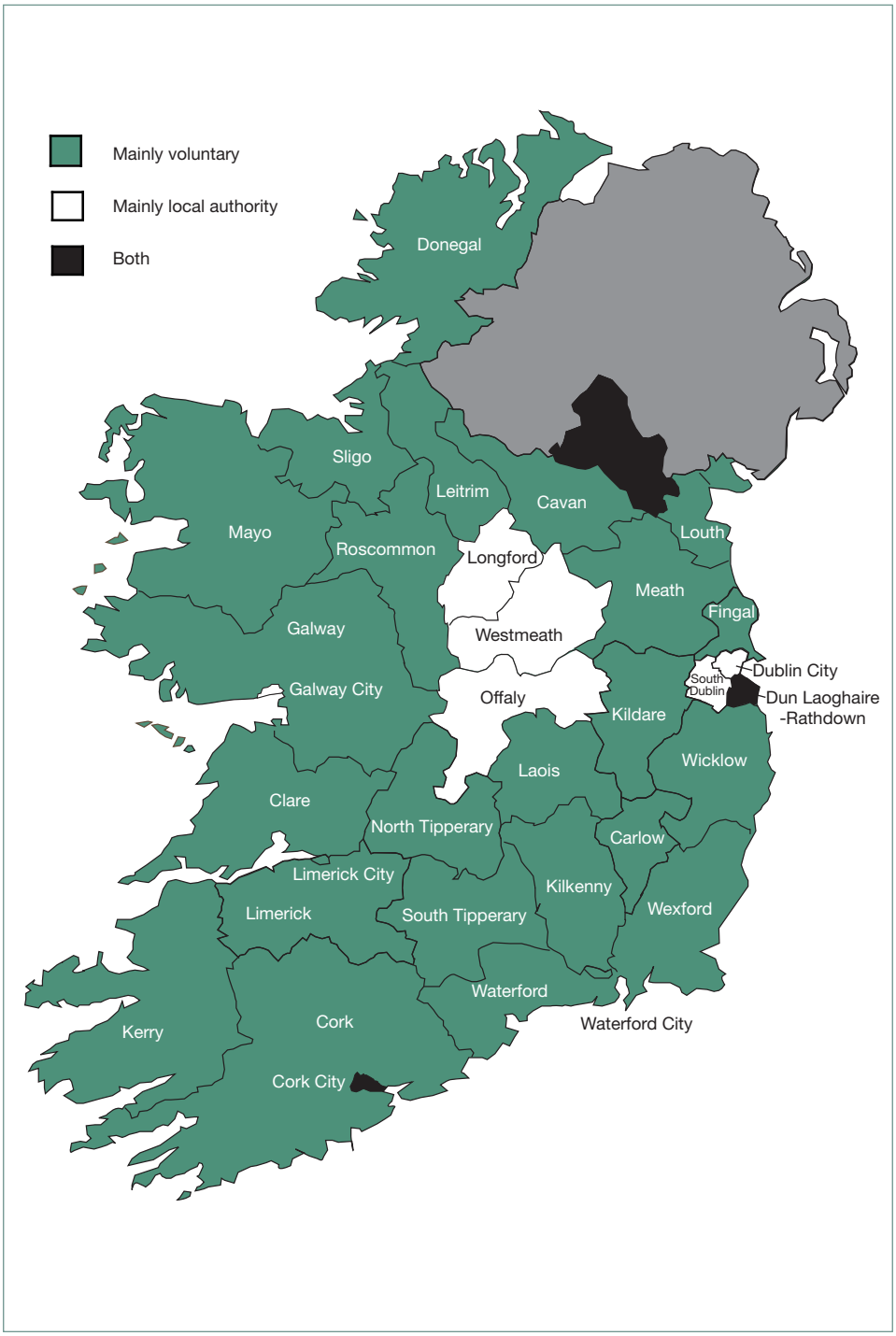
Table 3.9 Provision of schemes and units by location*

	Schemes			Units		
	Voluntary	Local authority	Total	Voluntary	Local authority	Total
Carlow	2	–	2	20	–	20
Cavan	5	–	5	66	–	66
Clare	8	–	8	79	–	79
Cork City	17	8	25	410	562	972
Cork County	33	4	37	449	38	487
Donegal	12	–	12	160	–	160
Dublin City	20	96	116	716	3,330	4,046
Dun Laoghaire -Rathdown	5	2	7	109	118	227
Fingal	3	–	3	125	–	125
Galway City	–	22	22	–	276	276
Galway County	10	–	10	238	–	238
Kerry	11	–	11	142	–	142
Kildare	4	–	4	101	–	101
Kilkenny	9	–	9	116	–	116
Laois	5	–	5	139	–	139
Leitrim	2	–	2	48	–	48
Limerick City	10	–	10	130	–	130

	Schemes			Units		
	Voluntary	Local authority	Total	Voluntary	Local authority	Total
Limerick County	26	–	26	320	–	320
Longford	–	6	6	–	56	56
Louth	2	–	2	20	–	20
Mayo	15	–	15	241	–	241
Meath	3	–	3	30	–	30
Monaghan	4	3	7	53	68	121
Offaly	2	6	8	23	54	77
Roscommon	4	–	4	50	–	50
Sligo	3	–	3	50	–	50
South Dublin	2	3	5	27	57	84
Tipperary North	6	–	6	126	–	126
Tipperary South	5	–	5	82	–	82
Waterford City	10	*	10	247	*	247
Waterford County	1	–	1	8	–	8
Westmeath	3	21	24	66	141	207
Wexford	5	–	5	113	–	113
Wicklow	1	–	1	28	–	28
Total	**248**	**171**	**419**	**4,532**	**4,700**	**9,232**

*Information on local authority supportive housing provision was not available from Waterford City.

Figure 3.19 Relative importance of voluntary sector and local authorities in supply of supportive housing for older people



The relative importance of voluntary sector and local authority provision varies considerably across the country (Table 3.9 and Figure 3.19). It can be seen that in the majority of areas voluntary organisations are the main providers. The main exceptions are: Dublin City, Galway City, Longford, Offaly, South Dublin and Westmeath, where the local authorities are the main providers; and Cork City, Dun Laoghaire-Rathdown and Monaghan, where there is a relatively even mix of provision across the two sectors.

3.4.4 Levels of Provision Relative to the Numbers of Older People

Table 3.10 Provision per one thousand older people

Location	Schemes	Units	*Population aged 65+	Units per 1,000 people aged 65+
Carlow	2	20	5,092	3.9
Cavan	5	66	8,344	7.9
Clare	8	79	13,047	6.1
Cork City	25	972	16,909	57.5
Cork County	37	487	37,738	12.9
Donegal	12	160	18,471	8.7
Dublin City	116	4,046	67,804	59.7
Dun Laoghaire -Rathdown	7	227	25,442	8.9
Fingal	3	125	12,464	10
Galway City	22	276	5,734	48.1
Galway County	10	238	19,546	12.2
Kerry	11	142	19,440	7.3
Kildare	4	101	11,663	8.7
Kilkenny	9	116	10,023	11.6
Laois	5	139	7,097	19.6
Leitrim	2	48	4,427	10.8
Limerick City	10	130	6,735	19.3
Limerick County	26	320	13,640	23.5
Longford	6	56	4,553	12.3
Louth	2	20	11,241	1.8
Mayo	15	241	18,381	13.1
Meath	3	30	12,441	2.4
Monaghan	7	121	6,912	17.5
Offaly	8	77	7,892	9.8
Roscommon	4	50	8,891	5.6
Sligo	3	50	8,192	6.1
South Dublin	5	84	15,973	5.3
Tipperary North	6	126	8,743	14.4
Tipperary South	5	82	10,663	7.7

Waterford City	10	247	5,358	46.1
Waterford County	1	8	7,486	1.1
Westmeath	24	207	8,432	24.5
Wexford	5	113	14,521	7.8
Wicklow	1	28	12,207	2.3
Total	**419**	**9,232**	**465,501**	**19.8**

*Source: Moderate Fertility, Medium Migration Scenario: M2F2 (CSO, 2004).

Figure 3.20 Provision per one thousand older people

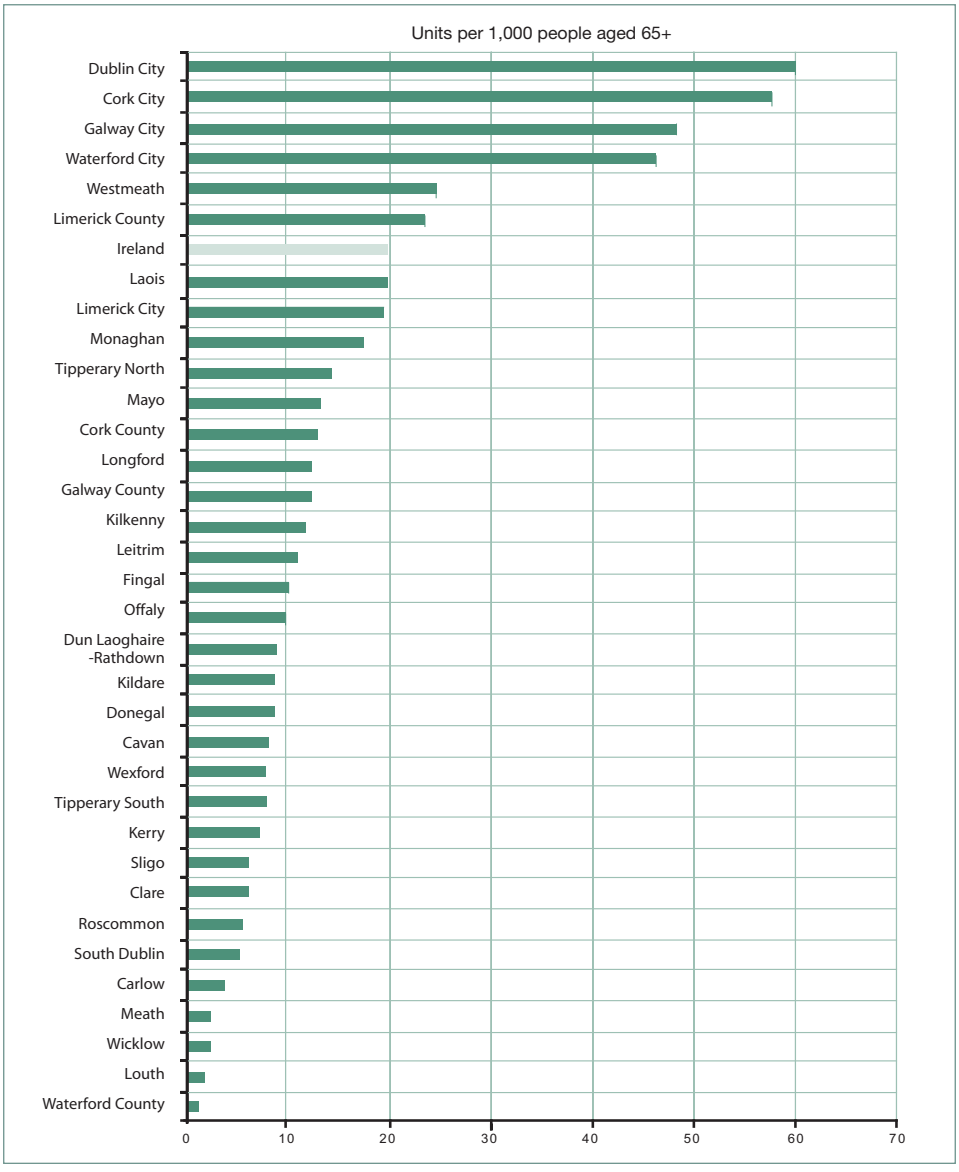


Figure 3.21 Map of provision per one thousand older people

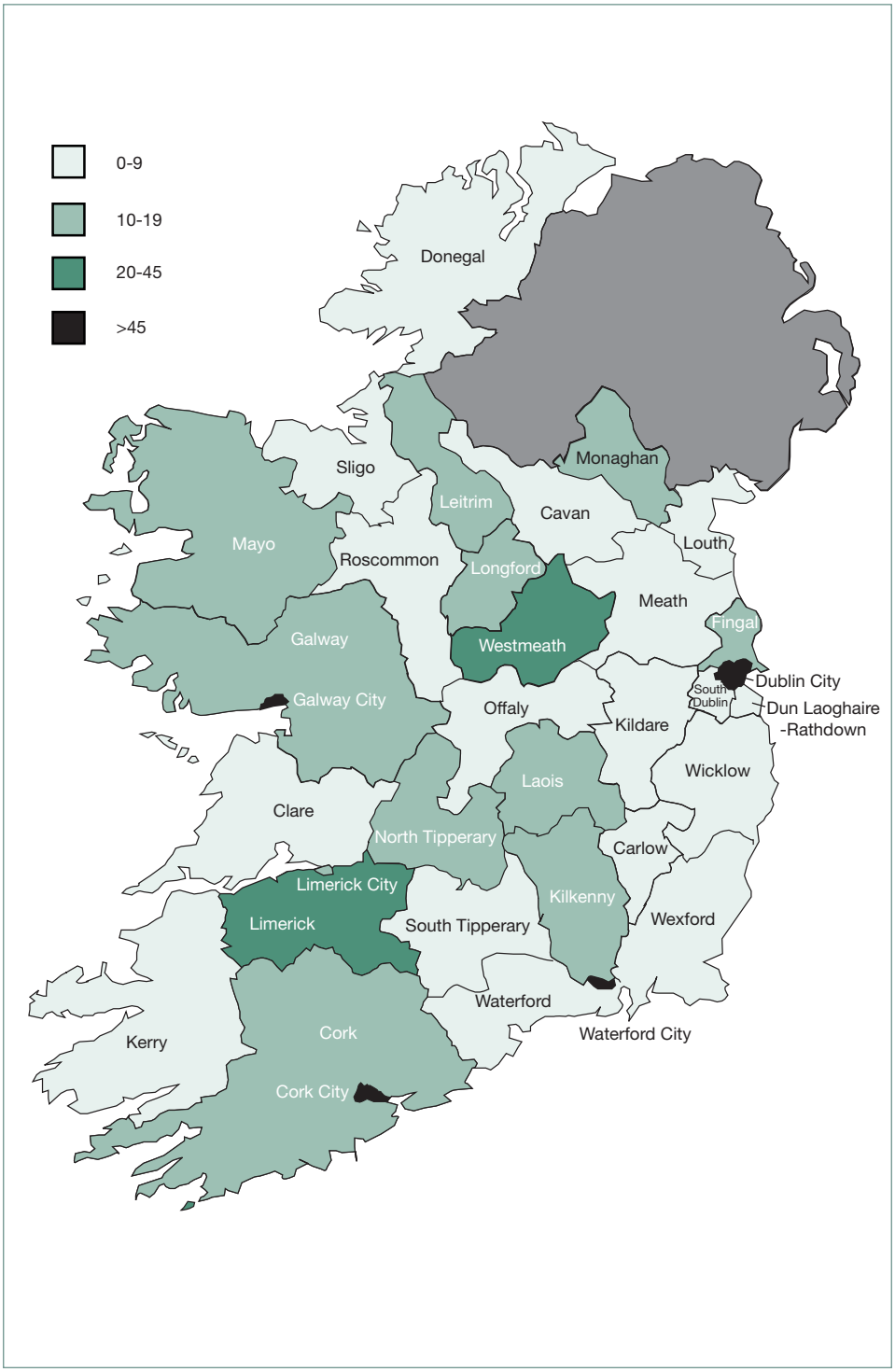


Table 3.10 and Figures 3.20 and 3.21 present a nationwide picture of the levels of provision relative to the numbers of older people in each area. It can be seen that there is wide variation in current levels of availability relative to the numbers of older people.

For the country as a whole, the combined supply by local authorities and the voluntary sector is just under 20 units per one thousand older people, with a range from just 1.1 in Waterford County to 59.7 in Dublin City.

3.4.5 Levels of Higher Support Provision by Location

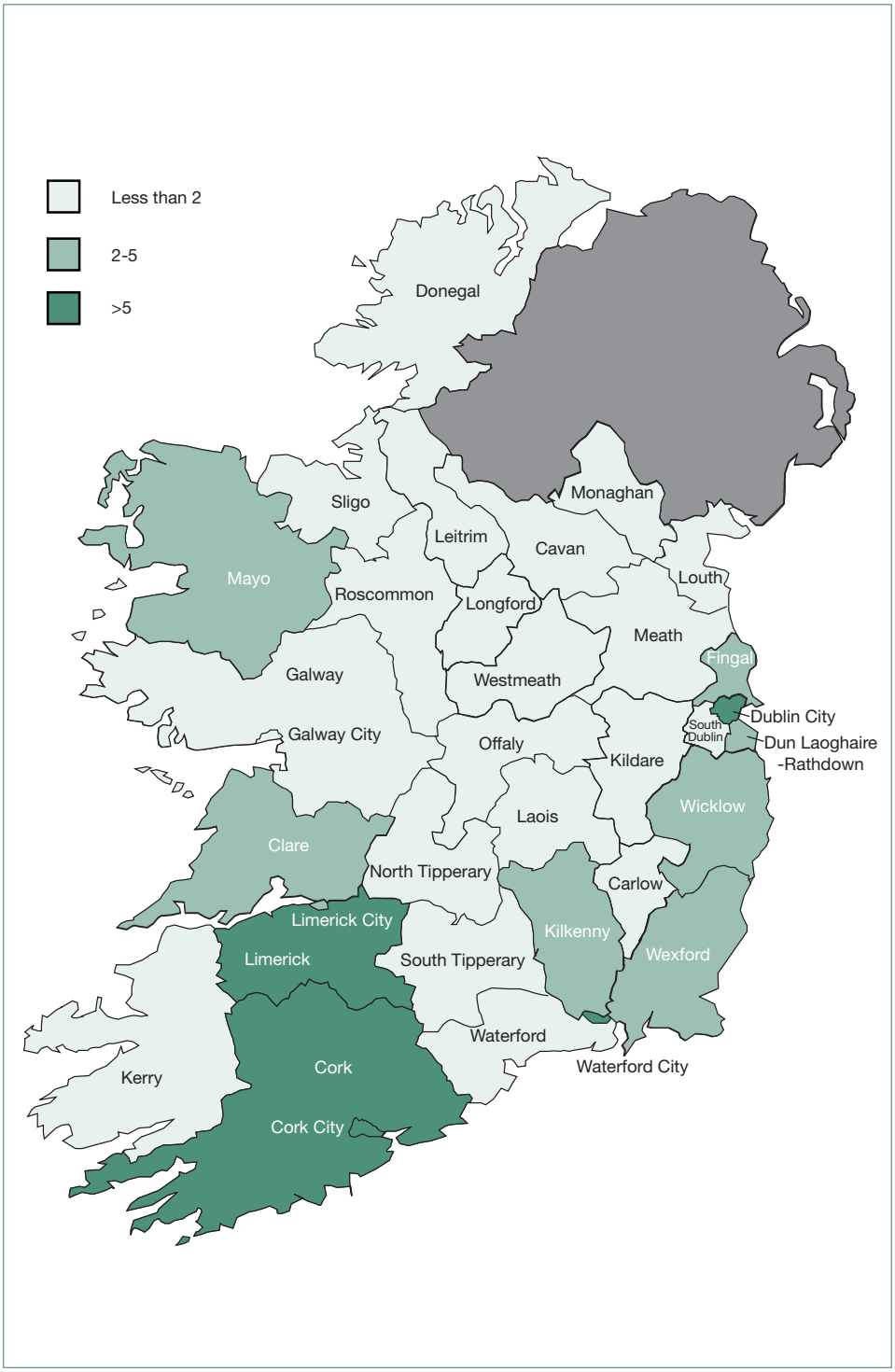
Table 3.11 Provision of higher support places per one thousand older people

Location	Schemes	Units	*Population aged 65+	Units per 1,000 people aged 65+
Carlow	20	0	5,092	0
Cavan	58	0	8,344	0
Clare	4	34	13,047	2.6
Cork City	864	106	16,909	6.3
Cork County	246	192	37,738	5.1
Donegal	71	20	18,471	1.1
Dublin City	3,603	352	67,804	5.2
Dun Laoghaire -Rathdown	137	85	25,442	3.3
Fingal	66	59	12,464	4.7
Galway City	276	–	5,734	0
Galway County	202	32	19,546	1.6
Kerry	109	0	19,440	0
Kildare	75	0	11,663	0
Kilkenny	90	26	10,023	2.6
Laois	139	0	7,097	0
Leitrim	n/a	n/a	4,427	n/a
Limerick City	20	31	6,735	4.6
Limerick County	185	72	13,640	5.3
Longford	56	0	4,553	0
Louth	20	0	11,241	0
Mayo	49	48	18,381	2.6
Meath	15	0	12,441	0
Monaghan	79	0	6,912	0
Offaly	67	10	7,892	1.3
Roscommon	n/a	n/a	8,891	n/a
Sligo	n/a	n/a	8,192	n/a
South Dublin	84	0	15,973	0
Tipperary North	76	0	8,743	0
Tipperary South	51	31	10,663	1.6

Location	Schemes	Units	*Population aged 65+	Units per 1,000 people aged 65+
Waterford City	70	177	5,358	33
Waterford County	0	8	7,486	1.1
Westmeath	148	0	8,432	0
Wexford	10	59	14,521	4.1
Wicklow	0	28	12,207	2.3
Total	**6,890**	**1,370**	**465,502**	**2.9**

*Source: Moderate Fertility, Medium Migration Scenario: M2F2 (CSO, 2004).

Figure 3.22 Provision of higher support places per one thousand older people



Finally, Table 3.11 and Figure 3.22 present the levels of provision of higher support facilities across Ireland. It can be seen that large parts of the country have no higher support facilities within the available supportive housing, but also that there are some pockets of high levels of provision.

3.5 PRIVATE SECTOR

The focus of this study was on publicly-provided or publicly-supported supportive housing offered by local authorities or the voluntary housing sector. There is also an emerging private supply of supportive housing in Ireland, although this has not yet received much systematic research.

Commercial provision of sheltered housing has, in fact, featured in Ireland for some time. The research, for example, by O'Connor *et al.* (1989) in the 1980s identified seven commercial schemes providing a total of 310 units of sheltered accommodation, representing 9 per cent of the total units identified at that time. Although the combined total supply by local authorities and the voluntary housing sector has increased threefold since then, there is no available data to indicate whether the relative scale of private sector provision has increased commensurately. An internet search, however, suggests that there has been a considerable amount of activity in this field over the past few years, including planning applications and launches of new schemes in various parts of the country.

Financial incentives exist that encourage private development of supportive housing in Ireland. In particular, there is a tax incentive pertaining to the building of residential units attached to registered nursing homes/convalescent facilities. A recent review of this scheme for the Department of Finance (Indecon, 2007) estimated that 56 nursing homes had associated residential units in 2006, providing an estimated 964 units, which amounts to a significant growth in provision over the past few years. The review concluded that the tax incentive was a cost-effective one and that it should be continued. On foot of this, the government has announced its intention to extend the duration of the scheme.

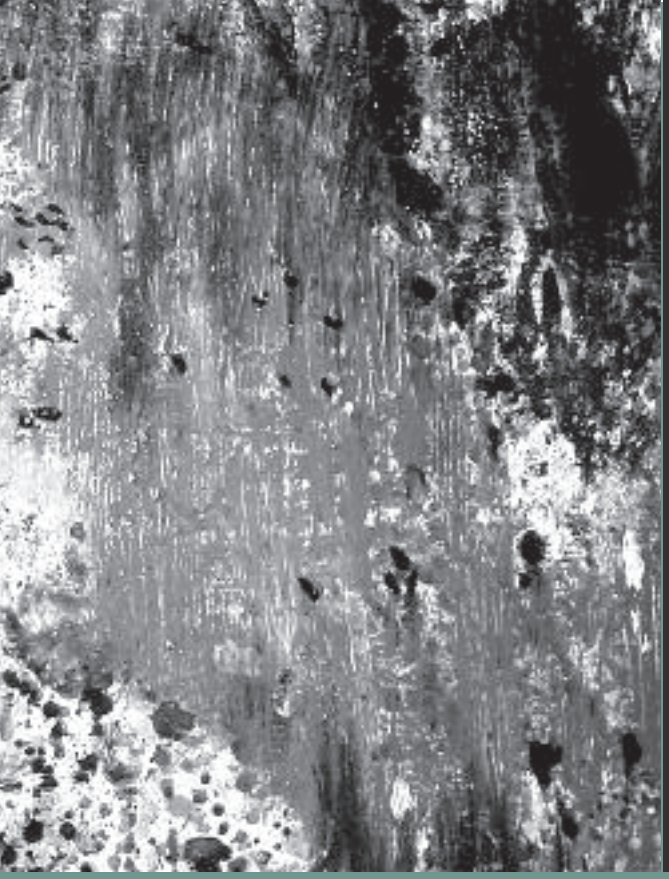
Given that there is now considerable public financing of both the voluntary and private sector in supportive housing provision, there is a need for a comprehensive review of the emerging public/private mix in this field. Such a review needs to address issues of equity, quality of service delivery, choice and value for money.

3.6 SUMMARY AND CONCLUSIONS

The survey of supportive housing provision by local authorities and voluntary housing organisations identified a total provision of 9,232 units of accommodation across the country. The 9,232 units of supportive housing in the country as a whole translate into a level of provision equal to 19.8 units per one thousand older people overall. There are, however, wide variations across the country, ranging from 1.1 per one thousand in Waterford County to 59.7 in Dublin City.

Each of the sectors numerically contributes about one half of the total stock, with a large proportion of the local authority provision being in Dublin City. The voluntary housing sector constitutes the main provider of supportive housing in more the three quarters of the 34 city and county areas across Ireland.

Both sectors address approximately the same core target groups – namely, older people on low incomes with housing difficulties and/or social or other welfare needs. None of the local authority schemes directly provide higher levels of support, whereas one third of the voluntary schemes do so. More generally, there is considerable variability across schemes (both local authority and voluntary) in the levels of support provided (communal facilities, alarm systems, staffing and other forms of support).



CHAPTER FOUR

Current and Future Demand and Need for Supportive Housing

CHAPTER FOUR

Current and Future Demand and Need for Supportive Housing

This chapter sheds light on levels of demand and need for supportive housing in Ireland, both current and future. An attempt is also made to assess the degree to which demand and need are being met at present and how this may evolve over time. For purposes of the analysis, 'demand' is addressed in terms of expressed interest in supportive housing; 'need' is addressed in terms of the amount of supportive housing that would be required in order for it to be an option for all older people in need of housing-with-care supports for whom supportive housing is a desirable and appropriate solution.

4.1 DEMAND

It is difficult to estimate demand for sheltered housing without directly surveying a representative sample of the older population. It is difficult, even then, to measure demand in the abstract as, in reality, people may only show an interest when a particular set of needs arise for them. In any case, a survey of this nature was beyond the scope of this study. In addition, demand is likely to be at least partially supply led and will also be strongly influenced by the alternative options that are available. This section, therefore, focuses on two issues: occupancy levels and waiting lists, which can provide useful indications about aspects of demand.

4.1.1 Occupancy Levels

Information on occupancy levels was available for approximately three quarters of the voluntary schemes and most of the local authorities that provide supportive housing. Typical unoccupancy levels among the voluntary sector schemes were low, averaging

about 5 per cent of units, which can be taken to indicate turnover rather than oversupply. In the main, this was also the case for the local authority provision of supportive housing, with the exception of Dublin City and Dun Laoghaire-Rathdown where about 12 per cent of current stock is vacant. In both cases, however, new build, underway or planned, exceeds vacancies so this is probably not an indication of oversupply within the areas overall, although it may suggest the existence of difficult-to-let schemes in some parts of the city.

4.1.2 Waiting Lists

The numbers of people on waiting lists provide another useful indicator of visible demand. The survey provided data on the numbers on waiting lists for about three quarters of the voluntary schemes.[8] As data were only available from a small number of local authorities, it was considered to be more comprehensive to use the data on 'elderly' need from the *Annual Housing Statistics Bulletin* (DoEHLG, 2005) as the indicator for that sector.[9] Table 4.1 presents the combined data from the two sources. It can be seen that these two sources identify more than three thousand older people on waiting lists, with about one third of these in Dublin City. Although this is necessarily a very crude estimate of current, unmet demand, it does give an indication of the scale of expressed demand of this kind.

Table 4.1 Numbers on waiting lists

	Number on voluntary waiting lists	Number on local authority 'elderly' lists	Total number
Carlow	0	22	22
Cavan	5	18	23
Clare	7	61	68
Cork City	49	114	163
Cork County	157	119	276
Donegal	12	31	43
Dublin City	540	460	1,000
Dun Laoghaire -Rathdown	0	97	97
Fingal	0	26	26
Galway City	0	31	31
Galway County	28	64	92
Kerry	30	53	83
Kildare	3	27	30
Kilkenny	46	70	116
Laois	4	25	29
Leitrim	0	11	11

8. In an effort to minimise double counting, voluntary organisations were asked to report on their own waiting lists as distinct from those of the local authorities.

9. Although this does not directly equate to a defined need or demand for supportive housing, it, nevertheless, gives an indication of the numbers of older people on local authority waiting lists who have age-related needs for housing. This is generally accepted to understate need as older people can be reluctant to apply for local authority housing.

	Number on voluntary waiting lists	Number on local authority 'elderly' lists	Total number
Limerick City	6	43	49
Limerick County	62	28	90
Longford	0	5	5
Louth	0	20	20
Mayo	76	77	153
Meath	14	6	20
Monaghan	0	27	27
Offaly	8	23	31
Roscommon	0	8	8
Sligo	0	28	28
South Dublin	0	1	1
Tipperary North	0	17	17
Tipperary South	5	16	21
Waterford City	101	21	122
Waterford County	0	27	27
Westmeath	0	23	23
Wexford	11	96	107
Wicklow	6	32	38
(precise location unknown)	(233)		(233)
Total	**1,403**	**1,727**	**3,130**

4.1.3 Demand and Supply

Taking both voluntary and local authority supply together, the available data on occupancy and waiting lists suggests an undersupply rather than oversupply of supportive housing in most, if not all, parts of the country. This view was also generally supported in the interviews with the various stakeholders, although instances where places were sometimes slow to fill were noted (see Chapter Five for details).

4.2 NEED

Estimating need for supportive housing is as challenging as estimating demand. One of the difficulties that arises is that need for supportive housing is relative rather than absolute; that is the extent of need depends on the availability of other options (for example improvement of the quality of existing housing and/or provision of more support and care in the home). For this reason, it is useful to apply some indicative, normative yardsticks in order to estimate the level of need in Ireland and to assess current provision against this.

Taking into account: the levels of provision across European countries, as presented in Chapter Two (with approximately twenty places per one thousand older people being the typical level of provision in a number of countries and more than fifty places per one thousand older people being found in the UK and Nordic countries); and the NCAOP's target (established in the study by O'Connor *et al.* in 1989) of a minimum of twenty-five places per one thousand older people to be achieved in Ireland by the year 2000, three normative yardsticks can be defined:

- low yardstick – twenty places per one thousand older people (20/1,000)
- NCAOP target – twenty-five places per one thousand older people (25/1,000)
- high yardstick – fifty places per one thousand older people (50/1,000).

Table 4.2 provides an assessment of the adequacy of current provision of supportive housing for older people in Ireland against these three yardsticks. For the country as a whole, it seems that the low yardstick (20/1,000) has almost been achieved. The large excess supply (against this generalised yardstick) in Dublin City, however, is a major contributor to this, with smaller excesses also in Cork, Galway and Waterford cities, as well as in counties Limerick and Westmeath. When the Dublin City 'oversupply' is excluded, the overall undersupply in the rest of the country would be nearly 2,800 places according to this yardstick. Looking at the general pattern across the country, it can be seen that current provision as a percentage of the target of 20/1,000 varies widely and one half of the areas do not reach even 50 per cent of the target.

Regarding the target of 25/1,000 set by the NACOP in 1989, it can be seen that the overall level of supply in Ireland at the time of this survey (mid-2006) was about 2,400 places short of the target. In Dublin and other cities, however, supply is well in excess of the NCAOP target. When the Dublin City 'oversupply' is excluded, the overall undersupply in the rest of the country is nearly 4,800 places according to this yardstick; two thirds of the areas do not reach even 50 per cent of the target.

Turning to the higher yardstick of 50/1,000, it can be seen that the shortfall overall is more then 14,000, with Dublin City and Cork City just above the target.

Table 4.2 Estimated adequacy of current supply according to different normative yardsticks

	Normative yardstick			Current pro-vision	Shortfall against yardstick					
					20/1,000		25/1,000		50/1,000	
	20/ 1,000	25/ 1,000	50/ 1,000		Units below	% of target	Units below	% of target	Units below	% of target
Carlow	102	127	255	20	82	20	107	16	235	8
Cavan	167	209	417	66	101	40	143	32	351	16
Clare	261	326	652	79	182	30	247	24	573	12
Cork City	338	423	845	972	-634	288	-549	230	-127	115
Cork County	755	943	1,887	487	268	65	456	52	1,400	26
Donegal	369	462	924	160	209	43	302	35	764	17
Dublin City	1,356	1,695	3,390	4,046	-2,690	298	-2,351	239	-656	119
Dun Laoghaire -Rathdown	509	636	1,272	227	282	45	409	36	1,045	18
Fingal	249	312	623	125	124	50	187	40	498	20
Galway City	115	143	287	276	-161	240	-133	193	11	96
Galway County	391	489	977	238	153	61	251	49	739	24
Kerry	389	486	972	142	247	37	344	29	830	15
Kildare	233	292	583	101	132	43	191	35	482	17
Kilkenny	200	251	501	116	84	58	135	46	385	23
Laois	142	177	355	139	3	98	38	79	216	39
Leitrim	89	111	221	48	41	54	63	43	173	22
Limerick City	135	168	337	130	5	96	38	77	207	39
Limerick County	273	341	682	320	-47	117	21	94	362	47
Longford	91	114	228	56	35	62	58	49	172	25
Louth	225	281	562	20	205	9	261	7	542	4
Mayo	368	460	919	241	127	65	219	52	678	26
Meath	249	311	622	30	219	12	281	10	592	5
Monaghan	138	173	346	121	17	88	52	70	225	35
Offaly	158	197	395	77	81	49	120	39	318	19
Roscommon	178	222	445	50	128	28	172	23	395	11
Sligo	164	205	410	50	114	30	155	24	360	12
South Dublin	319	399	799	84	235	26	315	21	715	11
Tipperary North	175	219	437	126	49	72	93	58	311	29
Tipperary South	213	267	533	82	131	38	185	31	451	15
Waterford City	107	134	268	247	-140	231	-113	184	21	92
Waterford County	150	187	374	8	142	5	179	4	366	2
Westmeath	169	211	422	207	-38	122	4	98	215	49
Wexford	290	363	726	113	177	39	250	31	613	16
Wicklow	244	305	610	28	216	11	277	9	582	5
Total	**9,311**	**11,639**	**23,276**	**9,232**	**79**	**99**	**2,407**	**79**	**14,044**	**40**

Table 4.3 Percentage of places that are in higher support schemes

	% higher support places
Carlow	0
Cavan	0
Clare	89.5
Cork City	10.9
Cork County	43.8
Donegal	22
Dublin City	8.9
Dun Laoghaire-Rathdown	38.3
Fingal	47.2
Galway City	n/a
Galway County	13.7
Kerry	0
Kildare	0
Kilkenny	22.4
Laois	0
Leitrim	n/a
Limerick City	60.8
Limerick County	28
Longford	0
Louth	0
Mayo	49.5
Meath	0
Monaghan	0
Offaly	13
Roscommon	n/a
Sligo	n/a
South Dublin	0
Tipperary North	0
Tipperary South	37.8
Waterford City	71.7
Waterford County	100
Westmeath	0
Wexford	85.5
Wicklow	100
Total	**16.6**

Finally, it is also relevant to consider whether the mix of provision in terms of low and higher support units is appropriate to meet needs. For this there is no available Irish reference data and the best available yardstick is from a major UK survey (McCafferty *et al.*, 1994), where it was estimated that between one third and one quarter of those needing sheltered housing required high support facilities. Table 4.3 presents data on this from the current survey according to the low support/higher support classification developed in Chapter Three.

It can be seen that, overall, about one in six units are classified as higher support, but this figure conceals considerable variability across the country. About one half of the areas have little or no higher support units, whereas others have up to 100 per cent in this category.

4.3 THE FUTURE

As regards the future, both near-term and longer-term aspects are important. In the near term, the main interest is in how supply can be expected to evolve on the basis of current building projects and plans to build over the next few years. In the longer term, the implications of demographic ageing on required levels of supply need to be examined.

4.3.1 Near-Term

Table 4.4 Expected growth in stock

	Year expected					
	End 2006	2007	2008	2009+	Unsure	Total
Voluntary	80	612	832	363	514	2,401
Local authority	201	206	210	45	–	662
Total	**281**	**818**	**1,042**	**408**	**514**	**3,063**

The survey examined the near-term evolution of supply in terms of schemes and units currently being built or planned. Table 4.4 presents the number of new units expected over time. It can be seen that, if all current plans come to fruition, a total addition of more than three thousand units can be expected over the next few years. This would represent an increase of about one third over current levels of provision. On the basis of this it can be expected that there would be about 12,300 units by 2010.

Table 4.5 National distribution of additional schemes and units being built or planned by 2010/2011

	New schemes	Units in new schemes	Extension of existing schemes	Units in extensions to existing schemes	Total additional units expected
Carlow	2	74	1	4	78
Cavan	1	34	0	0	34
Clare	3	49	1	12	61
Cork City	2	56	0	0	56
Cork County	15	185	3	23	208
Donegal	8	209	0	0	209
Dublin City	23	827	4	250	1,077
Dun Laoghaire -Rathdown	2	79	0	0	79
Fingal	2	42	0	0	42
Galway City	0	0	0	0	0
Galway County	9	88	0	0	88
Kerry	5	81	2	11	92
Kildare	2	93	0	0	93
Kilkenny	4	36	0	0	36
Laois	2	63	0	0	63
Leitrim	1	34	0	0	34
Limerick City	2	67	0	0	67
Limerick County	7	88	3	21	109
Longford	2	48	0	0	48
Louth	1	36	0	0	36
Mayo	4	78	2	8	86
Meath	1	4	0	0	4
Monaghan	3	62	0	0	62
Offaly	4	93	1	12	105
Roscommon	1	12	0	0	12
Sligo	1	20	0	0	20
South Dublin	2	44	0	0	44
Tipperary North	0	0	0	0	0
Tipperary South	1	14	1	4	18
Waterford City	1	13	0	0	13
Waterford County	2	55	0	0	55
Westmeath	4	24	0	0	24
Wexford	3	84	0	0	84
Wicklow	1	22	1	4	26
Total	**121**	**2,714**	**19**	**349**	**3,063**

Table 4.6 Projected growth in supply relative to visible demand

	Number on voluntary waiting lists	Number on local authority 'elderly' lists	Total visible unmet demand	Expected additional supply by 2010	Shortfall (excludes new demand due to ageing)
Carlow	0	22	22	78	-56
Cavan	5	18	23	34	-11
Clare	7	61	68	61	7
Cork City	49	114	163	56	107
Cork County	157	119	276	208	68
Donegal	12	31	43	209	-166
Dublin City	540	460	1,000	1,077	77
Dun Laoghaire -Rathdown	0	97	97	79	18
Fingal	0	26	26	42	-16
Galway City	0	31	31	0	31
Galway County	28	64	92	88	4
Kerry	30	53	83	92	-9
Kildare	3	27	30	93	-63
Kilkenny	46	70	116	36	80
Laois	4	25	29	63	-34
Leitrim	0	11	11	34	-23
Limerick City	6	43	49	67	-18
Limerick County	62	28	90	109	-19
Longford	0	5	5	48	-43
Louth	0	20	20	36	-16
Mayo	76	77	153	86	67
Meath	14	6	20	4	16
Monaghan	0	27	27	62	-35
Offaly	8	23	31	105	-74
Roscommon	0	8	8	12	-4
Sligo	0	28	28	20	8
South Dublin	0	1	1	44	-43
Tipperary North	0	17	17	0	17
Tipperary South	5	16	21	18	3
Waterford City	101	21	122	13	109
Waterford County	0	27	27	55	-28
Westmeath	0	23	23	24	-1
Wexford	11	96	107	84	23
Wicklow	6	32	38	26	12
(Precise location unknown)	233		233		233
Total	**1,403**	**1,727**	**3,130**	**3,063**	**221**

Table 4.5 shows the distribution of the additional stock across the country. It can be seen that some areas can expect little or no growth over the time period. Table 4.6 shows the extent to which expected additions to the current stock will meet existing levels of visible demand as identified in section 4.1 (not taking into consideration the ageing of the population that will take place over the period). It can be seen that, overall, the expected additions might be just sufficient to meet the visible demand.

Table 4.7 Projected supply (2010/2011) in relation to projected population ageing

	Current units	Additional units expected	Total units by 2010	Current units /1,000 older people	% of 25/1,000 target currently reached	*Projected units /1,000 older people	% of 25/1,000 target projected to be reached
Carlow	20	78	98	3.9	16	16.9	68
Cavan	66	34	100	7.9	32	10.5	42
Clare	79	61	140	6.1	24	9.4	38
Cork City	972	56	1,028	57.5	230	53.4	214
Cork County	487	208	695	12.9	52	16.2	65
Donegal	160	209	369	8.7	35	17.5	70
Dublin City	4,046	1,077	5,123	59.7	239	66.4	266
Dun Laoghaire -Rathdown	227	79	306	8.9	36	10.6	42
Fingal	125	42	167	10	40	11.8	47
Galway City	276	0	276	48.1	192	42.3	169
Galway County	238	88	326	12.2	49	14.7	59
Kerry	142	92	234	7.3	29	10.6	42
Kildare	101	93	194	8.7	35	14.6	58
Kilkenny	116	36	152	11.6	46	13.3	53
Laois	139	63	202	19.6	78	25	100
Leitrim	48	34	82	10.8	43	16.3	65
Limerick City	130	67	197	19.3	77	25.7	103
Limerick County	320	109	429	23.5	94	27.6	110
Longford	56	48	104	12.3	49	20.1	80
Louth	20	36	56	1.8	7	4.4	18
Mayo	241	86	327	13.1	52	15.6	62
Meath	30	4	34	2.4	10	2.4	10
Monaghan	121	62	183	17.5	70	23.3	93
Offaly	77	105	182	9.8	39	20.3	81
Roscommon	50	12	62	5.6	22	6.1	24
Sligo	50	20	70	6.1	24	7.5	30
South Dublin	84	44	128	5.3	21	7	28
Tipperary North	126	0	126	14.4	58	12.7	51
Tipperary South	82	18	100	7.7	31	8.2	33
Waterford City	247	13	260	46.1	184	42.6	170

	Current units	Additional units expected	Total units by 2010	Current units /1,000 older people	% of 25/1,000 target currently reached	*Projected units /1,000 older people	% of 25/1,000 target projected to be reached
Waterford County	8	55	63	1.1	4	7.4	30
Westmeath	207	24	231	24.5	98	24.1	96
Wexford	113	84	197	7.8	31	11.9	48
Wicklow	28	26	54	2.3	9	3.9	16
Total	**9,232**	**3,063**	**12,295**	**19.8**	**79**	**23.2**	**93**

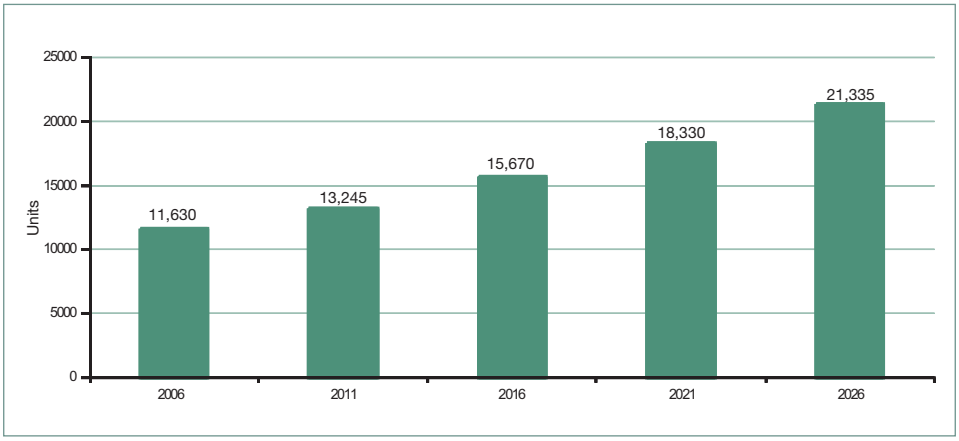
*Includes expected new build and projected growth in older population based on M2F2 scenario (CSO, 2004).

Finally, Table 4.7 shows that when both expected growth (based on current build and plans) and population ageing are taken into account, the projected supply by 2010/2011 for the country as a whole would still remain below the 25/1,000 benchmark. It is apparent that the distribution of the planned new build will not lead to balanced provision across the country as nearly two in five areas would still be at less than 50 per cent of the 25/1,000 benchmark target.

4.3.2 Longer Term

Finally, Figure 4.1 presents the implications of population ageing for levels of supply in the longer term. The number of units required over the next twenty years will almost double, whichever yardstick is applied. At the 25/1,000 yardstick, the current requirement for 11,638 units will increase to 21,335 by 2026.

Figure 4.1 Projected units required (25/1,000 yardstick) over next twenty years*



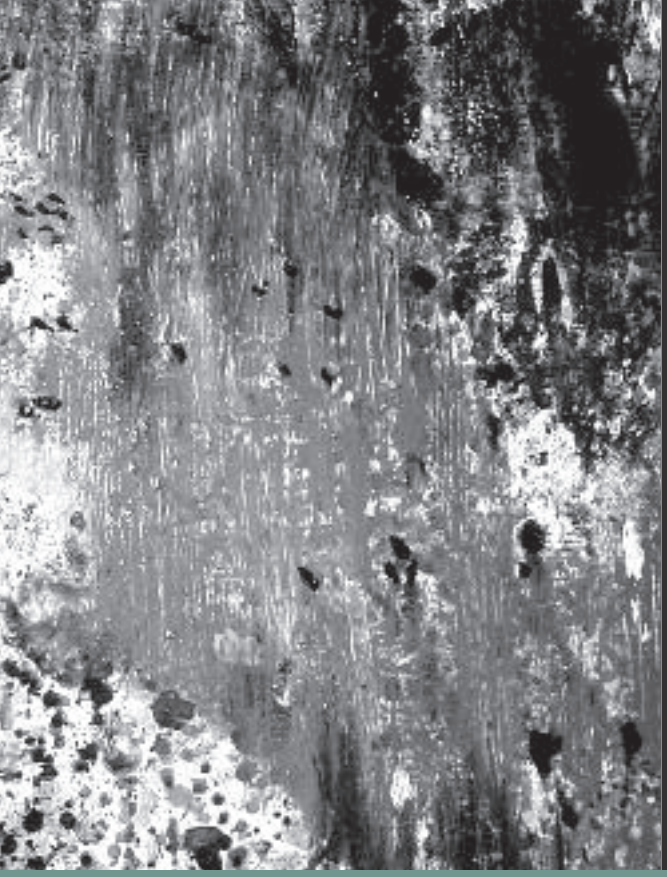
*Projections based on M2F2 scenario (CSO, 2004).

4.4 SUMMARY AND CONCLUSIONS

Levels of demand among older people for supportive housing are difficult to assess: demand is difficult to measure in the abstract (people may only really consider supportive housing when the need arises); it is likely to be at least partially supply-led; and will be influenced by the alternative options that are available. The analysis in this study focused on 'visible' demand, estimated from vacancy and waiting list data from voluntary organisations and local authorities. Although it is difficult to achieve accurate figures, on the basis of the available data there may be more than three thousand older people currently waiting for places in supportive housing.

Estimating need for supportive housing is a challenging task. The analysis in this study employed three normative yardsticks expressed in terms of units available per one thousand older people (20/1,000, 25/1,000 and 50/1,000) against which to measure the extent to which there is enough supply to meet need (based on levels of supply in other countries and a target set by the NCAOP on the basis of earlier research). The data from this study suggest that, for the country as a whole, only the lowest yardstick has been reached to date. More importantly, perhaps, there are wide variations across the country, with only one half of areas reaching even 50 per cent of this target. It also appears that the level of provision of higher support units is lower than that which would be desirable on the basis of the experiences in other countries.

Projected growth in supply on the basis of current building projects and plans to build additional supportive housing can be expected to increase the current stock by about one third. Taking population ageing into account, this would bring levels of provision for the country overall to 23.2 units per one thousand older people by around 2010. The evidence suggests, however, that additional stock may not always be delivered where it may be most needed. Due to the acceleration of population ageing, the number of units required over the next twenty years will almost double, whichever yardstick is applied. At the 25/1,000 yardstick, the current requirement for 11,638 units will increase to 21,335 by 2026.



CHAPTER FIVE

Views of the Stakeholders

CHAPTER FIVE

Views of the Stakeholders

This chapter examines roles and responsibilities in the provision of housing and care services in supportive housing from the perspective of three key stakeholder groups: voluntary housing providers; local authorities; and health authorities. In addition, older people's preferences for accommodation and their views on the nature of supportive housing are explored. The principal information sources were interviews with representatives from the voluntary sector, local authority housing officers and the HSE, and focus groups conducted with older people and carers. The first section of this chapter deals with data gathered from service providers, and the second with data gathered from focus groups carried out with older people and carers.

5.1 SERVICE PROVIDERS

Five interviews were carried out with voluntary sector housing providers: four were with small, local-level housing providers with two schemes or less each; one was a larger organisation planning to provide a number of schemes across the country; another interview was carried out with a person from the representative organisation for social housing providers.

Five interviews were carried out with local authority housing officers in rural and urban areas. Another five interviews were carried out with HSE representatives working with older people in the East, Midlands and South. Two interviews were carried out with private sector providers; one is currently providing accommodation and the other is planning to do so in 2007. Both have nursing homes on the same site.

5.1.1 Terminology – 'Group Housing', 'Sheltered Housing' and 'Supportive Housing'

Among the voluntary sector housing providers, four participants felt that the term 'sheltered housing' can have a degree of stigma attached to it for some people in that it carries connotations of dependence and vulnerability: '… a level of dependency is implied and that it's somehow being protective, you know, that sort of terminology.'

It was indicated in one interview that the term 'sheltered housing' arose to refer to post-war building drives for accommodation in the UK and meant housing designated for older people that was built in a geographically sheltered site. Since then, however, the term has evolved to encompass a range of target groups, only one of which is older people. It was felt by the providers that there would be unlikely to be any objection to dropping the term if it proved unpopular among older people.

A distinction was made by the five direct providers of supportive housing in the voluntary sector between group and supportive housing, and it was not felt that supportive housing encompassed group housing without care. 'Supportive housing' was seen by all of these interviewees as describing housing where the residents, while still living in self-contained accommodation (i.e. with their own front door), require and receive a certain level of support and care, and where services are delivered along a continuum from practical assistance with activities of daily living (ADL) to higher levels of personal care with some nursing care available:

> *… there is what you call just housing, equivalent … to what the county council provides … you're totally independent and don't need additional support. I would call it basic housing. And then what I would call sheltered housing or supported housing would be … where … people are provided with a comprehensive level of care as they need it and when they need it.*

One service provider was concerned, however, that services offered at very intensive levels could run the risk of people not being discharged to long-stay care at the appropriate time:

> *… the third group are really a group that I feel … people don't move [on] when the stage comes that they should.*

Among representatives of the local authorities, there was no fixed or definite term used to describe group or sheltered housing for older people. Many local authorities do not directly

provide such types of housing for older people and so this issue was not relevant for them. In the main, 'group housing for the elderly' was the term most frequently used. One local authority respondent said they also used the term 'supportive housing' for one of their schemes where the residents were older and had other health issues. Care in this scheme has to date been provided by a local order of nuns.

The HSE representatives were ambivalent about the term 'sheltered housing'. One interviewee in this group felt that 'sheltered housing' was a dated term. Two respondents felt that it was difficult to separate sheltered housing as a distinct form of provision from other approaches and that the boundary between sheltered housing offering high levels of support and nursing homes was indistinct and needed to be clarified:

> *One of the things that has to be done at national level is to sort out these anomalies in the regulation and definition of terms.*

> *Where is the boundary between social care and nursing care? One shades into the other … independent accommodation with twenty-four-hour supports, group homes and nursing homes.*

One HSE respondent said that she used the term 'supported care'. Another term used in the voluntary sector interviews was 'supportive assisted living' to refer to accommodation for people with dementia. The private sector had no particular term for their units. They referred to them as accommodation or apartments.

5.1.2 Target Groups for Supportive Housing

Interviewees were asked to describe what kind of older person would benefit most from group or sheltered housing, and what needs were met by living in this kind of accommodation.

Under the terms of the CAS, 75 per cent of places offered by approved housing bodies in receipt of such funding have to be made available to people identified by a local authority as having housing needs. By definition, therefore, older people who qualify for the housing list form the main target group for both the voluntary organisations and the local authorities. In addition, the three voluntary sector participants from rural areas identified older people living outside towns and villages with no means of transport and those living in poor housing conditions as a key target group:

Someone living … on their own out in the country in a house … they may not be able to maintain properly or whatever.

Returning emigrants were also identified by two voluntary sector participants as another target group:

… in recent times we have had applications from people who went to England in the fifties and sixties and … they were delighted to come back, and we have a few of those looked after.

Another target group identified by one voluntary sector interviewee was people with a psychiatric diagnosis (other than dementia). People from this group would often come into supportive housing at an earlier age (from their mid-fifties on):

… the people [with schizophrenia] that would come in in their mid-fifties … the big thing with schizophrenia is [that you] … give them the space to be themselves and to make sure they keep their appointments.

Older people living alone with some income were identified by an urban provider as its target group, especially single women who had never owned their own homes and older people who no longer wanted to live in their original homes:

So it's single women who have never owned a property but might have some income … and men ... really people who just don't want the trouble of running their own house.

One organisation intends to specifically target older people with early- to middle-stage dementia and their partners or carers for placement in their planned assisted independent living facility.

Local authority interviewees from rural counties identified older people living in isolated rural areas (far from a town or village) and in poor housing conditions as an important target group. The two local authority respondents from urban areas identified older people who were living in private rented accommodation as an important target group:

I think the biggest problem out there is … old people living in private rented accommodation … now that's a very vulnerable group.

The private sector respondents identified isolated older people living alone who are owner-occupiers but who are capable of living independently as their target group:

It's for people living alone in a big house who can't maintain the house … they need to be able to look after themselves physically and mentally.

… it would often be where their spouse had died and that they're feeling lonely and isolated … and they're looking for something more secure and a bit of back-up from the nursing home.

5.1.3 Needs Met by Supportive Housing

Interviewees were also asked to identify what needs they thought were met by sheltered housing. A consensus emerged that supportive housing: avoided unnecessary admission to nursing homes or other long-stay care facilities; delayed admissions to such care facilities significantly and reduced the amount of time spent in long-stay care; and enhanced the quality of life of older people by providing independence and dignity with the added security and supports necessary:

… if it was the case that we were told in the morning that we could no longer run [this sheltered housing project], I would have to say to you that fifteen people would have to be placed in a nursing home … and then, I suppose the longest that any patient has had to stay in a nursing home having gone out of here would be I'd say a maximum of two years. … I think it's very sad if somebody has to be in a nursing home for longer than that, there's something really very wrong then.

It was also felt that supportive housing can combat the isolation experienced by older people living in rural areas, as highlighted by a voluntary sector interviewee providing housing in a rural location:

I'd say the people that's living out far … in isolation … they're the people that tell us how happy they are that there is someone beside them.

This was reiterated by a respondent from a rural local authority who also felt that reducing isolation and increasing security were two benefits of supportive housing:

They're looking for more security, especially in rural areas … where you mightn't have a neighbour for a few miles.

Reducing isolation was also seen as an important benefit of supportive housing by two HSE interviewees working in rural parts of Ireland:

Rural isolation … is a serious problem and those people now living in supportive housing are living in their local village with the people they have known all their lives and they have an element of protection in that.

5.1.4 Supply of Supportive Housing

5.1.4.1 Sufficiency of Supply to Meet Demand

Interviewees from the voluntary sector, the local authorities and the private sector were asked to give their opinions on whether they thought there was a sufficient supply of group and sheltered housing to meet demand. Responses varied, illustrating the complexity of the situation. Four of the voluntary sector participants felt that, overall, there was not enough supportive housing available. One was also concerned that the distribution of existing schemes was uneven:

> *I would say that we need more … for the existing population and for years to come … in some areas there may be a sufficient number of schemes but in other areas there's none. So the spread is a problem.*

The voluntary sector interviewee in an urban location reported the opposite problem in that the organisation had vacancies and for the first time was having to advertise. She felt that there were a number of reasons for this, one being the recent move on the part of the HSE towards domiciliary care for older people:

> *We've always had referrals and we've always been full, but now … we have vacancies. … This is because the Government has this policy now of keeping older people at home with support … [but] not everybody wants to stay at home.*

Another reason given was the changing preferences of older people for their living environment:

> *People don't want one room they want two-room units and they want a [separate] bedrooom.*

The local authority representatives tended to be more satisfied with supply levels than voluntary representatives, although fluctuations in demand were seen as common:

> *I think there's general balance [between supply and demand] … you would always come across situations where, we'll say where there's a new scheme being provided, that usually takes care of the problem for a couple of years, but you know, as people get older they go back on our list again, there is need there again.*

> *There's no screaming demand for housing for the elderly. There is a constant inflow of housing for the elderly.*

HSE interviewees, on the other hand, felt that, in general, there was an undersupply of supportive housing and that unless this is addressed it will hinder moves towards deinstitutionalising care for older people:

> *We have undersupply full stop … what we are doing by not having a supply of low support housing is forcing people into higher care settings.*

> *At a strategic level that's one of the gaps … if we are going to move to deinstitutionalisation of care … we'd need more along that whole continuum of low to medium to high dependency units, dotted around where people are living.*

Both private sector interviewees reported having received a significant number of enquiries. One private provider had not yet started construction of its units and the organisation with completed units had only two that were occupied. This interviewee said that similar private developments on the East coast are filled very quickly, but uptake is slower in the West:

> *We've got some colleagues with several developments on the East coast and they're all full in months … as you go more west, it's a newer concept in the West.*

5.1.4.2 Gaps in Provision

Voluntary sector and local authority interviewees were asked to identify any areas where older people who should be receiving supportive housing services are not yet doing so. Across the voluntary sector, local authority and HSE interviews, two key gaps were identified:

1. *Older people in need of medium to higher levels of support who don't need full-time nursing care and who are currently at risk of admission to long-stay care: people … that don't need to be in a nursing home, but aren't able to live on their own independently, there's a gap there between full care and no care.*

One participant from the voluntary sector identified a need for step-up facilities, whereby older people in low support housing could progress to a more supported housing environment and so avoid having to enter a nursing home. Another participant felt that there was a lack of coordination between smaller low support housing, local authorities and the HSE:

> *There should be some kind of coordination between … smaller independent housing that … the county council or the HSE would say … you can free up this house for somebody else and we will liaise with [a more supported housing scheme] and see have they got a vacancy or would they put you on a priority list.*

2. Older people who own their own homes but are not able to live in them or whose homes are in poor condition:
One group that's coming to light that may be slipping between two stools and they can only currently be accommodated really in the voluntary sector, and that would be homeowners who either aren't able to manage their own home or their home is too big.

Owner-occupiers who are not eligible for social housing but who do need support.

The participant from the large urban local authority reiterated the example of older people living in private rented accommodation. In addition, older people who have a diagnosis of mental illness (as opposed to dementia) and who are patients of the mental health services were identified by this interviewee as not receiving adequate services:

If they're a psychiatric patient … we cannot get the services out. It's a huge problem.

5.1.4.3 Allocation Procedures

Interviewees were asked to describe the procedures they used to allocate places in sheltered housing schemes.

Voluntary sector respondents said they did not operate strict admission or allocation criteria with regard to the places they could allocate themselves. Referrals tended to come from local health workers such as public health nurses (PHNs) or GPs, but many older people applied directly. All interviewees from the voluntary sector said they took a case-by-case approach in allocating places, taking many different aspects into account when making decisions:

Our criteria for allocation are that we would take their medical situation into account, we would take their social situation into account, and we would take their family structure …

For places linked to the local authority housing lists, the allocation procedures of the local authority are applied, according to the interviewees from both the voluntary and local authority sectors. A lot of flexibility was evident, however, in the actual allocation practices reported. In addition to the priority scheme applied by the local authority, factors such as locality (being from the local area) were taken into account. Also, local

authority interviewees were amenable to the voluntary organisations having a say in who is housed from the housing list:

> *… the priority scheme doesn't apply to the voluntary housing associations. If the housing association has five vacancies that we're nominating, and we have a priority list of ten … we would normally say to the housing association, 'we've ten people here that we're prepared to nominate, who do you want in there of that ten?' So it's normally a bit of give and take because we don't want to foist someone that is going to be hostile …*

In the case of local authorities allocating places in housing schemes provided directly by the authority, the normal scheme of letting priorities was applied by those interviewed.

5.1.5 Roles and Relationships in the Provision of Supportive Housing

One of the objectives of the study was to investigate perceptions of roles and relationships relating to the provision of supportive housing from the perspective of service providers. Stakeholders' views of their own roles and the roles of other service providers are set out in this section.

5.1.5.1 Stakeholders' Views of Their Own Roles

Voluntary sector representatives saw their role as comprising the provision of physical accommodation for older people who are not able to provide it for themselves, normally within a social housing model. In general, this accommodation was described as being aimed at people on low incomes who have no other option.

The local authority representatives saw themselves as simply concerned with the provision of physical accommodation. They felt that care services were the concern of either the voluntary sector or of the HSE:

> *The way we look at it, our job is to provide the bricks and mortar. Anything after that is someone else's responsibility.*

The HSE interviewees said they saw their responsibility as principally the delivery of care services to residents of supportive housing. All interviewees emphasised that no distinction should be made between older people in conventional housing and those in supportive housing when it comes to assessing their need for care services:

We would say that there's no real differentiation in terms of supportive housing; older people should really be getting a service depending on their needs regardless.

5.1.5.2 Working Relationships With Other Stakeholders

Both voluntary sector and local authority interviewees described their working relationships with each other as being positive and effective. Both sets of participants said they worked closely together:

We're always up and down to the Council. The County Council are great … they supported us from day one.

There's a very good working relationship and I suppose the proof of the pudding is that three voluntary bodies have developments going on at the moment, so we're very proactive in meeting with them.

At national level, it was felt by the voluntary sector that whilst they had a close relationship with the DoEHLG, the links with the DoHC were less strong:

We would work with the DOE [sic] very closely whereas we wouldn't have that closeness with the Department of Health [sic].

In general, working relationships with the HSE were described as more complex. On the one hand, voluntary sector and local authority interviewees described a close relationship for some matters, such as working with frontline staff in the local area:

... all the services that we would have built up here would have come through public health … and the Director of Public Health Nursing was the chairperson on our board of directors when we began … the health board were involved with us all the way. (voluntary sector interviewee)

The HSE would have a large input … [the restructuring] of the HSE has given scope for streamlining because people are redefining their roles. Their job title might be 'Public Health Nurse' or 'Social Worker' but they're redefining their area and this means they can settle down better into the inter-agency approach. (local authority interviewee)

On the other hand, problems were identified, especially at the more strategic levels of the HSE. These centred on links between the HSE and other statutory agencies, fallout from the restructuring of the HSE (in opposition to the point made above) and moving between care settings:

Whatever housing you're talking about, if you put the person at the centre, all of those issues, care or transport or whatever, are going to impinge so housing and health need to be talking to each other … it probably needs to be much more focused especially in this growing area of the more vulnerable moving out of institutional care. … The HSE is far too big, the regions haven't established themselves, they're not sure what's corporate and what's regional and they don't know where the money is.

A respondent from one of the local authorities saw disadvantages in linking up with the HSE for housing projects due to delays caused by bureaucracy and funding procedures:

Our experience is if you get involved with the HSE you delay the projects a lot because they have to go through their procedures to get funding and you don't know whether funding is going to be there, and the delay and the waiting and it's difficult enough when there's ourselves and the voluntary housing associations … but involving a third party again with their funding systems, it creates problems.

Participants from the HSE said they had a good working relationship with the voluntary sector. Concern was expressed, however, at the lack of support available to small voluntary groups that attempt to set up supportive housing schemes:

We have a very strong and organic community and voluntary sector relationship … in terms of local responses to local needs, but again they could all do with more support.

I'd say that we need to actively support the voluntary organisations to get around the obstacles that prevent them from getting up and running faster.

5.1.6 Organisation and Provision of Care Services to Residents

Three of the five voluntary sector organisations interviewed said they directly provided (or planned to provide in the case of one organisation) care services to their residents. All three provided day care facilities, communal meals, practical help such as organising medication, shopping and pension/prescription collection as a minimum, with added nursing and personal care to varying degrees. One organisation provided two levels of care: standard care (one meal six days a week, medication support, assistance with cleaning, laundry and nursing assistance when sick); and full care (all meals seven days a week, daily nursing care, housework and personal care) at a charge of fifteen euro per day.

None of the local authorities provided care services, reporting that the HSE delivered care to local authority houses. One local authority, however, is bringing forward proposals for a county-wide housing services company incorporating a housing care service. This would involve the recruitment of three care workers for the county who would visit residents in each voluntary sheltered housing scheme in the county once or twice a week. This has not yet been funded but it is planned to do so in the future:

> *… we would recruit maybe three care workers in the county and they would visit each [sheltered] housing association maybe once or twice a week. … That's probably a bit down the road, but it's a good idea.*

All HSE interviewees emphasised that HSE services should not make a distinction between older people living in conventional housing and those living in supportive housing, as both groups of older people are living in their own homes. It was felt that the HSE should either deliver services directly to older people or fund the housing organisations to provide services:

> *People in the community should be treated much the same as anybody else.*

> *The other option is that we work with these voluntary groups on things like buying in services for older people.*

5.1.7 Discharge Criteria

Voluntary sector housing providers were asked whether they had any criteria for discharge of residents from supportive housing to long-stay or nursing home care. One interviewee felt that caution should be exercised in deciding to transfer people to

nursing home care as the ability of people to continue to live independently can be underestimated. This person advocated that, for people with dementia, palliative care services rather than nursing home care should be considered:

> *I think we should be looking at palliative care … because if the right combination of care and supports are there, the chances are that a person could stay longer in a home-type environment and that the end time of dementia could be catered for in a totally different environment.*

Another respondent, however, cited the onset of dementia and the need for nursing care through the night as the two criteria they use for discharge. This organisation has a written discharge policy and the decision is made in conjunction with the resident, an appointed relative or carer and the GP, whenever possible:

> *… we have to send them a letter [to the carer, care coordinator, resident's solicitor, GP and company directors] stating that we would be wrong to keep this person any longer. The health board is brought into it, the GP is brought into it, the relative if they're there, the resident.*

5.1.8 Consultation With Residents of Supportive Housing Schemes

Interviewees were asked whether they had any formal or informal methods of consulting with residents in supportive housing schemes. Two of the voluntary service providers said they did have some kind of formal consultation and feedback mechanism. One had regular meetings with residents; another had a grievance policy and questionnaire:

> *With the residents, we would give them out a questionnaire every year, and we would say to them, 'if you feel that there is anything you need looked at in your house, if you feel there's any repairs … please let me know.' We do it with the food, we do it at the carer level.*

Another voluntary sector provider carried out consultation with carers and people with dementia in the community in order to find out their preferences for services, living conditions and technology. This was accompanied by a questionnaire and the findings are being used in the planning of future supportive housing developments:

> *We had a consultation process [with carers and people with dementia] with regard to what kind of service they'd like, what kind of living environment would they like, what are the options, what about technology. … We've also sent a questionnaire out in terms of what should we provide.*

The local authorities did not report formal consultation mechanisms and most did not have informal processes either. Two local authority interviewees, however, said they had informal communication via liaison officers, social workers and maintenance workers:

> *It's an informal chain because that's the one that has served us best. … If I was to have a gathering of older people, they would get timid because they don't want to complain, whereas if our lad is out working … and has a chat, maybe a cup of tea … he will come away with an awful lot more information.*

5.1.9 The Future Development of Supportive Housing in Ireland

Finally, interviewees were asked to identify priorities that they felt were important for the future development of sheltered housing in Ireland. A wide range of priorities were identified across the sectors. One respondent recommended the introduction of dedicated workers with responsibility for supportive housing at local level, who could liaise with voluntary housing providers and provide information on how to go about developing the services:

> *I think somebody in a local region that has responsibility for coordinating supportive accommodation … to help [housing associations] navigate the system.*

Another respondent from the voluntary sector felt that collaboration with the private sector would be a good idea in the future, taking advantage of the experience of developers and using the CAS to do so:

> *I think the private sector has got something to offer. … If they built all of these things and we came along and said, 'well, I'd like to buy three of those houses', and we did on the Capital Assistance grant I think there could be something in that because I think it would be a good partnership where you could cater for continuing care because the chances are that within that village setting there's going to be a nursing home.*

This interviewee also recommended increased collaboration between government, the private sector and the voluntary sector in future development.

Another participant was concerned about the lack of weekend and evening services available and felt that funding should be provided to enable voluntary organisations to provide such services:

> *If they gave us an additional fifty thousand that would put a carer in the group*

house at night and that would mean there was a carer on the ground and that would be for everybody rather than one person having to pay for it as they need it.

This person also felt that more group and supportive housing should be provided across the country:

Within every twenty mile radius there should be one complex of supportive housing … and then if you have smaller models of the group housing in between with somebody to liaise between them and us …

The recommendations from the local authority interviews included the setting up of a county-wide housing services company already in process in one county. This company will provide information technology, legal and accounting services to small local voluntary housing associations across the county in order to reduce costs for the associations:

It's three main purposes would be to provide services, let's say IT, legal and accountancy services, and through economies of scale they'd be cheaper to the individual associations.

Another local authority representative felt that voluntary organisations should be supported in providing housing with care, or as he put it, a one-stop-shop approach:

I think there's growing need for the more one-stop-shop type approach where the housing need is identified, designed, planned, executed, maintained and serviced by one body. … Have a nurse and maintenance person on-site, that sort of beginning to end process.

An interviewee from another local authority felt that there needs to be more coordination at strategic level between the HSE and the DoEHLG:

We all have to pull our weight together and the idea of one bit coming from the HSE and the other bit from the DoEHLG, it should actually be a whole package … a whole taskforce as we're going forward.

The final local authority interviewee emphasised the need for guidelines on how to address the needs of older people who may have assets (i.e. their own house or land) and yet still be in need of housing assistance.

The HSE interviewees were asked to describe what they thought the future role of the HSE should be in the provision of supportive housing. Three interviewees saw the main future role of the HSE as consolidating the delivery of services to older people in supportive housing either via direct delivery or in collaboration with the voluntary sector.

The need for the HSE to cooperate with the voluntary sector and support it was reiterated:

> *The HSE needs to work with the voluntary sector on managing the increasing dependency of their residents and increasing age profiles over time.*

One interviewee recommended the employment of a designated officer who could engage in development with the voluntary organisations and link them with other resources in the community:

> *An officer employed by the HSE whose job is to do service development … and part of that is providing support to the voluntary organisations … an officer would advise them and also bring them into the frame of what is available already in the community.*

This interviewee felt that this was the role of a community worker for older people, with supportive housing forming part of their remit.

5.2 OLDER PEOPLE'S VIEWS

Five focus groups were conducted with older people. The groups were selected with a view to covering different points along the housing/care continuum. The five groups comprised:

- members of an active retirement group
- older people living in their original homes and attending day care
- residents in a group housing scheme (run by the local authority)
- residents in a supportive housing scheme (run by the voluntary sector)
- carers of older people.

5.2.1 Terminology – 'Group Housing', 'Sheltered Housing' or 'Supportive Housing'?

In general, older people who were not living in group or sheltered housing and the carers who took part in the focus groups were either indifferent to the term 'sheltered housing' or did not like it. 'Sheltered housing' was felt to carry unwelcome connotations of dependence and vulnerability, as expressed in the following observations by members of the active retirement group:

> *'Supportive housing' sounds more proactive, putting supports in place.*

> *'Sheltered housing' means disability, that's what I think.*

Among participants in the two focus groups conducted with residents in group and sheltered housing schemes, there was a difference of opinion as to whether 'sheltered housing' was an appropriate term for the living arrangements. While some participants were happy to use the term 'sheltered housing', others said it was not a term that they would use in daily conversation. For example, some participants in the sheltered housing focus group used 'community village' to describe where they lived, whereas one woman used 'sheltered housing':

> Anne: *If someone were to say to me 'where do you live?'*
> Joan: *I'd say the community village.*
> Sinead: *I would always say the community village.*
> Anne: *I always say I live in sheltered accommodation.*

Anne went on to say that she preferred the term 'sheltered housing' but did not like the term 'supported housing':

> *I personally wouldn't like 'supported housing', I'd rather have 'sheltered.'*

Some interviewees in the focus group for local authority group housing were also very positive about the term 'sheltered housing':

> *I think you couldn't think of anything better than call it 'sheltered housing'. I think it's perfect. It covers a multitude of things in saying that.*

Two other interviewees associated 'sheltered housing' with homeless people:

> *But there might be other words that you could use! I always thought sheltered housing was for homeless people.*

> *We understood that sheltered accommodation was to take people off the street and put them into a home or a sheltered place, such as down in [a drug treatment centre] or something like that.*

5.2.2 Attitudes to Supportive Housing

One of the objectives of the study was to investigate older people's preferences for different housing and housing-with-care options. To this end, the older people and the carers who took part in the focus groups were asked how interested they were in supportive housing as an option. Older people who took part in the active retirement focus group said that their first preference would be to stay in their original homes for as long as possible:

> *The cheaper option would be to have enough staff to keep people in their own homes. That's the principle.*

Participants attending day care and carers agreed with this:

> *I'd stay at home if I had the choice.* (day care focus group)

> *I was up visiting [my mother] on Saturday and I noticed a new complex for the elderly … but I thought, supposing I was to say to my mother, 'would you like to go into one of those?' No way would I have got her from home; she is determined to stay in her own home as long as possible.* (carers' focus group)

Supportive housing was seen, however, as preferable to admission to long-stay care and was described by one focus group participant as particularly useful for those who have no family or whose family don't wish to care for them:

> *There are people who go there because they may have family who don't want to care for them and they may have no other option, because … it's either that or into the nursing [home].*

Residents in the group and sheltered housing schemes were very positive about where they were living. Residents in the sheltered housing project identified friendliness, the quality of care and facilities, and compassion as some of the most positive aspects of their scheme:

> *I think the great advantage is that we have the day care centre. … We've got all the facilities here, you don't have to go out for your physiotherapy and your chiropody.*

> *I think this place is just wonderful, I've never ever known anything like it. In England I don't know of any place like it. It's safe, everybody is friendly.*

Interviewees who were living in the local authority group scheme were also very positive about the scheme in which they were living:

I just couldn't believe it when I got here, it was just brilliant you know.

This is heaven!

5.2.3 Awareness of Supportive Housing

Across the two focus groups with older people who were not residents in group or sheltered housing, awareness of the availability of any kind of supportive housing was very low. Participants did not feel that they could access information about accommodation options. Those attending day care said they had never heard of supportive housing or sheltered housing before:

I don't understand what sheltered housing is.

It should be noted that this group took place in a region where the provision of supportive housing was particularly low. The group agreed that they would welcome more information about accommodation options:

It would be good to know quite a bit about it, wouldn't it?

Members of the carers' focus group were quite familiar with supportive housing, perhaps in part because they were active in the NGO and policy fields:

I suppose, speaking from a personal perspective, I would be familiar with the whole concept of it, but then we'd have been aware of what [voluntary housing providers] did.

Most of the participants who were resident in the group housing scheme had not been aware of the development before being placed there. They had contacted the relevant local authority who had allocated them a place:

I didn't know where I was going. I was living down in [private rented accommodation] and the landlord was supposed to be selling. So there was a guy with me and he was going into the Council so I said, 'you can put my name down as well', and then a couple of years after I got the letter.

One couple, however, had known in advance that the development was under construction and had approached the local authority to be placed there:

I said to [husband], 'they're building something up in [area] and I have to go and find out.' … I was talking to the builders and they said, 'they're going to be

beautiful when they're finished', so I went to the [local authority] to put my name down!

The focus group conducted with residents in the sheltered housing scheme was located in a rural area. Most of the participants in this interview had grown up in the local area and were aware of the scheme or had heard of it through friends and family:

I just came up to do my quilting here on a Tuesday and I enjoyed it so much and I didn't think I would get it so quick!

One couple had come from England to visit relatives and had visited the development while in Ireland:

I was in England and my sister lives nearby here and we came over one time and it was open day and then I said, 'Ooh! I'm moving here!'

5.2.4 Preferred Facilities and Amenities

Focus group participants had very definite ideas about what facilities they would like to see made available in a supportive housing scheme. Members of the active retirement group identified recreational facilities as something they would like to see provided:

Kathleen: *I'd like an area for exercise or a recreation room.*

Pat: *And a hall where we could meet.*

Medical care was of importance to the participants attending day care:

They would need to have a doctor and care there.

Other participants in this group emphasised the more social facilities such as a communal dining area and a recreation room or area where people could meet, play cards and organise events. The carers group agreed with this and also advocated a treatment room and day care facilities:

… or even just a kind of a room where they can come and sit and talk, maybe read a few books, or whatever that they would use it for, as we would call it, a day room.

The sheltered housing interviewees identified nursing and therapy services, meals and the Citizens Information Centre (CIC) as important facilities provided in their development. Both the sheltered and group housing interviewees said they would like a shop on-site so that they would not have to walk a distance to the shops:

I'd like to see a little shop here. I have arthritis and I find it quite a distance to the shops.

The sheltered housing interviewees also wanted to see staffing hours extended to cover evenings and weekends. One woman pointed out the pressure that the current situation put on the nuns who ran the scheme:

> Anne: *We don't have any staff at the weekend.*
> Joan: *Only the nuns look in but that's out of their own goodness really. … We don't have care at weekends.*
> Anne: *It shouldn't be down to the nuns really … they deserve time off too.*

Residents in the group housing scheme also wanted to see a communal living area where people could relax and chat with friends:

> Paul: *Getting a conservatory or living room would be a good idea.*
> Thomas: *For company, a place where people could meet.*

One interviewee wanted to see personal workshops or sheds attached to homes so that residents could pursue their hobbies in privacy:

> *I'd like to get a little shed out the back so I could continue on to some extent [with woodworking].*

A wheelchair user made the important point that the accessibility of the group housing scheme needed to be improved:

> *These places are nice but they're not accommodating for people in wheelchairs.*

5.2.5 Tenure Arrangements

Participants in all focus groups were asked about tenure and related financial arrangements. The focus groups held with residents of group and sheltered housing schemes were asked to describe the tenure arrangements in place. The participants in the active retirement and day care groups were asked about their preferred tenure arrangements and costs.

Older people in the active retirement group and day care group were concerned that they would be forced to sell their own homes in order to fund a supportive housing place:

> *I wouldn't want to leave my home and for that [sheltered housing] to become my only home.* (day care focus group)

> *I wouldn't like to have to sell my house and move in there and then die and nobody else benefit.* (active retirement focus group)

There was also some confusion about arrangements in the private sector regarding whether one can purchase private units or rent at market value. The implications for inheritance were of concern to participants in the carers' focus group in the event of purchase:

> *Many people are concerned about their inheritance and want to leave something to their family. [In the private sector] there's the risk of people inheriting and moving in and then breaking down the age profile and concept of the retirement village.*

Residents in the sheltered housing focus group said that they paid rent to the organisation and were happy with the amount of rent they were paying. One participant also said that she believed that the organisation would expect anyone who had sold their property to make a contribution to the company based on the proceeds of the sale. No-one, however, was under obligation to sell their house in order to enter:

> *A lot of people would sell their houses, by choice only, not forced. In that case the centre would expect them to give a contribution.*

Residents in the group housing paid the standard local authority rent for their accommodation.

5.2.6 Choices and Preferences

Focus group participants were asked whether they felt able to choose their preference for accommodation freely, without undue pressure. Responses across the focus groups were mixed. A conflict was evident between older people's own preferences and their awareness of the needs of their families and carers; both of these forces impact on the older person's decision-making. In addition, older people were described as having less access to the market and are, therefore, less able to make informed choices:

> *As a young person, you can go out and be in the market and make choices and decisions. As time goes by, if you're ill or if you're an older person with a disability, your ability to get out and do that is compromised.*

Some other participants in the active retirement focus group, however, felt satisfied with the level of their freedom of choice:

> *I feel able to make my choices, while I'd be taking into account my family, I'd still be able to choose for myself.*

5.3 SUMMARY AND CONCLUSIONS

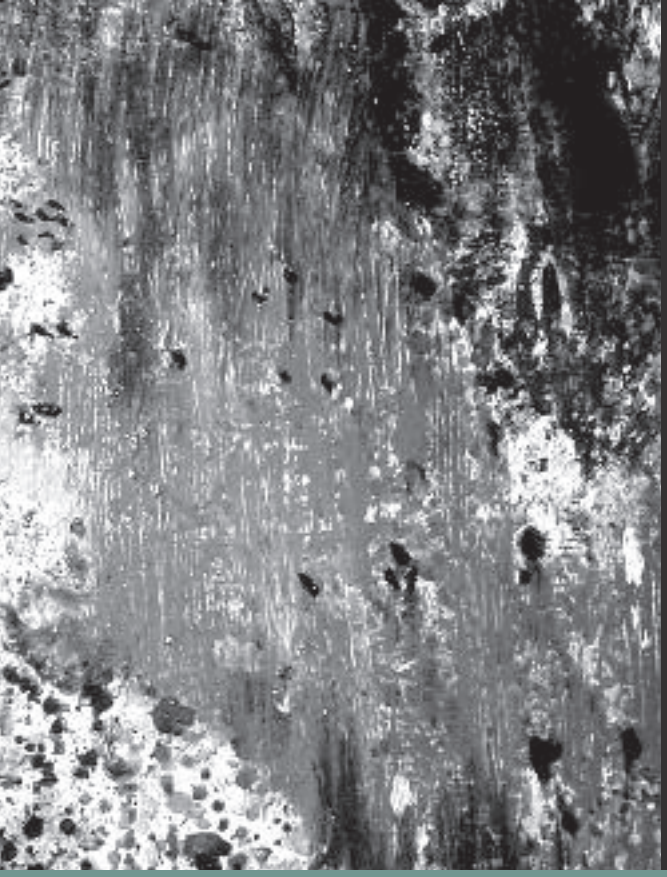
All of the supply stakeholders who were interviewed (local authorities, voluntary housing associations and HSE services) viewed supportive housing as being of benefit to older people and having an important role to play in the continuum of housing with care for older people. In addition to older people eligible for inclusion on the housing lists of local authorities, supportive housing was reported as benefiting older people living in rural areas without means of transport, as well as returning emigrants, older people in urban areas living in private rented accommodation, and vulnerable older people with either a diagnosis of mental illness or dementia; this was dependent on the levels of service provided by the scheme. Supportive housing was also seen to prevent or delay admission to long-stay care facilities and to enhance the quality of life of residents.

Residents of group or supportive housing schemes were extremely positive about their accommodation. Older people who were not resident in such schemes were quite positive about this form of living arrangement, but still felt that staying in their original homes was preferable. They also felt that they did not know enough about supportive housing and that the relevant information was either not available or not accessible to them. The term 'sheltered housing' was perceived by quite a number of providers and older people as carrying connotations of dependence but there was little consensus as to an appropriate name to give this type of accommodation.

Some problems with the current situation were identified. While local authority interviewees tended to feel that supply was sufficient to meet demand for supportive housing, voluntary sector, HSE and private sector respondents reported undersupply and uneven distribution across the country. Two important gaps in provision were identified across the interviews: older people in need of higher levels of support and who are at risk of admission to long-stay care; and older people who own their own homes but are no longer able to live there.

Generally, a positive picture emerged of good working relationships at frontline level between voluntary providers, local authority staff and HSE community care staff. At strategic level, however, the situation was perceived to be more complex and it was suggested that there is a need for more engagement and support at higher management levels in the HSE.

A number of recommendations were made by interviewees for the future development of supportive housing in Ireland. These focused on appointing dedicated workers to work with housing providers at local level, increased collaboration across the voluntary, statutory and private sectors, and expanding provision.



CHAPTER SIX

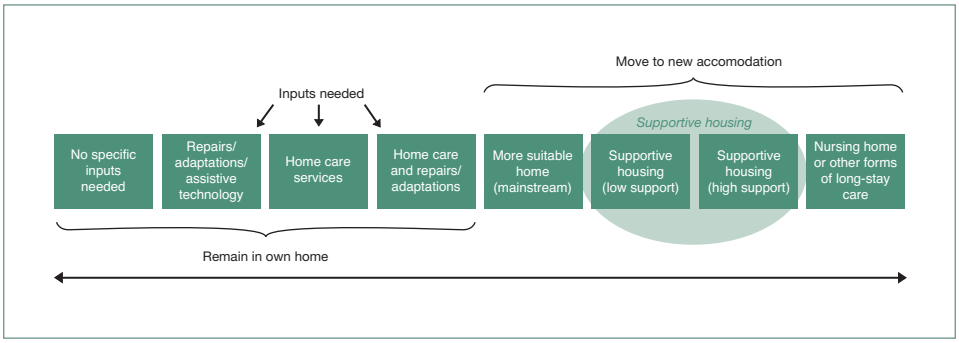
Supportive Housing on the Housing-With-Care Continuum

CHAPTER SIX

Supportive Housing on the Housing-With-Care Continuum

This chapter develops an analysis of the position of supportive housing on the housing-with-care continuum that was introduced in Chapter Two. This is presented again for convenience as Figure 6.1.

Figure 6.1 The housing-with-care continuum



In a research study in Ireland in the early 2000s, approximately one quarter of the older people surveyed said that they would find a move to sheltered housing acceptable (about the same proportion as would find moving in with relatives acceptable); this was fewer than the two in five who would find moving to a 'granny flat' acceptable (Garavan *et al.*, 2001). Nevertheless, the expressed preference of the majority of older people in Ireland is to remain living in their own homes, even if this means tolerating poor quality housing (Silke, 1996).

The analysis in this chapter begins with a consideration of the inputs that older people may need to enable them to remain living in their own homes for as long as possible. These can help to

ensure that a move to an alternative living arrangement, such as supportive housing, is a positive choice made when the time is right rather than a decision forced by circumstances that could be ameliorated in other ways.

Following this, some estimates of the relative (quantitative) contribution of supportive housing to housing-with-care needs in Ireland are developed. Finally, some basic yardstick measures of the potential cost-effectiveness of supportive housing are presented and wider issues about cost-effectiveness assessment in this field are discussed.

6.1 ENABLING OLDER PEOPLE TO REMAIN LIVING IN THEIR OWN HOMES

To ensure that supportive housing is a positive choice for older people, sufficient supports must be available to enable those who would prefer to remain in their own home to do so for as long as possible. Such supports may be needed in relation to housing (through repairs and adaptations), care (through home care services) or a combination of these. This section provides a brief overview of some key aspects of the Irish situation in relation to supports, then presents more detailed data derived from UK research on this subject.

6.1.1 Supports in Ireland

6.1.1.1 Repairs, Adaptations and Assistive Technologies

The extent to which the home is accessible to the older person and suitably adapted to their needs can be a crucial factor in enabling them to remain living at home. The availability of appropriate assistive technologies,[10] when needed, can also play a key role. The quality and comfort of the home and living conditions are also of great importance.

Poor Housing Conditions

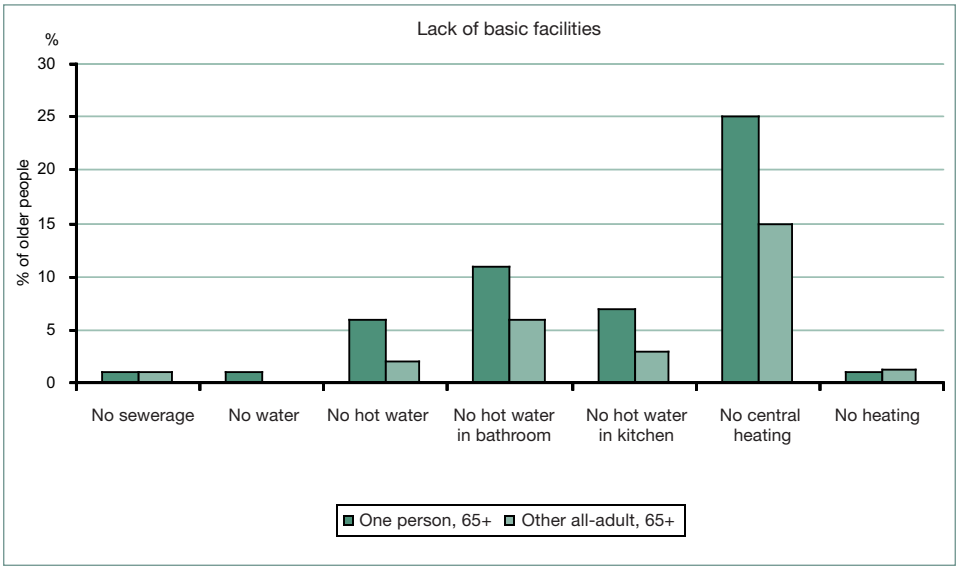
The evidence from this and other studies suggests that unsuitable housing is often an important factor in a move to supportive housing. Although the various schemes addressing the housing conditions of older people (Essential Repairs Grant,[11] Special Housing Aid for the

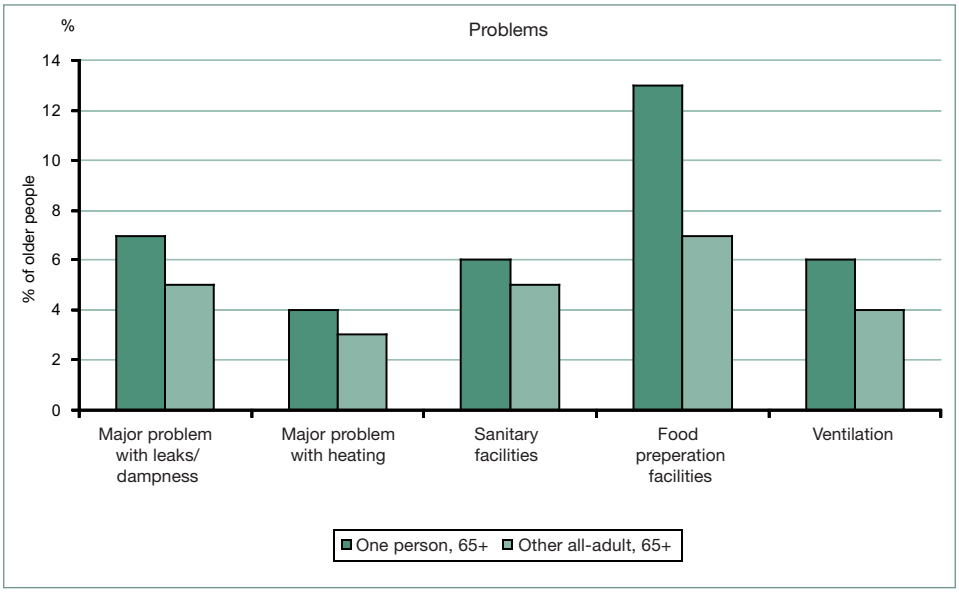
10. 'Assistive technology' is the term used to refer to the many technical aids and technologies (low and high tech) that can help older people who have functional difficulties to carry out everyday activities and remain living independently.

11. The Essential Repairs Grant is provided by local authorities with a view to helping older people to stay in their own homes rather than move to local authority housing.

Elderly[12]) have improved the situation for many older people over the years, the available evidence suggests that there is still a considerable number of older people living in poor quality housing (Figure 6.2). Overall, it can be estimated that up to 10 per cent of older people may be living in situations where repairs and home improvements are needed in order to maintain a reasonable quality of life and to help to maintain independence.

Figure 6.2 Percentages of older people experiencing poor housing conditions





Source: (Watson and Williams, 2003).

12. The Special Housing Aid for the Elderly scheme of home improvements is operated by the HSE. It aims to improve living conditions of older people by carrying out minor repairs to older people's homes, including carpentry, plumbing, painting and decorating, as well as general cleaning.

Home Adaptations

Although there is a substantial crossover between age-related and disability-related needs, there are no systematic data available on the numbers of older people who face problems remaining at home due to a lack of necessary adaptations to their homes, including the installation of ramps, suitably designed bathrooms and stairlifts. It seems, however, that this may be a problematic area for many older people given the various problems that have been highlighted with the funding and administration of the DPG[13] (e.g. NDA and Comhairle, 2003; NDA, 2006). There can be considerable variability in the operation of the scheme across the country and lengthy delays in accessing the grant have been experienced in some areas.

Assistive Technologies

There are no systematic data available on the extent to which older people face difficulties in remaining at home because of lack of access to assistive technologies.[14] Historically, however, these services have been underdeveloped in Ireland in comparison with international best practice (de Witte *et al.*, 1994; Working Party on Technology and Telecommunications, 1996) and while there have been some improvements over the past few years, it is acknowledged that more needs to be done (The Equality Authority, 2005). In addition, despite the support for socially monitored alarms under the Scheme of Community Support for Older People funded by the Department of Community, Rural and Gaeltacht Affairs, the availability and take-up of social alarms in Ireland is very low compared to a number of other European countries, and social alarms are not yet adequately integrated into health and social care (Cullen *et al.*, 2004). Regarding more advanced technologies, there have been some pilot trials of smart homes and telecare services but, unlike in the UK, for example, these services have not yet become mainstream and there is very little usage in Ireland.

6.1.1.2 Home Care

There are no systematic data available on the extent to which a lack of home care services poses a threat to remaining to live in one's own home for older people in Ireland. It can be concluded, however, that although home care services have improved in recent years, there is significant outstanding demand and the levels of service in Ireland are not yet on a par with those in countries with more developed community care infrastructures (The Equality Authority, 2005). The evidence from this study suggests that difficulties with independent living are quite commonly a factor in an older person's move to sheltered housing, even if a reasonable level of independence is typically required for new tenants.

13. The Disabled Persons Grant, administered by the local authorities, is the main publicly financed scheme to support home adaptations to meet the needs of people with disabilities.

14. The main public provision of assistive technology is by the HSE Areas, with services also provided by voluntary organisations with public funding support.

6.1.2 UK Data

The available data in the UK are considerably more comprehensive than in Ireland. In particular, a major study was carried out in the early 1990s that included surveys of older people on their circumstances, needs and preferences, and an analysis of the distribution of needs for support across the older population (McCafferty, 1994). This research enabled the population of older people in the UK to be allocated to different groups on the housing-with-care continuum according to their needs. The results are summarised in Table 6.1 below.

Table 6.1 Housing-with-care needs of older people in the UK

Option	Description	Older people %
No change		66
Stay at home 1	Just need aids/adaptations	2.9
Stay at home 2	Need aids/adaptations and health and social care services	3.2
Stay at home 3	Need health and social care services	14.1
Move to smaller or same size ordinary/mainstream accommodation	Move to other non-specialised housing, no new services needed	2.5
Move to friends/relatives	No new services needed	0.8
Basic supportive (for active older people)	Specially designed for more active older people, may have communal facilities	0.5
Basic Supportive (for active older people) – with alarm or warden	As above, with alarm or warden but no communal facilities	0.2
Sheltered (for less active older people)	As above, with alarm or warden and communal facilities	2.4
Very sheltered (frail older people)	More care than above	1.3
Move to residential or nursing care		0.7
Unallocated		5.5

Source: McCafferty (1994).

There is a need for similar research in Ireland to generate the information required to underpin effective planning and resource allocation towards the various points on the housing-with-care continuum. This aspect is taken up again in the recommendations in Chapter Seven.

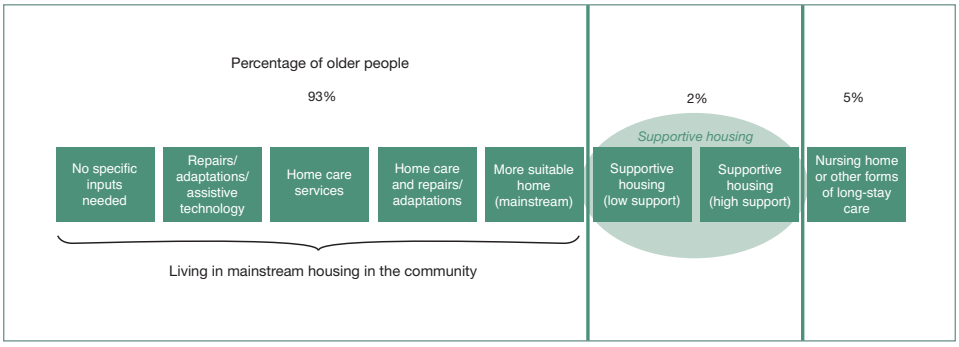
6.2 THE QUANTITATIVE CONTRIBUTION OF SUPPORTIVE HOUSING IN IRELAND

This section looks at the quantitative contribution of supportive housing to housing-with-care needs in Ireland. The current situation is examined, followed by a projection of what the situation might be in a favourable policy and resource context.

6.2.1 Current Situation

The available Irish data on the current distribution of older people on the housing-with-care continuum are limited and support only a basic disaggregation into three core groups: those in mainstream housing; those in supportive housing; and those in nursing homes or other form of long-stay care facility. Figure 6.3 presents the current situation, based on the estimated number of older people in supportive housing (from the current study) and the estimated numbers in long-stay care (Garavan *et al.*, 2001). It can be seen that the vast majority of older people live in mainstream housing, about one in twenty live in nursing homes or other long-stay care facilities, and about one in fifty live in supportive housing.

Figure 6.3 Quantitative contribution of supportive housing in Ireland – current view



6.2.2 Future Role

It is possible that supportive housing will come to play a quantitatively larger role in housing with care in Ireland in the future. One factor in this is the strong policy interest in, and commitment to, expanding sheltered housing in the context of *Towards 2016.* Given the recent growth experienced in Ireland and the experiences of other countries with higher levels of supply, it is likely that a net increase in the availability of supportive

housing would result in a net increase in demand and thus in a higher percentage of older people living in supportive housing. The likely scale of this is uncertain and difficult to predict.

There is also a growing interest in the role that supportive housing might play in helping to avoid unnecessary entry to nursing home or other residential long-term care facilities. At present, based on available long-stay data (DoHC, 2007), more than one quarter of older people in these settings are of low or medium dependency level and/or are admitted primarily for social reasons. If supportive housing were an alternative to these types of admissions, with sufficient supply the percentage of older people living in supportive housing could possibly increase to more than 3 per cent from the current baseline of 2 per cent.

6.3 COST-EFFECTIVENESS

Although the cost-effectiveness of different options will have a significant bearing on what is feasible, both for public policy and for decisions by older people and their families, the scope of the current study did not allow for the development of detailed cost-effectiveness analyses for the Irish context. This is an area that requires more attention in the future and is taken up again in the recommendations in Chapter Seven.

Some basic estimates of social care costs in supportive housing have been reported in the HSE sub-committee's report on sheltered housing (HSE, 2006). The report concludes that these costs are likely to be relatively low compared to the cost of direct HSE provision or the cost of other service alternatives, including individual, enhanced home care packages and especially private nursing home care costs.

As noted in Chapter Two, however, the issue of cost-effectiveness of different housing-with-care options is complex and no simple general rule can be applied. Many factors, including the amount of care needed, must be taken into account in a full cost-effectiveness assessment in the Irish context and the results of any comparisons will depend on how housing costs are calculated and allocated. Useful cost calculation and modelling tools have been developed and applied in the policy context in the UK (McCafferty, 1994; Tinker *et al.*, 1999; Netten and Curtis, 2000). The need for the development and application of these types of approach in Ireland is taken up again in the recommendations in Chapter Seven.

In general, the UK data indicate that sheltered housing appears to be considerably less costly than residential care, although in some cases costs of very sheltered housing could be higher than some forms of residential care. Also noteworthy in the UK analyses is an apparent variation in the costs of particular forms of care depending on whether they are provided by local authorities or voluntary organisations/housing associations. This might warrant examination in the Irish context.

Finally, an important issue to consider in relation to housing-with-care policy is the need for an overall perspective that also takes into account wider housing issues. A move to purpose-built supportive housing will typically free up housing for occupancy by someone else and will, therefore, have an impact on the overall housing stock available.

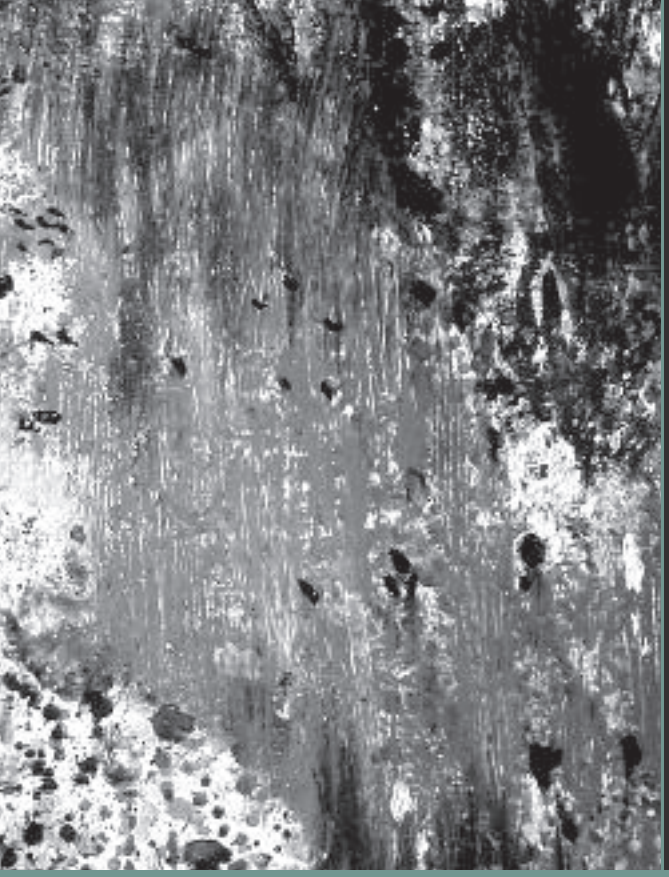
6.4 SUMMARY AND CONCLUSIONS

In order to meet the preferences of most older people to remain living in their own home for as long as possible, the full range of home care and housing services (repairs, adaptations and assistive technologies) must be available. Although the level of support in these areas has improved over the years, the situation in Ireland is not yet on a par with that in some other European countries, which have more developed services. This must now become a priority area for attention.

The available data on housing-with-care needs in Ireland are very limited and should be considerably expanded. Population-mapping exercises that have been conducted in the UK provide a useful model for what could be done in Ireland to provide the necessary information to underpin planning and resource allocation.

About 2 per cent of the older population in Ireland currently live in supportive housing. This could increase and perhaps double if supply were increased and supportive housing were actively targeted as an alternative to residential care.

The limited Irish data available suggest that delivery of social care in supportive housing can be cost-effective in comparison to alternatives such as enhanced home care packages and especially private nursing home care. More detailed cost-effectiveness analyses are required to fully address the complexities in this field, including the need to incorporate both housing and care costs.



CHAPTER SEVEN

Conclusions and Recommendations

CHAPTER SEVEN

Conclusions and Recommendations

This chapter presents the conclusions and recommendations from the study. Section 7.1 summarises the main findings from the research, section 7.2 discusses some key issues that arise from the results, and section 7.3 outlines a set of recommendations on what should be done to develop a strategic approach to the further development of supportive housing in Ireland.

7.1 SUMMARY OF MAIN FINDINGS

The main findings of the study can be organised into the following key questions:

- Who is supportive housing provided by and what is provided?
- Is supportive housing wanted by older people?
- Is there sufficient supply and how might this evolve in the future?

7.1.1 Who is Supportive Housing Provided by and What is Provided?

The focus of this study was on supportive housing provided by or directly supported financially by the public sector. There has also been an apparent growth in the provision of commercially-operated supportive housing by the private sector in Ireland, encouraged by a tax incentive pertaining to the building of residential units attached to registered nursing homes/convalescent facilities.

A total of 9,232 units of publicly-provided or publicly-funded supportive housing were identified in the survey, with about one half provided by local authorities and one half by the voluntary housing sector (approved non-profit housing organisations). Schemes provided by the voluntary housing sector can be found in almost all (32 of the 34) local

authority areas, whereas only ten local authorities (of which one half are city authorities) directly provide supportive housing as part of their own stock.

Both sectors address approximately the same core target groups – older people on low incomes with housing difficulties and/or other social or welfare needs. The core provision consists of individual, own-door accommodation in a group/clustered arrangement. Accommodation may be in bungalows or apartments, depending on location and provider. Dublin City still has a significant number of bedsits among its supportive housing stock.

There is considerable variability across schemes (both local authority and voluntary) in the additional facilities or other forms of support provided. Larger schemes tend to be more likely to provide communal facilities and alarms. There is also considerable variability across organisations and schemes in the ways that care services are provided to residents. Some supportive housing providers provide care services themselves, some have facilities for or arrangements with the HSE to provide care, and others have no specific provisions or arrangements. One third of the voluntary schemes provide at least some care services themselves, and can, therefore, be considered to be higher-support schemes. Local authority schemes are almost exclusively low support.

7.1.2 Is Supportive Housing Wanted by Older People?

Vacancy levels for supportive housing across Ireland are generally low indicating a demand and there are waiting lists in many areas. Focus group discussions, however, with older people living in mainstream housing identified low levels of awareness and a lack of information about supportive housing.

Focus group discussions with residents of supportive housing found that some residents appear to have actively chosen supportive housing, whereas for others it may have been the best or only option. The overall extent to which take-up and demand for supportive housing in Ireland derives directly from the positive preferences of older people or is dictated by a lack of alternatives is not known.

Discussions with residents of supportive housing schemes suggested that most residents are positive about the experience. This is in line with evidence from other studies, although larger-scale studies in the UK have found that up to one in five residents express the wish that they had remained in their own homes.

7.1.3 Is There Sufficient Supply and How Might This Evolve?

Estimating need for supportive housing is challenging. The analysis in this study employed three normative yardsticks (expressed in terms of units available per one thousand older people: 20/1,000, 25/1,000 and 50/1,000) against which to measure the extent to which there is sufficient supply to meet need. These are based on levels of supply in other countries and a target set by the NCAOP on the basis of earlier research. The data suggest that, for Ireland as a whole, only the lowest yardstick has been reached to date. More importantly, perhaps, there are wide variations across Ireland, with only one half of areas reaching even 50 per cent of this target. It also seems that the level of provision of higher support units is lower than that which would be desirable on the basis of the experiences in other countries.

Based on schemes currently being built or planned, it can be expected that the current stock of supportive housing will increase by about one third by 2010/2011. Taking population ageing into account, this would bring levels of provision for the country overall to 23.2 units per one thousand older people. The evidence suggests, however, that the additional stock may not always be delivered where it may be most needed and many areas will continue to be undersupplied.

7.2 KEY ISSUES

This section identifies some key issues that should be taken into account in the further development of supportive housing as a housing-with-care option for older people in Ireland.

7.2.1 How to Ensure Equity in the Public/Private Mix?

Although a large share of available supportive housing in Ireland is currently provided by local authorities and voluntary housing associations, and targeted towards low income older people, there is also a growing private sector supply that can avail of support from the public finances through tax incentives. Supportive housing policy must address issues of equity, quality of service delivery, choice and value for money in this emerging public/private mix.

7.2.2 Housing, Care or Both?

An important issue concerns the role that supportive housing is expected to play in the spectrum of services and supports for older people in Ireland. Historically, the emphasis in sheltered housing has been on the housing rather than the care dimension. This should be reviewed as current policy appears to be placing a greater expectation on supportive housing to effectively deliver community care services, even, in some cases, as an alternative to residential care.

7.2.3 What Should it be Called?

If housing with care is to be offered along a continuum ranging from low support to higher support accommodation, then the question of terminology must be addressed. Terms currently used most frequently in Ireland are 'group housing' and 'sheltered housing'. Focus group discussions in this study suggested that there are people who are unhappy with the existing terminology and its possible connotations. Thought must be given to the concept and terminology, and to how different levels of supportiveness should be defined in this context.

7.2.4 Who Should be Responsible?

The housing sector (public and voluntary) currently bears the main responsibility for supportive housing in Ireland. If the role of supportive housing is to be envisaged as one of delivering not just housing but a gradient of housing with care to meet different levels of need among older people, then the role and responsibilities of community care services will need to be clarified. This raises issues of coordination and integration of services across the housing and care domains. The fact that some local authorities and HSE local services are, separately, considering the introduction of key workers to focus on supportive housing in their areas reinforces the need for clarification of roles and coordination of efforts in this field.

7.2.5 When Should it be Offered and How?

Current processes in relation to allocating places in supportive housing appear to vary considerably, even if priority generally tends to be given to older people on low incomes with housing difficulties and/or other social or welfare needs. There is a need for clarification regarding when supportive housing should be offered to older people (i.e.

under what circumstances and set of needs) and how it should be offered (i.e. what are the respective roles of housing and community care services).

7.2.6 How to Provide Real Choice?

The available evidence suggests that older people may sometimes end up in supportive housing without having had an opportunity to consider alternatives. There is a need to ensure that supportive housing is presented as an option that older people can actively choose if this is what best meets their needs and preferences. This requires that, where possible, realistic alternative options are available, including provision of care services to older people in their existing homes and/or improvements to their existing housing.

7.2.7 How Should Care be Provided?

There is considerable variability in the way that care services are provided to residents of supportive housing and there is no system in place to ensure that needs are being met in a consistent manner across Ireland. A key issue to be considered concerns the respective roles of housing organisations (particularly voluntary housing organisations) and community care services in the provision of care. If an important role in care delivery is envisaged for supportive housing providers then systems must be developed to assess capacity to deliver and to provide the necessary financing to meet the costs of care provision.

7.2.8 Tenancy Arrangements and Rents

There is no systematic information available on the nature of the tenancy agreements that are in place across current supportive housing tenancies or on the rents that are being charged. The evidence from this study suggests that there may be considerable variability in both regards. An important issue also concerns the extent to which supportive housing should provide for ageing in place, whereby residents can remain living in their supportive housing accommodation as their needs increase over time.

7.2.9 Addressing Special Needs

Evidence from the wider research suggests that the special needs of older people with dementia, in particular, may be difficult to accommodate in mainstream supportive housing. This study, however, identified supportive housing initiatives dedicated specifically to this target group. There is a need to examine further the role that supportive housing might play in meeting the needs of people with dementia in Ireland.

7.2.10 How to Achieve a Consistent Approach Across Ireland?

Finally, the evidence from this study suggests that there is a lot of variability across the country in the amount of supportive housing available, in the levels of services and supports provided, and in the extent of coordination between service providers in the housing and care sectors. There is a need to develop a framework for supportive housing at national level, including guidance for key stakeholders at local level. This has received a lot of attention in the UK, with a variety of guidelines produced by the Housing Learning and Improvement Network (LIN)[15] (e.g. Kerslake and Stilwell, 2004), and there may be scope for learning from the experiences in the UK.

7.3 RECOMMENDATIONS

This section outlines the recommendations that have been formulated on the basis of the research findings and the issues that they raise. The recommendations are intended to contribute to the achievement of a strategic approach to supportive housing in Ireland that will address the needs of older people and policy objectives in the housing and care domains.

Table 7.1 Summary of recommendations

Theme	Actions	Relevant Stakeholders
Concept and role	Develop a clear vision and statement on: • what 'supportive housing' is, what it should be called, and the housing and care components that should be provided • who should be responsible for it and how it should be provided • how the roles of the relevant stakeholders should be coordinated • what is needed to ensure equitable treatment for the full spectrum of older people • the overall (integrated) regulatory framework needed for supportive housing.	Cross-departmental team on sheltered housing
The public/private mix in supportive housing provision	Conduct a comprehensive review of the emerging public/private mix in supportive housing provision in Ireland (as there has been strong growth and	Department of Finance DoEHLG

15. A component of the Health and Social Care Change Agent Team, Department of Health, UK.

Theme	Actions	Relevant Stakeholders
The public/private mix in supportive housing provision, cont.	considerable public financing of both the voluntary and private sector in this field). Such a review must address equity, quality of service delivery, choice and value for money. The role of land use planning in local authority housing strategies as a mechanism for strategic development in this area should also be examined.	
Framework for care provision	Establish a formal framework for care provision in supportive housing, to include: • clear and appropriate allocation of roles and responsibilities • procedures to ensure delivery of care to residents, in accordance with their needs • consistent and reliable funding for care services • regulatory and monitoring procedures.	HSE in consultation with supportive housing providers
Regulatory framework (housing aspect)	Develop and implement an appropriate regulatory framework for the housing component of supportive housing, to include: • tenants' and landlords' rights and obligations • rents • provisions for ageing in place.	DoEHLG in consultation with supportive housing providers (HSE for ageing in place dimension)
Local level guidelines	Develop and disseminate guidelines for the key stakeholders in the provision of supportive housing at local level, to address: • local level needs assessment • inter-agency cooperation • quality assurance • other relevant aspects.	Cross-departmental team on sheltered housing
Needs assessment protocol that supports positive choice	Develop an integrated needs assessment protocol for housing with care to be applied at local level. The approach to needs assessment must be underpinned by a philosophy of offering positive choice to older people as to how their housing-with-care needs are to be met.	DoEHLG Local authorities HSE

Theme	Actions	Relevant Stakeholders
Baseline assessment of needs/demand, cont.	Carry out a systematic, baseline needs/ demand assessment exercise across Ireland to identify the levels of housing-with-care need that can be best met in particular ways including: • repairs, adaptations and assistive technology • home care inputs • repairs, adaptations and home care inputs • supportive housing (of different forms/levels). This should include surveys of older people to ascertain their preferences for how their housing-with-care needs should be met. These aspects should be incorporated in the preparation of housing strategies by the local authorities.	DoEHLG Local authorities HSE
Unnecessary threats to continued living at home	Ensure immediate allocation of the necessary resources to enable those whose preference is to remain living in their existing home to do so. This choice is threatened by housing and/or care needs that could reasonably be met through home modification and/or home care inputs.	DoEHLG Local authorities HSE
Unnecessary moves to residential care	Examine the possibility of setting specific policy targets for supportive housing as an alternative to long-stay residential care, addressing, for example: • 'social' admissions • low/medium dependency admissions • dementia. Implement the necessary actions to ensure that such policy targets are achieved.	Department of Health and Children (DoHC) HSE
Infrastructural investment	Develop an infrastructural investment plan for supportive housing that will ensure adequate supply in all parts of Ireland, based on:	DoEHLG NDP

Theme	Actions	Relevant Stakeholders
Infrastructural investment, cont.	• immediate targeting of low supply areas as priorities for funding • future resource allocation to be based on the results of the nationwide needs assessment exercise.	
Role and future development of voluntary housing associations	Examine the role and future development of voluntary housing associations in delivering on these infrastructural targets, including their capacity to deliver and the supports required. More generally, the advantages and disadvantages of the current policy of high reliance on voluntary housing associations for provision of supportive housing should be assessed.	DoEHLG in consultation with voluntary sector
Design standards	Develop and implement design standards for supportive housing that will address the needs of older people with disabilities and that will facilitate ageing in place as an individual's needs change with increasing age and over time.	DoEHLG DoHC HSE
Research	Commission: • research on the impacts of supportive housing on health and well-being, and on health and social services costs • a comprehensive cost-effectiveness analysis of the role of supportive housing in meeting (special) social housing needs, including implications for overall housing stock through equity release or other schemes to accommodate homeowners • an integrated cost-effectiveness study on both the housing and care dimensions of supportive housing.	 DoHC, HSE DoEHLG DoHC, HSE DoEHLG

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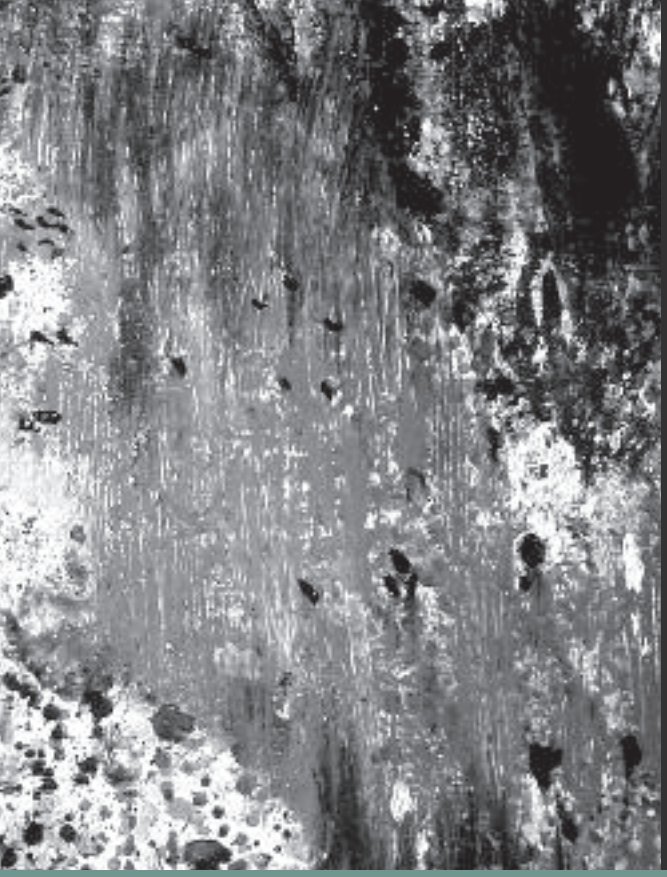

TERMS OF REFERENCE

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The functions of the Council are as follows:

1. To advise the Minister for Health and Children on all aspects of ageing and the welfare of older people, either at its own initiative or at the request of the Minister and in particular on:
   a) measures to promote the health of older people;
   b) measures to promote the social inclusion of older people;
   c) the implementation of the recommendations contained in policy reports commissioned by the Minister for Health;
   d) methods of ensuring coordination between public bodies at national and local level in the planning and provision of services for older people;
   e) methods of encouraging greater partnership between statutory and voluntary bodies in providing services for older people;
   f) meeting the needs of the most vulnerable older people;
   g) means of encouraging positive attitudes to life after 65 years and the process of ageing;
   h) means of encouraging greater participation by older people;
   i) whatever action, based on research, is required to plan and develop services for older people.

2. To assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by:
   a) undertaking research on the lifestyle and the needs of older people in Ireland;
   b) identifying and promoting models of good practice in the care of older people and service delivery to them;
   c) providing information and advice based on research findings to those involved in the development and/or implementation of policies and services pertaining to the health, well-being and autonomy of older people;
   d) liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for older people.
3. To promote the health, welfare and autonomy of older people.
4. To promote a better understanding of ageing and older people in Ireland.
5. To liaise with international bodies which have functions similar to the functions of the Council.

The Council may also advise other Ministers, at their request, on aspects of ageing and the welfare of older people which are within the functions of the Council.

MEMBERSHIP

Chairperson: **Dr Ciarán Donegan**

John Brady
Noel Byrne
Kit Carolan
Oliver R Clery
Jim Cousins
John Grant
Dr Davida de la Harpe
Eamon Kane
Annette Kelly
Dr Ruth Loane
Dr Michael Loftus
Fiona McKeown
Mary Nally
Dearbhail NicGiolla Mhicil
Sylvia Meehan
Paddy O'Brien
Eileen O'Dolan
Mary O'Donoghue
Paul O'Donoghue
Prof. Eamon O'Shea
Pat O'Toole
Bernard Thompson