A Home for Life
The Housing and Support Needs of Clúid’s Older Tenants
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If citing this report, please reference it as:
Foreword

This research is the fourth project funded by the Adrian Norridge Research Bursary, which was established in honour of the founder of Clúid Housing. The bursary, which is awarded annually, supports applied research on housing issues that will be of relevance to the social housing sector in Ireland. Previous topics have included financing social housing, regeneration, and fuel poverty.

Clúid Housing is an independent not-for-profit charity that develops and provides high quality, affordable housing for people who cannot afford to buy their own home or pay for private rented housing. Clúid currently owns or leases approximately 5,200 homes across the country.

In 2014 we decided to develop an Older Persons’ Housing Strategy. The impetus for this was twofold: firstly, we were aware that the growing number of older tenants in our mainstream housing (nearly 700 aged 60+) had a range of housing and support needs that needed to be addressed. Secondly, we wanted to know whether our sheltered housing for older people, which provides housing for about 400 households, was the most appropriate model.

In addition, we were aware that there is considerable evidence that the best outcomes arise when older people are able to remain in their own homes as they get older and, at the same time, it is widely agreed that there is a gap in service provision between sheltered housing for older people and nursing home accommodation. In fact, HIQA (Health Information and Quality Authority) estimates that about 30% of nursing home occupants are inappropriately housed.

When we started to think about the strategy, it very quickly became clear that we were missing vital baseline data about the housing and support needs of our older tenants. So, we commissioned the survey and literature review, which form the content of the work reported here.

This research, carried out by a team from the Centre for Gerontology and Rehabilitation, University College Cork, has provided us with a wealth of data on our older tenants. The team’s work has been invaluable in the development of our Older Persons’ Housing Strategy which will be completed towards the end of this year.

I would particularly like to thank Siobhán Fox, who led the research with Lorna Kenny, supported by colleagues at UCC. Working with them has been a pleasure; their in-depth understanding of the issues we have been exploring has added greatly to the study’s value.

I would like also to acknowledge the commitment of my fellow members of the board who oversaw the research: Mick Concannon, Regional Director, Clúid; Rachel Larney, Older Persons Housing Manager, Clúid; and Michael O’Sullivan, formerly Age Friendly Ireland, now Cork City Council.

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Clúid Housing is an independent not-for-profit charity that develops and provides high quality, affordable housing for people who cannot afford to buy their own home or pay for private rented housing.
Executive Summary

Background
The house we live in and where we live can have a major impact on our physical and mental health; this is particularly true for older adults who may spend more time in the home. The majority of older adults would prefer to stay living in their own home for the remainder of their lives, and the appropriate supports may facilitate this for as long as possible.

For others, it may not always be possible or preferential to stay living in their own homes. Alternative housing options such as sheltered housing may be more suitable for older adults with higher support needs.

Research aims and methods
Against this background, the primary aim of this research was to investigate the housing and support needs of Clúid Housing’s older tenants, aged 60 years and over, who are living in mainstream or sheltered scheme accommodation.

This aim was met through the following research methods: i) a comprehensive literature review of policy and research; ii) a national survey of Clúid’s older tenants living in mainstream housing and sheltered housing; iii) in-depth focus groups with Clúid tenants.

Summary of recommendations
In light of the results of the literature review, surveys, and focus groups, this report concludes with a number of recommendations which are briefly summarised here:

Include the tenants in the design process. Tenants value a participatory approach, where they can contribute to decisions that affect their lives.

Plan appropriate built environments. Well-designed homes which allow for multiple uses as needs differ or change over time can facilitate ‘ageing-in-place’, maintaining older people’s independence and overall quality-of-life.

Follow principles of ‘universal design’. Good housing design should enhance the lives of all residents, regardless of age or ability. Designs should allow for multiple uses as individuals’ needs differ or change over time.

Locate schemes near services / facilities. Housing developments should be suitably located near to amenities to help older people maintain a suitable level of activity in their community.

Design flexible housing options. Planning for future housing developments should include a range of different house layout options to allow tenants to choose the home most suitable to their personal lifestyle/support needs.

Provide suitable outdoor space. Safe outdoor space is very important to older people as a space for hobbies, social
contact, and to facilitate the health benefits of being outdoors.

**Provide / facilitate adaptations as needed.** Home adaptations are critical to facilitate ageing-in-place. Some older people find it difficult to make these adaptations and should be guided in the process of accessing grants, etc.

**Allow pets.** Pet ownership in older people was important and has significant health and social benefits. Therefore, pets should be allowed wherever possible.

**Continue to combat fuel poverty.** Many older people experience fuel poverty, which has a major detrimental effect on health. Older heating systems should be replaced, and information should be provided to facilitate people accessing the relevant grants.

**Maintain safety and security.** Many older people feel vulnerable, irrespective of the actual incidence of crime. Therefore, increased security features are important for both safety and peace of mind.

**Invest in assistive technologies when needed.** Assistive technologies may be useful for some older people but these should supplement and not replace human assistance.

**Maintain affordable rents and charges.** Many older people living in social housing find it difficult to make ends meet, causing anxiety and related problems such as fuel poverty. Service charges should be maintained at affordable levels.

**Provide relevant information.** Older people sometimes lack information about the alternative housing and support options available to them; providing information will facilitate older tenants accessing the services they need.

**Provide relevant social supports.** Older people in social housing appreciate organised social activities. These foster further informal relationships which provide social support and combat loneliness. Staff should also be trained in supporting the needs of older tenants.

**Provide opportunities for engagement in education / courses / activities.** Older people also appreciate opportunities for ‘life-long learning’ and community engagement.

**Support tenants in accessing relevant external services.** Older people may find it difficult accessing the external supports and services they require. Clúid may be able to facilitate access to these supports by putting their own organisational relationships in place.

**Sheltered housing.** Older people living in sheltered housing are very satisfied with their homes. The adapted buildings, increased security and social support are rated highly. People living in mainstream housing lack awareness of sheltered housing. Therefore, this housing model should continue to be developed and advertised for people with appropriate support needs.
The house we live in and where we live can have a major impact on our physical and mental health; this is particularly true for older adults who may spend more time in the home.
Section I: Introduction

1.1 Context
Ireland has a rapidly ageing population that presents significant health, social and economic challenges for policy and planning. The government and other policy-makers have focused on ‘healthy ageing-in-place’ policies that emphasise the importance of enabling older people to remain in their communities, increasingly recognising the processes of community ‘responsibilisation’, and ultimately seeking to develop age-friendly communities.

Clúid Housing has played a key role in meeting the housing needs of older people, and will continue to keep pace with these changing needs through the development of their upcoming Older Persons’ Housing Strategy. It is critical that any strategy includes the views of key stakeholders, in this case, the tenants.

This research project was funded by the Adrian Norridge Research Bursary. It was conducted between April and August 2015.

1.2 Research Aims
The primary aim of this research was to investigate the needs of Clúid Housing’s older tenants (aged 60 years and over) who are living in mainstream or sheltered scheme accommodation.
Objectives:
- To review national and international research and policy on the housing needs of older people;
- To conduct a survey of a representative sample of Clúid’s older tenants;
- To conduct in-depth focus groups with smaller samples of Clúid’s older tenants;
- To make recommendations to Clúid on the development of an Older Persons’ Housing Strategy Plan.

1.3 Research Design and Methodology

A mixed-methods research design, using both quantitative and qualitative methodologies, was employed to meet the primary aim and objectives. Three complementary data collection strategies were used:

I. Literature review
II. Survey
III. Focus groups

The literature calls for more research with older people rather than on them (Scheidt & Windley, 2006). This is because those who are personally familiar with a particular issue can provide both a unique insight and contribution to the research process. This is in line with the ethos of the United Nations which states that older people are the experts on their own lives. Therefore, this research explores the views of older people themselves by inviting older Clúid tenants from across Ireland to determine the aspects of housing which are important to them.

Ethical approval
The aims and methodology of this study were subject to scrutiny by the Social Research Ethics Committee at University College Cork. Having met the requirements to take all practical steps to fully inform participants about the study and plans for its dissemination and also to minimise the possibility of harm resulting from their participation, the research received full ethical approval to proceed.

Literature review
To examine national and international research and policies on housing for older people, and to provide context and background to the primary research studies, a comprehensive search of the literature was central to this report. Keywords were used to search for relevant information. Electronic databases searched included: Academic Search Premier, SocIndex, and Google Scholar. The bibliographies and reference lists of notable publications were also searched for further possible references.

Survey
Quantitative data was collected through a nationwide survey of tenants living in Clúid housing. Two versions of the survey were developed; one for both mainstream and sheltered housing schemes. Both surveys were designed following the literature review. Some questions were based on published surveys including ‘Age Friendly Ireland’ surveys. Other questions were based on published reports such as the National Disability Authority Dementia Report. Face validity was determined by asking the steering group.

Ireland has a rapidly ageing population that presents significant health, social and economic challenges for policy and planning.
experts to comment on the overall relevance of survey items. Minor changes were made as suggested by the expert group. The surveys were then piloted on ten older people in the general population to assess usability. The surveys were then slightly modified based on this feedback. The final surveys can be found at [www.cluid.ie/annual-reports/](http://www.cluid.ie/annual-reports/)

All tenants aged 60 years and older living in sheltered housing were sent a survey (n=415) and a representative two-thirds of those aged 60 years and older in mainstream housing (n=413) were sent a survey. Survey data was analysed using descriptive statistics with SPSS software version 20. Where data was missing for a question (i.e. where some participants skipped a question) the valid percentage is reported.

**Focus groups**

Qualitative data was collected using focus groups. The purpose of the focus groups was to explore the themes which were raised in the survey in detail and to produce rich qualitative data. The questions for the focus group schedules were developed based on the responses to the survey in light of the literature. Again, two separate schedules were developed; one for both mainstream and sheltered housing schemes.

Participants were recruited in two ways. Firstly, questionnaire respondents were given the option to select if they would like to be contacted with information about participating in a focus group. Secondly, Clúid staff assisted in the recruitment by advertising through letters, notice boards, and face-to-face.

In total, six focus groups were conducted; three with mainstream housing tenants and three with sheltered scheme tenants. These groups were conducted in a sample of towns and cities in counties Cork, Dublin and Longford. Focus group sessions lasted approximately 45 minutes on average.

With permission, focus groups were audio-recorded and transcribed. Participants’ names were replaced with pseudonyms to protect anonymity. The researchers also recorded reflections and observations during the focus groups. Data was analysed with Content Analysis using NViVo 10.0 software and was interpreted by the two researchers who conducted each focus group (SF and LK). This ensured a faithful interpretation of the participants’ meanings.
Clúid Housing has played a key role in meeting the housing needs of older people, and will continue to keep pace with these changing needs through the development of their upcoming Older Persons’ Housing Strategy.
Section 2: Literature Review

2.1 Introduction
The purpose of this literature review is to summarise what is already known about the key housing and related support issues facing older adults in Ireland and comparable contexts. The review outlines and critically examines both policy documents and research evidence on national and international levels.

Research questions:
- What are the housing policies relating to older people?
- What are the most important housing needs of older people?
- How can different housing models meet these needs?

Definitions. There are no universally agreed definitions of either social or sheltered housing. One definition of social housing is rental housing which is provided outside of normal market processes on a subsidised basis (Fahey, 1999). Social housing in Ireland is delivered by local authorities and housing associations at sub-market rents. Housing associations (sometimes referred to as approved housing bodies or AHBs) are independent, not for profit charities that mainly provide social housing for households on local authority housing waiting lists. An over-arching aim of social housing is to provide housing for households that cannot afford the costs of market rented housing or home ownership. Sheltered housing, which is social housing specifically designed for older people, will be discussed in section 2.6.
The purpose of this literature review is to summarise what is already known about the key housing and related support issues facing older adults in Ireland and comparable contexts.

Structure of review
This section is structured in five main parts:

1. Background context. This section outlines key demographic data.
2. National and international housing policies regarding older people. This section provides an overview of the key policy documents relating to the housing needs of older people.
3. Housing and health of older people: Key issues in research. This section reviews the research evidence on the common aspects of general and social housing which have been shown to impact on the physical and mental health of older adults.
4. Sheltered housing as a model of provision for older people. This section discusses sheltered housing models in Ireland and abroad as an alternative model of provision and critically evaluates the extent to which these models meet the needs of older tenants.

2.2 Background Context

Demographics of older people in Ireland
Ireland is experiencing an unprecedented ageing of the population that presents significant health, social and economic challenges for policy and planning. The number of people aged 65 years and over is projected to increase from the 2011 level of 532,000 to between 850,000 and 860,700 by 2026 and close to 1.4 million by 2046 (CSO 2013, available from: http://www.cso.ie/en/newsandevents/pressreleases/2013pressreleases/).

The house we live in and where we live can have a major impact on our physical and mental health; this is particularly true for groups of people who tend to spend more time in the home, including older adults (Centre for Ageing Research Development Ireland, [CARDI], 2013). The standard and suitability of older people’s accommodation is therefore vital to their quality-of-life and a key factor in their capacity to take care of themselves or to be cared for at home should they become dependent (Cullen et al., 2007, p.16).

Impact for housing associations
There are notable differences between the population of social housing tenants and the general population, especially regarding older people in social housing who may be at risk of experiencing poorer health and lower life expectancy than the general population (Wheatley, 2015). It follows that the scale of population ageing and the greater vulnerability of social housing residents to poor personal, economic and social wellbeing, pose an immense challenge to the housing association sector (Wheatley, 2015).

With our ageing population it is important that better planning is in place for adapting homes and providing housing options for...
increasing numbers of older people. Housing associations need to look at long-term preventative measures to ensure the future health and social support needs of their older tenants are met. Clúid’s Older Persons’ Housing Strategy, which will be informed by this research, will be completed in late 2015.

2.3 National and international housing policies regarding older people

National housing policy regarding older people

The majority of older Irish people live in and own their own homes. Others are in the private rented sector, the social housing sector, or the long-stay care sector. Social and affordable housing stock is delivered through local authorities, housing associations and the private rented sector. In 2013, just over 135,000 local authority units were let (Department of Environment, Community and Local Government, 2015).

Housing is central for the health and wellbeing of older people because well-planned housing options can decrease the level of admissions into residential care for housing related reasons (Association of Directors of Adult Social Services [ADASS] / Housing Learning and Improvement Network [LIN], 2011). In Ireland, the government has introduced methods to improve the quality of housing so that the health of its citizens is not influenced by where they live. These measures include energy efficiency grants, housing repair grants and housing adaptations for those with disabilities. However, with growing numbers of older people and people with disabilities continued planning for housing is required if people are to stay living in their own homes with no negative effect on their health. The following policy documents outline specific aspects of policy as related to housing and older people.

The National Positive Ageing Strategy for the Republic of Ireland was published in May 2013. It places importance on housing for the promotion of independence and the achievement of a good quality-of-life. The National Positive Ageing Strategy outlines that the United Nations (UN) principles for older persons are the operating principles underpinning the strategy. These principles are independence, participation, care, self-fulfilment and dignity. The strategy further maintains that: “these principles should guide any actions developed to progress Ireland towards an age-friendly society i.e. they should be used to assess the age-friendliness of policies, programmes and services for older people. In this way, these UN Principles can serve as a useful age-proofing tool for policy development and service delivery purposes”. Housing is central in the four core goals of the strategy. These are to:

- Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities;
- Support people as they age to maintain, improve or manage their physical and mental health and wellbeing;
- Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible;
- Support and use research about people as they age to better inform policy responses to population ageing in Ireland.

Objective 3.2 of the Positive Ageing Strategy explicitly outlines a key aim to; “facilitate older people to live in well-maintained, available, safe and secure homes, which are suitable to their physical and social needs”. The document also lists six related areas for action:

1. Assessment of housing need;
2. Housing grants for older people and people with a disability;
3. Lifetime adaptable housing and universal design;
4. Alternative housing options (i.e. social housing, sheltered housing, retirement villages);
5. Assistive technologies;
6. Linkages between housing and health and personal social services;
7. Fuel poverty.

Most recently, on the 26th November 2014, the Department of Environment, Community and Local Government published its Social Housing Strategy 2020 ‘Support, Supply and Reform’. Once again, the stated aim of the strategy is to ‘fully meet our obligations to those who need assistance to provide a home for themselves’. This places the importance of suitable shelter at the forefront of housing and older people policy.

Regulations are organised in Local Authority building guidelines, the Department of Environment, Heritage and Local Government (DoHLG) Building Guidelines 1999, Delivering Homes, Sustaining Communities 2007, and the DoHLG framework Quality Housing for Sustainable Communities. A key document is the ‘Delivering Homes, Sustaining Communities’ statement on housing policy (2007). It outlines the specific needs of older people regarding housing which include ‘the availability of a mix of dwelling types of good design across all tenures’ with the aim of providing people with better choice to change accommodation to suit their requirements as they enter later life. “The general interaction between housing providers and tenants should seek to discourage dependency and promote individual choice and autonomy. Achieving this will require management changes to focus on allocation policy, quality of service and maximising as far as possible individual choice and tenant responsibility across a number of inter-related areas” (DoHLG, 2007, pg. 67).

The document defined important actions such as:

• Ensuring that Local Authorities, as part of their Housing Action Plans, contain a defined strategy reflecting their response to the accommodation needs of older people in their areas. The strategy would explicitly outline the role of the voluntary and co-operative housing sector;
• Implementing new procedures for inter-agency collaboration where there is a care dimension;
• Creation of a cross-departmental team on sheltered housing to direct development in this area;
• Extending the grants schemes for adaptation of private housing for older people, including those with a disability and targeting it to those most in need.

In terms of government policy, a number of explicit commitments have recently been made to address the situation of older Irish people. The aims of Ireland’s National Action Plan for Social Inclusion 2007-2016 consist of building viable and sustainable communities; improving the lives of people living in urban and rural disadvantaged areas; and building social capital (Office for Social Inclusion, 2007). It clearly articulates that, “every older person would be encouraged and supported to participate to the greatest extent possible in social and civic life” (Office for Social Inclusion, 2007). The provision of quality housing is important to support the independence of older people and is one of the six priority action areas of the plan. ‘Towards 2016’ goes further to demonstrate that “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” (Government of Ireland, 2006).

‘Warmer Homes, a Strategy for Affordable Energy in Ireland 2011’ sets out a vision for improving the affordability of energy for low-income households. The aim is ensuring people can live in a warm and comfortable home that improves the quality of their lives and supports good physical and mental health (Department of Communications,
Energy and Natural Resources, 2011). Coinciding with the strategy, two policy procedures are in place to combat fuel poverty. Homeowners in Ireland can obtain grants to improve the energy efficiency of their home through the Home Energy Saving Scheme and the Warmer Homes Scheme (Citizens Information Board, 2009).

Several means-tested housing grants are available for older people and people with disabilities in Ireland. The Mobility Aids Grant Scheme offers grants for equipment such as chairlifts or level access showers that improve mobility in the home. Older people can also avail of a Housing Adaptation Grant for People with a Disability. If a house is considered unfit for occupancy, the Housing Aid for Older People Scheme can be utilised for repairs (Citizens Information Board, 2009).

However, there are some barriers to ageing-in-place policies in Ireland. Obtaining grants for necessary adaptations can be problematic for older people (e.g. NDA and Comhairle, 2003; NDA, 2006). There can be considerable variability in the operation of the Disabled Person’s grant scheme across the country and lengthy delays in accessing the grant have been experienced in some areas.

**International policy**

The Madrid Report of the United Nations (2002) covers a wide range of issues and levels, from housing to community to globalisation, that relate to healthy ageing. The Madrid Report highlights a need for governments, together with civil society, to encourage age-friendly communities, invest in local infrastructure and environmental design to support communities, and to deliberate on affordability and fairness of access and choice.

The seminal strategy within international policy, the World Health Organization’s (WHO) ‘Age-friendly Cities Initiative’, strives to enable the inclusion of older people in communities to make our world more age-friendly. As the world’s population grows older, it is important that environments are conducive to active and healthy ageing. Taking a universal approach to healthy ageing in cities, the WHO developed the Age-friendly Cities project in 2006. An age-friendly world empowers people of all ages to dynamically participate in community activities and treat everyone with respect.

The strategy endeavours to create places and spaces that make it easy for older people to stay connected with family and friends. It is built upon the perception that people can stay healthy and active into older age by providing appropriate support to those who require it. Many cities and communities are already taking steps towards becoming more age-friendly, both internationally and here in Ireland. The WHO Age-friendly Cities project lists eight factors which contribute to a city’s age-friendliness, some relating to the physical environment and some relating to social inclusion and participation (World Health Organization, 2007). The list below illustrates the eight Age-friendly Cities interrelating topic areas:

- Outdoor public spaces and public buildings;
- Transport;
- Health services and community support;
- Information and communication;
- Respect and social inclusion including safety;
- Housing: (explores preferred living arrangements and satisfaction with current living arrangements);
- Social participation;
- Civic participation and employment.

‘Ageing-in-place’ in policy

‘Ageing-in-place’ is a widespread concept in current ageing policy. It is defined as “remaining living in the community, with some level of independence, rather than in residential care” (Davey, Nana, de Joux, & Arcus, 2004, p. 133). Assertions that people prefer to “age-in-place” thrive, as it is understood as enabling older people to maintain independence, autonomy, and connection to social support (Lawler, 2001). Ensuring that people stay in their homes
and communities for as long as possible also avoids the expensive option of institutional care. Thus, it is often favoured by policy makers, health providers, and by many older people themselves (World Health Organization [WHO], 2007). Two of the United Nations principles for older people (1991) specifically relate to this concept: ‘older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities’ and ‘older persons should be able to reside at home for as long as possible’. Within the ageing-in-place literature there is a strong focus on housing and support or care (Bayer & Harper, 2000; Judd, Olsberg, Quinn, Groenhart, & Demirbilek, 2010).

Ageing-in-place is a complex process, which is not simply about attachment to a specific home but where the older person is repeatedly reconstructing places and renegotiating their meanings and identity in the dynamic landscapes of social, political, cultural, and personal change (Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007). The notion of “home” as a place is a constantly changing development involving ongoing negotiation of meanings, integrating not just a physical house but also its settings, ranging from dwelling to community (Peace, Holland, & Kellaher, 2006). Furthermore, these settings function together at a personal and a structural level, with national policy choices on health or social services directly affecting what happens in the home, in terms of whether and how older people can be supported (Wiles, 2005) and in terms of how “age-friendly” a community is considered (WHO, 2007).

The HSE provides many community-based services to older people such as nursing, physiotherapy, occupational therapy and day care services. A Home Care Package is a set of services which provide additional help to assist an older person to be cared for in their own home. These might include additional home help hours, nursing services and therapy services (http://www.hse.ie/eng/services/list/4/olderpeople/homecarepackages/). Although availability of such packages has been severely curtailed in recent years, Home Care Packages are provided to eligible clients at no cost as part of the public health service.

2.4 Housing and Health of Older People: Key Issues in Research

It is clear from the above policy review that appropriate housing is of major importance to older people. One’s house can have a significant impact on health and wellbeing, especially for older people who spend a substantial amount of time in the home. The research evidence shows that the ‘positive ageing housing policies’ previously outlined are achievable in one of two ways: firstly, through the facilitation of repairs and maintenance of existing homes; secondly, through the provision of social or supportive housing. This section will focus on research related to the physical home; the provision of sheltered versus social housing will be discussed in section 2.4.

There are a number of supports that can facilitate older adults to stay living in their own homes for as long as possible. These include: adaptation grants for alterations to the dwelling (adapted bathrooms, building accessibility); care services (home help or public health nurse); technology interventions (alarm systems, telecare). These are explored in more detail here:

Physical condition of the house
Research evidence shows that good quality and well-designed houses reduce the level of admissions into residential care for housing related reasons (ADASS / Housing LIN, 2011). A study of older people in residential care in the UK found that 15% of older people were admitted due to their previous home being considered unsuitable by a social worker (Bebbington et al., 2001). De Klerk (2004) further concluded that approximately 25% of nursing home residents might be able to age-in-place in the community if adapted homes are provided.
Housing and health are clearly related. James and Sweaney (2010) conducted a nationally representative longitudinal survey of community-dwelling older Americans and found that rating the physical condition of one’s home as “poor” predicted significantly more rapid cognitive decline in subsequent years. This relationship persisted after controlling for a variety of factors such as wealth, income, education, health, family status, neighbourhood safety, depression, and initial cognitive ability.

The physical condition of the house clearly has a key role to play in maintaining older people’s independence and overall quality-of-life. Therefore, assisting housing maintenance and facilitating comfort are the pertinent housing policy priorities for older people. Where the physical house is not suitable to an older person’s need, home adaptations may help.

Irish national survey data reveals that older people are at greater risk than other population groups for housing deprivation on each of seven housing deprivation indicators: bath/shower; central heating; hot water; running water; damp walls; too dark; toilet, especially those in rural areas (Layte et al, 1999; Prunty, 2007). The size of the home can also affect an older person’s ability to live independently; in the last National Survey of Irish Housing Quality, 21% of single older households cited their housing as being “too big” (Irish National Survey of Housing Quality 2001-2002 [ESRI]).

The Centre for Excellence in Universal Design (CEUD) has produced a number of reports with the key message of ‘Universal Design’. This refers to the ‘design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability’ and that lived environments such as the home should be designed to meet the needs of all people who wish to use it, not as a special feature but as a fundamental feature of well-designed houses (http://universaldesign.ie/What-is-Universal-Design/). In a recent report, the CEUD outlined age-related symptoms that should be considered when designing a home that is appropriate for all people, including older people. These are: mobility difficulties leading to increased risk of falls; vision and hearing loss; acute sensitivity to the environment; as well as principles of dementia design (discussed below; NDA, 2015).

In the Kildare baseline survey as part of the Ageing Well Network (no date) most older people would prefer home adaptation (46%) as a means to continue living in their own home if their needs increased. Only one in ten would consider moving to residential care.

Fuel poverty

The quality of older people’s housing can be poorer than that of the general population. Older people tend to live in houses that are not energy efficient and that may also lack adequate insulation or central heating. Fuel poverty refers to an inability to heat one’s home to a level that is healthy and safe as a result of high fuel prices, low income and/or poor energy efficiency in the home. Older people are at a higher risk of fuel poverty which is associated with increased cardiovascular and respiratory morbidity and mortality (NPAS, 2013). Illnesses such as flu, heart disease and strokes are worsened by cold temperatures. Recent policy measures have been taken by the Irish government to combat fuel poverty including: the Home Energy Saving Scheme and the Warmer Homes Scheme.

Goodman et al. (2011) identified several factors that can affect the health of an older person through fuel poverty:

- Whether the home was built before 1960;
- A lack of an efficient central heating system;
- Whether the house is detached or semi-detached;
- A lack of attic, loft or wall insulation;
- Whether the house has double glazing.
Falls
In 2008, in Ireland there were 197 deaths from falls among older people (CARDI, 2012). As well as deaths, falls result in fractures, soft tissue injuries, and ultimately hospital admissions. Many older people have a fear of falling. In Ireland, 27% of people aged 65-74 years are ‘somewhat’ or ‘very’ afraid of falling; this figure rises to 40% for those aged 75 years or more (The Irish Longitudinal Study on Ageing [TILDA], 2011). Predictions foresee that by 2031, the number of falls resulting in death could reach over 600 (CARDI, 2012).

The national Strategy to Prevent Falls and Fractures in Ireland’s Ageing Population (2008) aims to decrease the number of falls and fractures in the over-65 age group. This strategy recommends: an inter-agency assessment system; increased emphasis on prevention; building bone health through exercise; health promotion among older people; risk reduction and management services. Importantly, well-designed housing can reduce the number of falls that older people experience. Heywood (2001) showed that 62% of older people who had minor adaptations to their homes (such as grab rails or hand rails) felt safer in their home and 77% felt that it had a positive impact on their health.

Dementia friendly design
Dementia is a major cause of disability in later life, affecting 48,000 older Irish people (Pierce et al., 2014). The social and physical environment needs of people with dementia are complex (Doyle, 2011; HIQA, 2015). People with dementia should live in housing that meets their specific needs (NICE, 2013). There are a range of housing models and optimal environments to support people with dementia (van Hoof 2009, 2010). Assistive technologies can be of great benefit. For example, electronic clocks/calendars, fall detector devices or pendant alarm systems.

Designing for dementia is facilitated by an understanding of the symptoms experienced by those living with dementia, mainly: difficulty remembering things, especially more recent events and information; difficulty with new learning; impaired reasoning, judgement, and problem-solving; increased anxiety and stress. The key principles for dementia-friendly design outlined in the Centre for Excellence in Universal Design’s report on housing for dementia (NDA, 2015; p.40) report are:

- Integrated into the neighbourhood;
- Easy to approach, enter and move about in;
- Easy to understand, use and manage;
- Flexible, safe, cost effective and adaptable over time.

Steps have also been outlined for housing providers to take for better care of their tenants with dementia (http://www.theguardian.com/housing-network/2014/feb/18/dementia-care-social-housing-services-older-people):

- Train staff in helping people with dementia;
- Design dementia-friendly homes;
- Explore assistive technology;
- Develop a dementia strategy;
- Appoint a dementia champion;
- Join a local dementia action alliance.

Assistive technology
Assistive technologies (sometimes referred to as Ambient Assisted Living), when used ethically and cautiously, are thought to have the potential to assist in enabling older people and/or those with dementia to remain in their own homes.

A case study conducted in Ireland evidenced the potential usefulness of assistive technologies for people with dementia, especially night and day calendars and picture telephones (Cahill et al., 2007).

One very useful type of technology is alarms. These allow an individual to summon assistance should they require it. These may be personal (wearable) alarms, autodial alarms, fall alarms or intercom systems.

A related concept is telecare. This is a service that brings health and social care services
to people in their homes via information and communication technology. While not currently widely used in Ireland, telecare is being extensively promoted in other countries such as the UK as a cost-effective way to help older people stay living in their own homes.

Planning and location
The level of support available in the community also impacts on how long an older person will be able to live at home. Therefore, the range of services available and their coordination are crucial factors determining whether the housing needs of older people are met (Stratton, 2004). According to the International Longevity Centre UK (ILC-UK), some of the most important services that are valued by older people in their communities are local shops, public house, post office, library, general practitioner and pharmacies (ILC-UK, 2014). These services are important not only from a provision point of view but also for social connectedness purposes.

Social connectedness
Loneliness is common in older people and is associated with adverse health consequences both from a mental and physical health point of view. Loneliness is an independent risk factor for depression and loneliness can have a significant impact on physical health, being linked detrimentally to higher blood pressure, worse sleep, immune stress responses and worse cognition over time in the elderly (O’Luanaigh & Lawlor, 2008). One in three people over the age of 65 and living in their own homes experience feelings of loneliness (Lawlor et. al, 2014). Those who are widowed, or who have a disability, are more likely to experience loneliness (Golden et al., 2009).

Appropriate housing, including its location, can have a major effect in reducing loneliness of older people. Living in age-friendly communities with strong social networks is important for the health of older people. Taking action to address loneliness can reduce the need for health and care services in the future. Community interventions can combat social isolation. For example, the Belfast Health Ageing Strategic Partnership had a positive impact on the local community by training younger participants to identify and support older people who are isolated and to train older people to get involved in combating loneliness and spread awareness of services.

A related concept here is ‘Intergenerational Programmes’. Over the last few decades in Ireland, there has been a growing social distance between younger and older generations. Families are also becoming more geographically dispersed, thus the traditional informal caring for older family members by younger relatives is less common. As the population ages, without intervention, this gap between young and old is likely to increase. Intergenerational programmes have been developed in Ireland and abroad to ensure positive attitudes and mutual understanding between generations (Shannon, 2012).

Intergenerational programmes involve at least two generations and these two generations are involved in activities which are mutually beneficial and facilitate relationship-building outside the family sphere. They often involve the sharing of skills, knowledge and experience between young and older people (Ventura-Merkel & Liddoff, 1983).

The range of activities which can be considered intergenerational is vast and can include simple interaction in communities which support multi-generational living or joint activities such as community development or environmental activities (Shannon, 2012). More structured activities may also be used. For example, digital literacy, reminiscence, and preserving cultural heritage.

There is abundant evidence that social and civic engagement keeps older people healthy and active. Intergenerational programmes have been shown to offer many benefits for young and old alike. MacCallum et al. (2006) analysed over 120 intergenerational programmes in Australia. There were many
benefits for older people including personal benefits such as the ability to cope with difficulties associated with ageing (mental health or cognitive difficulties) as well as more social benefits such as a reduction in social isolation and the ability to interact with young people.

In many communities the distance between generations contributes to a sense of distrust, manifesting in a fear of crime and a feeling of lack of safety among older people. In fact, many older people have a fear of crime that is not linked to their actual statistical likelihood of being a victim of crime. Intergenerational programmes have been shown to combat this fear.

2.5 Summary
In the context of Ireland’s rapidly ageing population, a wealth of policy documents have been prepared to promote positive and healthy ageing; housing is a key component in all of these policies. The house one lives in, especially for older adults who may spend more time in the home, can have a major impact on one’s physical and mental health. Housing policies focus on ageing-in-place strategies that promote assisting older people to stay living in their own home, with support, for as long as they want or are able to. The main issues related to housing affecting older people are: physical home, fuel poverty, falls, home support, assistive technologies, planning and location and social connectedness.

2.6 Sheltered Housing as a Model of Provision for Older People
While many policies on healthy ageing focus on ageing-in-place, as discussed, it is not always possible or preferential - even with the supports outlined - for older adults to stay living in their own homes. There may be a point when the health status or personal circumstances of the individual change so that a move to more supported accommodation may be necessary.

Sheltered housing as defined by Clúid refers to: “accommodation for older or disabled people consisting of independent, private self-contained homes which are supported by an on-site Scheme Manager and a 24-hour emergency call system. Some sheltered housing schemes include communal spaces such as lounge / community hall, laundry room and gardens.” Sheltered housing is sometimes referred to as ‘group housing’ or ‘supportive housing’.

On a continuum of support, sheltered housing may be seen to provide a lower level of support with more independence, followed by very sheltered housing, and finally institutional care which offers the highest level of support but less independence (see figure 1).

The Irish Council for Social Housing (ISCH, 1993) defines sheltered housing as a group scheme of dwellings with on-site communal facilities to support independent living. The scheme generally consists of one or two bedroom units as apartments or houses.
These schemes can include an on-site warden/caretaker or an alarm system, and communal facilities can include a common room, kitchen with communal dining area and a laundry facility. Care supports may be provided, including the provision of meals and assistance with cleaning, hygiene and bathing, requiring extra staff to be employed for this purpose subject to financial budgets.

Traditionally, the concept of sheltered housing referred largely to schemes aimed at active older people who require little additional support. However, as can be seen in the care supports outlined in the ISCH definition, there is now recognition of the role that sheltered housing can play in meeting the needs of its older tenants as they age and require higher levels of support and care.

Irish policy on sheltered housing
Sheltered housing or supported accommodation is recommended for older people who cannot continue to live in their own home in a number of documents: “Sheltered housing should be available for elderly as a first choice alternative accommodation for those who are no longer able to live at home.” (ICSH, 2005, p. 11). In terms of policy objectives for sheltered housing, the National Housing Strategy for People with a Disability 2011-2016 has the stated aim to “facilitate access, for people with disability, to the appropriate range of housing and housing-related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living” (pg. 7). There are also specific local authority initiatives, for example the ‘Planning for Services and Infrastructure for an Ageing Population’ (Cork County Council, 2014).

Sheltered housing has received increasing attention in recent Irish policy, both by the HSE as part of its Advancing the National Agenda initiative and in the wider context of the Towards 2016 social partnership agreement (Cullen et al., 2007).

Sheltered housing is referred to numerous times in Towards 2016 (Government of Ireland, 2006). This document makes the specific commitment to ‘the continued development of sheltered housing options, with varying degrees of care support will be encouraged’ (p. 61). 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.

Sheltered housing in Ireland, supply and demand
Previously there was emphasis on provision of sheltered housing by the public sector (local authorities). In both Ireland and the UK there has been 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 (Finnerty & O’Connell, 2014). The primary tenure in sheltered housing in Ireland is social rent and this is reflected across Local Authority and Voluntary Housing Organisation schemes.

The supply of sheltered housing in Ireland varies significantly across the country and between local authorities and voluntary organisations. Some sources suggest that there is a general under-supply of sheltered housing, and the current level of provision will not facilitate the paradigm shift of moving away from institutional care. In the most recent Irish national report on sheltered housing (Cullen et al, 2007), the figures showed a total provision of 9,232 units across Ireland in 419 schemes. Of the identified schemes, 248 were provided by the voluntary
sector (housing associations), and 171 were provided by local authorities.

There seems to be a reasonable demand for sheltered housing; the ICSH (2010) carried out a report to map the provision of housing and services for the older adults within the voluntary housing sector and found relatively low levels of vacancies. The ICSH noted that 'this is a positive finding reflecting the need for elderly housing and an extensive demand for elderly units. It also indicates that voids are not a major issue for the majority of respondent housing associations providing units for the elderly'.

International models of sheltered housing

United Kingdom. The extra care model in the UK is equivalent to sheltered housing but with a higher level of support. A whole scheme may be very sheltered or some tenants may receive extra supportive care. This support can be provided through external services (e.g. social services) or through staff of the scheme. This latter model would apply mainly to housing associations. The concept of very sheltered/extra care housing has begun to be given greater emphasis in the UK based on a more proactive policy approach that identifies the requirement to support older people with greater care needs that could not be catered for in basic sheltered housing schemes (Cullen et al., 2007).

United States. The equivalent model in the US is ‘assisted living’ housing. The National Council for Assisted Living (NCAL) describes assisted living as being congregate residential settings that provide or coordinate 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. The main difference from Irish and UK models is that while the latter target older people on lower incomes, the US model is aimed at those who can afford to pay for themselves (Croucher et al., 2006). Another difference in US models is that there is little state-funded or federally funded housing provision for older people of any kind (Pynoos & Liebig, 1995), with assisted living facilities almost exclusively funded by private sector or non-profit organisations.

Other types of supportive housing

Retirement village. Most common in the US and Australia (though gaining recognition in Ireland [Cullen et al., 2007]), retirement villages or communities usually refer to a larger scale age-restricted housing based community which promotes independence and social interaction. There can be a range of services included that incorporate elements of both ‘sheltered’ and ‘very sheltered’ housing.

Institutional care. The most common type of institutional care in Ireland is the nursing home. These institutions provided 24-hour care for their residents. The unit of accommodation is a bedroom (private or shared) with en-suite facilities. Institutional care may be specialised for those with very high or specialised needs, such as advanced dementia.

Demographic profile of people living in sheltered housing

Clúid tenants. There are 426 people aged 60 years or older, living in Clúid sheltered accommodation across Ireland. The average age of these tenants is 72 years.

Trends in the UK. In very sheltered housing in the UK, the average age of people in these schemes is about 80 years (Pannell & Blood, 2012). The profile is also one of ill-health; around 60% of those moving into these schemes reported a ‘disability-related requirement’ for their move; this was more common among older movers (Pannell & Blood, 2012).

However, data suggests that the average age of people entering sheltered housing is getting younger. The average age of people entering sheltered housing in Northern Ireland decreased from 72.5 years in 1997/98 to 70.3 years in 2010/11. Similarly, UK data
shows a steady increase in the number of younger residents aged between 45 and 64 accessing sheltered housing schemes (increased from 11.6% in 2007/8 to 14.6% in 2010/11). This trend is also reflected in very sheltered housing schemes for the same age cohort with an increase from 5.3% in 2007/8 to 10.8% in 2010/11. The diversity of care and support needs of an increasingly younger cohort entering sheltered housing will increase the demand on services, and present greater difficulties for management. This must be recognised in policy planning.

**Safety and Security**
Pannell and Blood (2012) reviewed the evidence relating to quality-of-life of residents of sheltered housing in the UK and found that according to numerous reports and publications, safety and security are valued by residents as the most important benefits of living in sheltered housing. This is reflective of the general vulnerability and fear of crime felt by older people living in the general community.

In Scotland, Croucher et al., (2008) identified that the feeling of security within the home or the scheme was rated at 92% while the feeling of safety in the area around the scheme was rated at 76% on average across Local Authority, Voluntary and Private Sheltered Housing schemes. In the North of Ireland report (Boyle, 2012), almost all respondents (99%) reported that they felt safe in their own accommodation and in the area around the scheme.

Reduced feelings of safety and security were associated with having a part-time, or total lack of, an on-site warden. In both the UK and Scottish reports, residents were more likely to feel vulnerable at night and at weekends.

**Health and Support**
There is not a great deal of evidence on how sheltered housing models can impact on the health status of tenants. Many of those living in sheltered housing experience health issues. In a review of UK schemes (Pannell & Blood, 2012), tenants reported a wide range of impairments/ill-health: mobility (43%), physical health (40%), sensory impairment (12% visual, 15% hearing), chronic disability/illness (13%), and mental health (9%). Around 60% of those moving in reported a ‘disability-related requirement’.

However, the Institute of Public Care (2007) conveyed that findings from other reviews measuring the health status of the occupants of very sheltered housing schemes suggested that while occupants originally moved due to ill health, after a period of settling in they rated their own health as significantly better. It follows that a key benefit of sheltered housing is that it can significantly delay, or avoid entirely, a move to institutionalised care. However, in the Irish report, Cullen et al. (2007) observed that there is a gap in service provision between sheltered housing and institutional care such as nursing homes.

**Social connectedness**
The wider literature on ageing strongly suggests that greater social integration leads to positive outcomes in later life.

Sheltered housing schemes appear to offer benefits for social integration. A survey of residents demonstrated that 75% felt that sheltered housing schemes are ‘a good place to make friends’ (Pannell & Blood, 2012). England et al. (2000) highlighted the benefits of simply meeting and greeting others and feeling part of a ‘village’ community. In contrast to residential care, supported housing can afford older people with high support needs the privacy to conduct personal relationships.

Most tenants value the company of others in these schemes. In their review, Croucher et al. (2008) noted numerous examples of good neighbourliness and general support from other tenants. Notably though, having ‘your own front door’ was important to tenants, facilitating privacy and the choice of whom they entertained in their own private space.
Social activities are mostly positively viewed by tenants in sheltered schemes. Blood and Pannell (2012) cited examples of residents who participated in inter-generational activities, ‘timebanks’, fundraising activities and mutual befriending projects, which were all valued.

However, there may be barriers to social integration for older and more disabled tenants. One study of three schemes observed that residents who were oldest (aged over 83 years), depressed, or with significantly limited mobility were least likely to have made new friends since moving into sheltered housing (Field et al., 2002). Tenants with ill-health may not feel up to attending social activities, and those with limited mobility may have a fear of falling, especially in poorly designed spaces.

**Quality-of-life**

Quality-of-life of residents in sheltered housing is largely influenced by the living environment (Pannell & Blood, 2012). Better quality-of-life is associated with: ease of access, especially affecting those with mobility issues; adequate storage for equipment and items to keep living space clutter free; an extra bedroom or space for carers to stay; pleasant views and/or outdoor spaces, especially for those with limited ability to independently travel outside their home. In a survey of residents of Irish sheltered housing schemes, the environmental and support factors that participants valued most were: communal facilities such as a day room, treatment rooms for healthcare staff such as chiropody or physiotherapy, weekend staff, and external workshop space for hobbies.

A suitable environment is important for maintaining independence and promoting quality-of-life; the literature highlights the importance of ‘places and spaces’ for living. Ease of access to the home and ease of moving about the home are important to negate issues arising from limited mobility. As older people (especially those with limited mobility) may spend a lot of time in their home, outdoor space such as a balcony or private patio is valued. Enough space to store equipment is important, as is living space such as an extra bedroom for a carer.

However, past sheltered schemes have been criticised in some of these areas. In the Northern Irish and Scottish reports, tenants criticised lack of storage (especially in the bedroom and kitchen), lack of an additional bedroom for relatives’ or carer’s use, control of heating and ventilation, and access for wheelchairs. Hadjri (2010) reviewed 118 sheltered housing schemes in Northern Ireland and found that tenants felt that the use of the stairs was a great source of fear due to the lack of appropriate fittings. Hadjri further noted that tenants wanted kitchen windows to be more accessible and for water taps to be more user-friendly. Finally, tenants wanted floors and appliances that could be easily cleaned and maintained.

In the UK report, car parking was highlighted as an important issue, especially considering the younger demographic entering sheltered housing schemes. Other issues included not having a lift and heavy entrance doors unsuitable for frail older people.

The proximity of services in the locality can affect the quality-of-life of an older person and their ability to stay living in their home. The International Longevity Centre UK (ILC-UK, 2014) outlined that some of the most important services that are valued by older adults in their communities are local shops, public house, post office, library, general practitioner and pharmacies. These services are important not only from a provision point of view but also for social connectedness. Pannell and Blood (2012, p.5) list factors which may positively or negatively affect quality-of-life, including:

- personal factors (e.g. regular contact with family, ongoing community involvement, longer-term disabilities versus those acquired later in life);
- accommodation (e.g. space standards, location);
• on-site service provision (e.g. scheme manager/support model, quality of staff);
• availability of additional care/support (including specialist support; e.g. for people with a learning difficulty).

The authors also note that tenants’ views on their own quality-of-life may be influenced by expectations, for example, if they feel they have not been consulted or involved in changes.

Home for life?
One aim of sheltered housing schemes is to provide a home for life, in other words, the extent to which a move to supportive housing can be considered to be a final move, with the necessary supports available to enable the older person to age-in-place for the remainder of their life. Indeed, studies have consistently found that most residents hope to remain living in their supported housing for the rest of their lives (e.g. Shannon, 2010; National Conference of State Legislations, 2011; Wiles et al., 2011).

However, some research suggests that this may be problematic. In a review of the literature, Croucher et al (2006) found evidence to suggest that sheltered housing is often not equipped to meet the needs of people with advanced dementia or others with high needs, and thus cannot provide a ‘home-for-life’. Factors associated with 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 placements in other facilities; and the willingness of funders to pay for increasing levels of care for individuals (Croucher et al., 2006).

In the US, Frank (2001) observed that assisted living facilities in reality offer ‘prolonged residence’ rather than ‘ageing-in-place’. Thus, sheltered housing can be seen as a delay to, rather than an alternative to, residential care.

Evaluation of sheltered / very sheltered housing models
While there is a lack of empirical research in Ireland, evaluation of the UK extra care model has shown primarily positive outcomes (Netten et al., 2011). Most residents of these schemes report a good quality-of-life, and one year after moving into the schemes most enjoyed a good social life.

In a large study involving survey and interviews of sheltered housing tenants in Scotland (Croucher et al., 2008), most were very happy with sheltered housing. There were some criticisms, for example, a reduced warden service, not enough space in the home, accessibility problems, and being unsure of what the different charges were for. However, the great majority were overall supportive of sheltered housing and agreed that sheltered housing is a good place to live for older people.

A qualitative review of research evidence in the UK suggests traditional models of sheltered housing can promote self-determination (especially compared to care homes), safety/security, privacy to conduct personal relationships and opportunities for wider social interaction (Pannell & Blood, 2012).

The benefits of sheltered housing have been compared to independent housing in the community. Van Bilsen et al. (2008)
interviewed 317 older people at risk for institutionalisation either living in sheltered accommodation or living in mainstream houses in the Netherlands. The two groups did not differ in demographic details or functional status. However, those in sheltered accommodation had a higher perceived autonomy, sense of security, and quality-of-life. No differences were found with regard to subjective well-being or feelings of loneliness. Elderly people in regular houses needed more hours of housekeeping assistance. Those in sheltered accommodation participated more frequently in services like social activities and social restaurants.

Regarding financial costs, higher costs were associated with greater levels of physical and cognitive impairment and with higher levels of well-being, while lower costs were associated with combined care and housing management arrangements. Compared to residential care, costs in extra care model schemes were similar or lower.

A detailed case study of a UK extra care housing scheme found an increase in overall cost per person after moving into the scheme, but with an associated increase in social care outcomes and improvements in quality-of-life (Baumker, Netten, & Darton, 2010).

Overall, Netten et al. (2011, p.3) observed “better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.”

Prospective impressions of sheltered housing

While the research supports that people living in sheltered housing are satisfied and report a good quality-of-life, it is also interesting to examine the views and perceptions of older adults not living in sheltered housing. In the Scottish report on sheltered housing (Croucher et al., 2008), the authors explored attitudes to sheltered housing among older people who do not live in sheltered housing, using focus groups. The authors found that older people not living in sheltered housing can recognise the benefits of sheltered housing, and many thought that it might be an option they would consider for themselves. However, there were concerns about the size of dwellings, the accessibility of sheltered housing, and maintaining privacy. Contentment with their current homes mainly underpinned people’s decisions not to move.

Similarly, in the North of Ireland (Boyle, 2012), the findings of two focus groups with ‘younger’ older people not living in sheltered housing suggested that the benefits of sheltered housing are not always obvious to the target group who might be interested in it. Many participants had limited knowledge about such schemes, and there was a widely held perception that loss of freedom and independence and lack of privacy would discourage people from moving to a sheltered scheme.

Summary

Sheltered housing as a model of provision has grown in Ireland in recent years. Sheltered housing is a suitable option for older people who may not be able to live independently in their own home, but whose support needs are not great enough to warrant a move to residential care. The literature maintains that older people living in sheltered accommodation are highly satisfied with their homes and may attribute the move to better health and improved quality-of-life.

Some key features contribute to the success of a sheltered housing scheme. These include: a good location; homes designed for people with illness, reduced mobility, and dementia; providing a high level of security and support including on-site staff; and adequate indoor and outdoor space. Quality sheltered housing can be a cost-effective and preferred (by users and policy makers) alternative for older people who would otherwise move into residential care.
3.1 Introduction
This section describes the results of the first primary research study, which was a questionnaire survey of Clúid’s older tenants. The design of the survey was outlined in Section 1.

3.2 Distribution and Response Rate
Response rates to postal surveys can be low in older populations and in areas of lower socioeconomic status. We took a number of measures to minimise these effects: an information sheet about the survey was sent out prior to distributing the survey; two reminder text messages were sent out to all tenants who received the survey (after three days and after one week); all tenants were given the option of completing the survey over the phone.

In the initial information letter distributed, all tenants were given the option of opting out of the research. Those who opted out did not receive any more information about the survey. In total, 23 tenants opted out (17 in mainstream and 6 in sheltered schemes).

Similar response rates were achieved in mainstream and sheltered schemes. From the mainstream surveys, 182 were returned by the deadline, representing a response rate of 44.01%. The majority were completed by post (93.9%; 170/181).

For sheltered surveys, 198 surveys were returned, representing a slightly higher response rate of 47.7%. The majority were completed by post (86.9%; 172/198) though
more sheltered than mainstream tenants choose to complete the survey over the phone.

3.3 Results

Sample Characteristics
The two samples did not differ significantly by sex; across the two samples 55.4% (204/368) of respondents were male. With regards to age, those living in sheltered accommodation were older than those in mainstream accommodation (n = 377, p<.05). For a breakdown by age see figure 2.

Duration of residence. On average, respondents in mainstream accommodation were living in their current home for 6.9 years (SD=4.6; range 3 months - 20 years) which was significantly longer than respondents in sheltered accommodation who were living in their current home for 5.7 years on average (SD=3.6; range 2 months - 20 years).

Living arrangements. There were significantly fewer respondents living alone in mainstream housing (69.1%; 123/178) compared with sheltered housing (85.9%; 165/192). In mainstream housing those who were cohabiting mostly lived with a spouse (n=38), child(ren) (n=11), sibling (n=3), parent (n=2), aunt/uncle (n=1), other (i.e. partner, friend, nun; n=9). In sheltered housing, those who were cohabiting lived with a spouse/partner (n=22), child(ren) (n=1), sibling (n=2), aunt/uncle (.5%; 1/182).

In mainstream housing, 20.9% (38/178) of respondents were single, 21.9% (39/178) were married or living with partner, 17.4% (31/178) were widowed, 38.2% (68/178) were divorced/separated, and 1.1% (2/178) responded with ‘other’.

In sheltered housing, more respondents were single (36.4%; 72/193) or widowed (20.2%; 39/193), and less were divorced/separated (30.1%; 58/193) or married or living with a partner (10.9%; 21/193), or other (1.6%; 3/193).

Income. More than half of respondents in mainstream housing reported finding it ‘fairly difficult’ or ‘very difficult’ to make ends meet (57.23%; 103/180) while those living in sheltered accommodation found it easier to make ends meet with 50% (97/194) reporting ‘very easy’ or ‘fairly easy’ (see figure 3). There was a relatively high subjective perception
of poverty, especially among mainstream tenants, which would be typical of this tenant profile. It appears that in sheltered housing, rent and other expenses are more closely matched to tenants’ incomes. However, it is notable that a similar proportion reported it ‘very difficult’ to make ends meet as in mainstream housing.

Current Home and Support Needs Satisfaction. Participants were mostly ‘very happy’ with their home in both mainstream (57.47%; 100/174) and sheltered housing (70.0%; 133/190). Those in sheltered accommodation were significantly happier with their home (see figure 4). This reflects previous research with older people which found high levels of satisfaction with their home in sheltered schemes (e.g. Croucher et al., 2008).
An open-ended question explored why tenants reported being happy or unhappy. In mainstream housing, common reasons for being happy in the home were: houses and apartments were typically modern and well kept; affordable rent; having a nice garden; convenient locations; those which had adaptations for elderly and disabled; good landlords; good neighbours; good security presence in apartment blocks.

Respondents who were ‘neither happy or unhappy’ tended to be happy with their physical home but worried about declining health or feeling isolated e.g. “on top floor of block, feel isolated sometimes”, “due to long term health conditions and lack of transport location is problematic”.

For the minority of respondents who report being a little or very unhappy, common reasons were: not getting on with neighbours or antisocial behaviour, and issues with heating systems which were expensive or ineffective.

In sheltered housing, those who were happy with their homes reported feeling safe and secure, enjoyed a peaceful environment, valued the company of neighbours and staff, and being situated near facilities.

Those who were neither happy nor unhappy liked their house but not the location mainly if far from family, felt lonely, or, conversely, felt they lacked privacy.

The minority who were unhappy had issues with the amount of rent, heating, feeling confined, and having to give up a pet to move in.

Tenants in both groups were asked to state the ‘best’ and ‘worst’ thing about their present home. Examples that represent common themes are listed in table 1. Many of these themes are specifically related to issues affecting older tenants, in line with discussion in the literature review.

### Table 1
What is the ‘best’ and the ‘worst’ thing about your present home?

<table>
<thead>
<tr>
<th>Mainstream</th>
<th>Sheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>‘Best’ thing</strong></td>
<td><strong>‘Best’ thing</strong></td>
</tr>
<tr>
<td>“Nice and compact and easy to keep”</td>
<td>“I feel safe and know there is help if I need it. I am not completely isolated”</td>
</tr>
<tr>
<td>“My home is near to everything”</td>
<td>“Near all facilities”</td>
</tr>
<tr>
<td>“Overlooks a green”</td>
<td>“It’s very secure”</td>
</tr>
<tr>
<td>“It’s my home”</td>
<td>“Fairly easy to keep clean and homely”</td>
</tr>
<tr>
<td><strong>‘Worst’ thing</strong></td>
<td><strong>‘Worst’ thing</strong></td>
</tr>
<tr>
<td>“No neighbour contact, no social meeting point e.g. Social club”</td>
<td>“Not being able to have a dog”</td>
</tr>
<tr>
<td>“Noise from traffic (on main road) and poor sound insulation between houses”</td>
<td>“The cost of heating during the winter”</td>
</tr>
<tr>
<td>“No shower, just has a bath, needs [sic] it for disability”</td>
<td>“No balcony”</td>
</tr>
<tr>
<td>“No toilet downstairs”</td>
<td>“[Limited] storage space”</td>
</tr>
</tbody>
</table>
Physical design of dwelling. As seen in figure 5, the majority of respondents felt that the physical design of their home ‘met their needs very well’ or ‘met most of their needs’ in both mainstream (83.2%; 143/172) and sheltered housing (94.3%; 180/191). There were slightly more respondents in sheltered housing who felt that the design of their home met their needs ‘very well’ (59.7%; 114/191) than in mainstream housing (48.26%; 83/172).

In mainstream housing, respondents were happy with modern, easy to maintain houses, especially houses that were adapted for disability.

‘Very practical and well laid out with good size rooms throughout.’

‘It is a ground floor which helps not having to climb stairs especially as I get older.’

Of the 26 mainstream respondents who reported unmet needs, the most common reasons were not being able to use stairs, the need for a walk-in shower or ground floor toilet.

‘I was stuck in bath for one hour. People who are older should have a walk in shower.’

‘Stairs are steep now that I am 70+.’

‘Both of us have diabetes, and would appreciated a ground floor toilet.’

Respondents in sheltered housing were happy with manageably sized accommodation, often on one level or with a stair-lift, bathrooms converted for high needs, good security, and warm and cosy homes.

‘Nice open plan, warm and secure.’

‘Walk in shower, no steps or stairs.’
For the minority of respondents reporting unmet needs (5.7%; 11/191), the most common requirement was a walk-in shower where they had a bath; other reasons were:

- Adaptations / support features. Both mainstream and sheltered tenants were asked about their needs for certain features of a house (see figures 6 and 7). For every feature listed, a higher percentage of respondents in sheltered housing reported having the feature already, in line with the previous question where tenants in sheltered housing felt the design of their home better met their needs. For example, looking at the bathroom adaptations which were already highlighted as a primary area of concern in both groups, more respondents in sheltered than in mainstream housing had bathroom aids (56.2% [95/169] vs. 31.2% [49/157]), nonslip floor surfaces (85.7% [138/161] vs. 50.7% [74/146]), a bathroom with toilet and bath/shower on the ground floor (81.6% [133/163] vs. 56.4% [84/149]), and a toilet on the ground floor (86.3% [139/161] vs. 76.5% [124/162]).

The features needed most urgently by mainstream tenants were:
- Bathroom aids (17.8% [28/157] need now; 35.0% [55/157] may need in the future);
- Warden call (13.3% [19/143] need now; 38.5% [55/143] may need in the future);
- Front door spyhole and keychain (30.5% [47/154] need now; 17.5% may need in the future);
- Intercom (21.6% [32/148] need now; 22.3% [33/148] may need in the future);
- Adequate storage for walking aids, wheelchair, etc. (5.8% [8/139] need now; 25.2% [35/139] may need in the future);
- Parking and charging space for mobility scooter (4.5% [6/134] need now; 26.9% [36/134] may need in the future).

Clearly, home adaptations are critical to facilitate older people in mainstream accommodation to age-in-place, in so far as is possible. A greater number of these tenants expected to need adaptations in the future than required them immediately.

The features needed most urgently by sheltered tenants were:
- Bathroom aids (14.2% [24/169] need now; 20.1% [34/169] may need in the future);
- Adequate storage for walking aids, wheelchair, etc. (7.0% [10/142] need now; 25.4% [36/142] may need in the future);
- Front door spyhole and keychain (13.8% [22/159] need now; 13.8% [22/159] may need in the future).

Again, the design of sheltered housing dwellings which are purpose-built seem to meet their aim of being suitable for the needs of older people. However, some further adaptations, highlighted here, may be beneficial / required.

As seen in figure 8, few respondents across the housing schemes experienced difficulty owing to the size of their home, poor repair of home, home not adapted for reduced mobility, physical access to home, suggesting that these aspects of home design were largely suitable to current needs.

Outdoor space. The majority of respondents in both mainstream and sheltered housing had access to private outdoor space such as a garden, balcony, or patio; however, more people living in mainstream housing had this feature (83.5%; 137/164) than those in sheltered housing (69.3%; 104/150). This is significant as access to private outdoor space is important to older and less mobile people, helping to combat feelings of loneliness and depression. This was expressed well by one person living in a mainstream apartment who gave their reason for being somewhat unhappy in their home:
Fuel poverty. While most respondents across housing schemes found it fairly or very easy to heat their homes, almost one quarter experienced some degree of fuel poverty, i.e. 24.4% (90/369) responded with ‘fairly’ or ‘very difficult’ (figure 9). This is a sizeable and significant percentage of tenants, considering the serious health implications associated with fuel poverty. For those who found it difficult to heat their home, the reason most often quoted was the cost of gas/oil/briquettes. Storage heaters were seen as particularly expensive. Other reasons included poor insulation. One respondent in sheltered housing spoke of their fuel poverty:

‘Storage heaters [are] not affordable to me so I never use any form of heat during the winter. I tend to put on more clothing and to go to bed very early in the death of winter.’

Health. Overall, self-reported health status was similar in both mainstream and sheltered housing tenants (see figure 10). Although the difference was not significant, it is noteworthy that those in sheltered housing self-reported better health than those in mainstream. It is possible that the increased safety (see figure 11) and better home design/adaptations (figure 5) in sheltered homes contributes to perceived benefits to one’s health.

Of the mainstream respondents, over half of the sample were living with an illness or disability, or living with someone who has an illness/disability, that affects their daily
Figure 7
Sheltered

Intercom (i.e. to check who is at the door without opening)
Front door spyhole and keychain
Outside lights
Parking and charging for a mobility scooter
Adequate storage for walking aids, wheelchairs, etc.
Stair lift
Lever door handles
Bathroom aids, e.g. walk-in shower, grab rails, toilet adaptations
An entrance without steps
Wide doorways
Bedroom on the ground floor
Non-slip floor surfaces
Toilet and shower / bathtub on the ground floor
Toilet on the ground floor

My home has this feature
My home does not have this feature but it is needed now
My home does not have this feature but it might be needed in the future
N/A

Figure 8
Do any of the following cause difficulty for you, or anyone living with you?

Home too small for current needs
Home too big for current needs
Poor repair of home
Home not adapted for reduced mobility
Physical access to your home

Yes - causes difficulty for me
Yes - causes difficulty for someone living with me
No
Figure 9
Do you find it easy or difficult to heat your home?

Figure 10
How is your health overall?

Figure 11
Do you feel your neighbourhood is safe?
life (58.5%; 96/164) compared with 38.7% (67/173) in sheltered housing.

Mobility problems were also relatively common across groups; 29.2% (45/154) of respondents from mainstream housing had, or lived with someone who had, a mobility problem compared with 26.8% (48/179) in sheltered housing.

It is noteworthy that the percentage of people living with a serious disability or illness in mainstream housing is relatively high. It is possible that there are some people living in mainstream housing who would benefit from sheltered housing and subsequently a greater degree of support and improvement in health related quality-of-life. This could relate to a lack of knowledge about available housing options.

The neighbourhood. As can be seen in figure 11, respondents in both schemes felt that their neighbourhood was safe overall. However, those in mainstream housing reported feeling ‘very safe’ (30.68%; 54/176) less than those in sheltered housing (50%; 97/194). This is consistent with answers to the open-ended responses which show that sheltered tenants value safety and security as the main advantage of their accommodation.

About one quarter of those in mainstream (24%; 41/171) and one in ten of those in sheltered housing (9.9%; 19/191) reported having had an experience that left them concerned about their personal safety. These were typically in the form of antisocial behaviour in the locality or neighbourhood break-ins. A minority reported very serious crimes such as assault.

Overall, as shown in figure 12, respondents once again reported quiet neighbourhoods (84.1% [311/370] reported ‘very’ or ‘mostly’ quiet) though more respondents in sheltered housing reported a ‘very quiet’ neighbourhood compared with mainstream (30.11% [53/176] vs. 50.0% [97/194]).

Location. Tenants in both housing schemes were overall well-situated with many important facilities available within walking distance of their homes. There was an overall trend for those in sheltered housing to report more facilities within walking distance than those in mainstream housing (see figures 13 and 14). This is important in respect of promoting social integration and contributing to a better quality-of-life. Location may be one factor underpinning the earlier finding of sheltered tenants reporting being happier in their home than mainstream tenants.
Figure 13
Mainstream

Figure 14
Sheltered
Health and support services. Tenants in mainstream housing only were asked if they would like help with some activities or access to information (figure 15). Across the categories, few respondents were already receiving such help; however, few felt that they would need such extra help in the future or at all. The two categories for which respondents most often ‘needed help now’ were alarms – where sensors in your home detect problems and send help to you at once (21.8%; [34/224]); and help with minor repairs e.g. changing a light bulb or a fuse (15.7%; [26/214]).

It is again noteworthy that while over half of the mainstream sample were living with an illness or disability, or living with someone who has an illness/disability, surprisingly, few feel they need extra help. This could possibly be related to a lack of knowledge about the options available for support.

Looking at health services, respondents in both mainstream and sheltered housing used similar services; however, the services were used more frequently by those in sheltered housing. This is interesting as those in sheltered housing self-reported better health and may reflect the effect of good services on perceived health. The services most commonly used in the previous year are listed in table 2:
Looking to the future. This section asked respondents to indicate their level of agreement or disagreement with five statements concerning their future. Answers can be seen in figures 16-19.

It is noteworthy that older people in sheltered housing were more confident that they would get the required supports to stay living in their home as they age (figure 16). This echoes the need for home adaptations in mainstream housing to facilitate ageing-in-place. However, those in mainstream housing were also less confident that their homes could be easily adapted for their needs, reflective of figures that suggest many older people in Ireland are living in unsuitable houses.

A mixed response met the statement ‘I worry about having to move from my home into accommodation such as a nursing home’ (figure 18). However, there were notable worries with about half of all older people surveyed having some worries about moving to a nursing home (49.1%; 170/346). Those in sheltered housing felt better informed about their options for housing and support as they age, perhaps reflecting the increased support and information already received from staff from the sheltered housing scheme and the wider organisation.

Moving. If given the option, most respondents in mainstream housing would prefer to stay in their current home than move (65.3%; 27/170), some were equivocal (18.8%; 32/170), and 15.9% would like to move (27/170). Those who wanted to move would prefer other Clúid social housing (n=30), Clúid sheltered housing (n=10), or a nursing home (n=2).

The most common reasons for wanting to move were: house unsuitable (n=21), no social life or not enough friends nearby (n=12), neighbourhood unsafe or noisy (n=8), illness or unable to cope with present home (n=6), facilities needed are not convenient (n=4). Other reasons given (n=11) included not managing stairs, insufficient public transport, wanting own garden etc.

Some respondents suggested adaptations that would make their home more suitable to their current needs. These included: walk-in showers, stair lift, bathroom adaptations, garden or garden shed, and better heating systems. Others foresee the need for such adaptations in the future.

It is interesting that even though many in mainstream housing had an illness or disability, so few considered sheltered housing as an alternative. This perhaps reflects previous findings which suggested that the benefits of sheltered housing are not always obvious to the target group who might be interested in it (Boyle, 2012; Croucher, 2008).

When sheltered housing tenants were asked ‘would you like to move from your current home, if you had the option?’ most respondents answered no (75.8%; 138/182),
Figure 16
I am confident that I will get the support I need to stay living in my own home as I get older

Figure 17
My home could be easily adapted to my needs as I grow old

Figure 18
I worry about having to move from my home into accommodation such as a nursing home
others said maybe (12.1%; 22/182), or yes (12.1%; 22/182).

Common reasons for wanting to move (or being unsure) were: wanting to be closer to a town or city centre, wanting to move closer to family, public transport is insufficient. This reflects previous findings which highlighted the importance of the location of a scheme to the quality-of-life of its tenants.

The main adaptation required for current needs to enable ageing-in-place was a walk-in shower and/or grab rails in the bathroom. Extra support anticipated future needs included improved wheelchair accessibility, stair lift, increased home help, more coffee mornings or events to combat isolation.

The move into sheltered housing. Tenants in sheltered housing were asked an extra set of questions regarding their move into sheltered housing. As can be seen in figure 20, levels of satisfaction following the move were high, 71.1% (133/187) of respondents were ‘completely satisfied’. The main themes
including exemplary quotes are outlined in table 3. The key themes are similar to those in previous research with safety and security featuring prominently.

Participants were also given a list of statements and asked to indicate any that they felt represented an ‘advantage’ or a ‘disadvantage’ of living in sheltered housing; the results can be seen in figures 21 and 22. As can be seen, many more participants endorsed advantages rather than disadvantages. Once again, independent living (n=171) followed closely by feeling safe and secure (n=170), were listed as the primary advantages of sheltered housing. The disadvantages included: the service charge being considered expensive (n=57) and being unable to keep a pet (n=47), a finding which is reflected throughout the open-ended responses in this survey.

Social contact and meeting people. Most respondents had social contact every day of the week. However, about one-quarter (24.2%; 44/166) of respondents in mainstream housing experienced days each week where they had no contact with neighbours or friends; for these people the average days spent each week with no social contact was 4.5 (SD = 2.0; range = 1 to 7). This was compared with 15.1% in sheltered housing who experienced days during the week when they have no social contact. For these respondents, the average number of days with no social contact was 3.4 (SD = 2.0; range 1-7).

Engagement in social activities was also proportionately lower among mainstream housing tenants; just over one-third (36.8%; 63/171) of respondents regularly joined in the activities of a local social organisation compared with about half (55.7%; 103/185) of those in sheltered housing. Just under three-quarters (72.2%; 117/162) of respondents in mainstream housing felt like a part of their community, compared with the majority (93.5%; 172/184) of those in sheltered housing.

This is notable as there were more people living alone in sheltered accommodation than in mainstream. This would have suggested that those in sheltered accommodation were more at risk of loneliness and social exclusion. However, it appears that living in a sheltered

### Table 3

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and security</td>
<td>“Enjoy feeling safe and secure”</td>
</tr>
<tr>
<td>Independence</td>
<td>“Because I have gained independence and security”</td>
</tr>
<tr>
<td></td>
<td>“I live on my own. I am independent yet have friends around me when needed.”</td>
</tr>
<tr>
<td>Support when needed</td>
<td>“Because of the support and convenience and friendliness. Support from staff. Everything very well kept, clean and bright”</td>
</tr>
<tr>
<td></td>
<td>“Clúid and its employees assist us very well and take a lot of pressure off people on their own. It makes for security and safety”</td>
</tr>
<tr>
<td>Friendship / community</td>
<td>“I have made many new friends here”</td>
</tr>
<tr>
<td>Meets needs</td>
<td>“There is excellent supervision by our manager of the needs of all of us “oldies“ and I feel confident of the future when I need same”</td>
</tr>
<tr>
<td></td>
<td>“It satisfies all my needs in every way”</td>
</tr>
</tbody>
</table>
Figure 21
Disadvantages of Sheltered Housing (N=198)

- Service charge is expensive: 57
- Can’t keep pets: 47
- Miss previous home: 23
- Took a long time to readjust: 18
- I don’t have the same level of social contact (neighbours, family, friends): 13
- Less independence than previous home: 13
- I feel isolated even though I live near to others: 10
- House is too small: 4

Figure 22
Advantages of Sheltered Housing (N=198)

- Independent living: 171
- Safe and secure: 170
- 24 hour emergency call system: 158
- Near facilities/services that I need: 156
- Someone on hand if I need help: 153
- Communal areas and facilities: 138
- Improved social contact - companionship/friendship with other residents: 135
- Outings and organised activities: 122
community has significant benefits for social integration and well-being. As discussed in the literature review, social integration has benefits for the physical, cognitive and emotional well-being of older adults.

Finally, few tenants in either group wanted volunteer or friendly call services immediately. However, more would consider such services in the future, with little difference between the groups (analysed together; see figure 22). It is important to develop such services now to meet future need; for example, a volunteer service where someone calls to the home once or twice a month for friendship and social contact. It is important to note that these results may under-represent the true need for a volunteer or friendly call service. Often people don’t really see themselves as needing a ‘service’ for social interaction. In practice, these services are often framed so that the friendly call visitor is seen as a friend rather than providing a service. Hence, it may be that more people would endorse such activities if they were fully explained as being more informal and provided by local people.

At present, more respondents wanted further information regarding services and initiatives available in their local area. This is important as the results were suggestive of a lack of awareness, and therefore uptake, of available supports.

Technology. Respondents from both mainstream and sheltered housing were equally likely to own a computer, laptop or tablet and have access to broadband. However, a greater percentage of those in mainstream housing than in sheltered housing would consider using technology for safety and security (76.7%; 132/172 vs. 55.6%; 101/182) and health monitoring (69.5%; 114/164 vs. 53.1%; 94/177). This suggests that assistive technologies may be more suitable for supporting older people in their own home in mainstream housing while other supports such as an on-site warden and alarms are preferential for those in sheltered accommodation.

Summary

This survey met the overall research aim to investigate the housing and support needs of Clúid Housing’s older tenants. The following section provides a quick overview of the key figures and findings:

Demographics
- Tenants living in sheltered housing were older than those living in mainstream housing. They had lived in their current home for less time and they were also more likely to be single or widowed and living alone.
- Mainstream tenants perceived themselves to have less disposable income than did sheltered housing tenants. Expensive service charges were sometimes mentioned as a disadvantage in the open-ended responses.

Satisfaction with current home
- Sheltered housing tenants were happier with their home than mainstream tenants though both groups were much more happy than unhappy.
- As in previous research (e.g. Croucher et al., 2008), there were high levels of satisfaction with sheltered accommodation; 90% were ‘completely’ or ‘somewhat’ satisfied with their home. Many more advantages were endorsed (primarily independent living and safety and security) than disadvantages (primarily expensive service charges and not being allowed a pet).

Design of home
- The physical designs of sheltered housing dwellings - which are purpose built - seem to meet the needs of older people.
- Older people across the schemes have similar needs. Home adaptations, critically, adaptations in the bathroom, are necessary to improve the independence and safety of older adults. Unsuitable homes lead to fear and anxiety for older people, especially around using the bathroom and stairs.
Tenants in mainstream housing were less likely to have these adaptations in place.

While the majority of people have access to private outdoor space, there are sizeable numbers who don’t, especially in sheltered housing. Safe outdoor space is important to older and less mobile people; it helps combat feelings of loneliness and depression. Indeed, many sheltered respondents reported in the open-ended questions that not having a garden was a major disadvantage of their home.

About the same amount find it easy to heat their home; in both groups fuel poverty affected about 1 in 4 homes.

Illness or disability
- There were higher reported levels of illness and disability among mainstream tenants than sheltered housing tenants.

- It is noteworthy that while over half of the mainstream sample were living with an illness or disability, or living with someone who has an illness/disability, very few feel they need extra help. It is possible that there are some people living in mainstream housing who would benefit from extra support in their home or moving to sheltered housing and subsequently a greater degree of support and improvement in health-related quality-of-life. This could relate to a lack of knowledge about available housing options / options available for support.

Neighbourhood / location & social contact
- There were high levels of satisfaction with neighbourhood from both mainstream and sheltered tenants. Sheltered housing tenants were slightly more satisfied and felt that their neighbourhoods were safer and quieter.

- Tenants in both groups were well situated with the important services within walking distance.

- Sheltered tenants had more social contact than mainstream tenants even though there were more people living on their own in sheltered accommodation. Furthermore,
they were more likely to engage in social activities and to feel a part of their community. However, it appears that living in a sheltered community has significant benefits for social integration and well-being. As discussed in the literature review, social integration has benefits for the physical, cognitive and emotional well-being of older adults.

Looking to the future

- Sheltered housing tenants are more likely to believe that they will get the supports they need in the future.

- Mainstream and sheltered tenants worry the same about moving into a nursing home; this worry wasn’t linked to perceived levels of current or future supports.

Desire to move

- Most people didn’t want to move. Slightly more mainstream tenants than sheltered tenants wanted to move.

- It is of particular relevance that more tenants living in mainstream than in sheltered housing were either living with an illness or disability affecting their daily life, or living with someone else so affected; were more worried about being forced to move to a nursing home; were less confident about receiving necessary supports in the future; and felt less safe in their neighbourhood. However, few wanted to move, and even of those who would consider moving, few viewed sheltered accommodation as an option. This appears to be related to a lack of knowledge about housing and support options. Indeed, in this survey just over a third of mainstream tenants felt confident that they know all of the options available to them with regards to their housing needs as they get older. This is substantiated in previous research in the North of Ireland (Boyle, 2012) which showed that older people had limited knowledge about sheltered schemes and that there were widely held misperceptions about these schemes such as a loss of freedom and independence. Further information is needed to empower older people to make the appropriate choices about their own future care and housing options.

Information and volunteer services

- Presently, more respondents in all schemes want further information regarding services and initiatives available in their local area. This is important as the results were suggestive of a lack of awareness, and therefore uptake, of available supports.

- It is important to develop such services now to meet future need; for example, a volunteer service where someone calls to the home once or twice a month for friendship and social contact.

Technology

- Equal proportions had access to broadband. More mainstream tenants would consider using assistive technologies than would sheltered tenants.
Section 4: Focus groups

Research questions:
What are the main housing and support needs of older people?
What housing models are best suited to meeting these needs?

Demographics
Each focus group was conducted in a private room without distractions in a location convenient for participants, typically a community room. Focus groups lasted approximately 45 minutes.

In total, 31 people participated in six focus groups, three groups each in sheltered and mainstream housing schemes. Of the sample, 16 were female, the average age was 72 years (SD=8.8 years; range=60-96 years).

Results – Mainstream
Preferred place to live
Most tenants were very happy with their current home. One participant called her current home ‘paradise’ in comparison to her previous council house. Some took time to adjust, for example, moving from a house to a smaller apartment; however, most were very happy once settled in. Rents were generally accepted as affordable.

Nearly every tenant wanted to stay living in their current home in the future as they age:

“I stay there as long as they leave me stay there.”
The groups were not very aware of the different housing options available to them, and were not very interested in looking into other options as most were happy where they were. The process of moving house was seen to be very stressful. One housing option discussed was a nursing home, but tenants unanimously viewed residential care negatively.

“I don’t think anybody, and listening to television there and hearing what’s going on in nursing homes, I don’t think anybody would be in their right mind to think or contemplate going into one.”

Most were uncertain about what sheltered housing was, however, there was a general perception that sheltered housing was only for very ill or disabled people. Some were unsure whether they would have complete freedom living in sheltered accommodation, or if tenants there were restricted or confined in some way. One tenant felt that moving into sheltered accommodation would make one age more quickly, associating it with a nursing home:

“I think that it’s better for us to have our independence ‘cause as you said it’s like a home going in and they’d look after you and make sure of this and that but to me that’s – you’re getting too old before your time. You need to integrate, this nun drives up to town, this lady goes up to town, I walk up to town, that lady walks to town.”

These discussions shed further light on the results of the survey which evidenced high support needs among mainstream housing tenants, yet few who would consider moving to other accommodation. It may be that in comparison to their previous accommodation, their present home was far more suitable, if not ideal. Not wanting to go through the hassle of moving again may also contribute. Further information about all of the housing and support options available to them is vital to inform older people to make the best decisions regarding their own housing needs.

Ageing-in-place and Adaptations

Independent living for the future was on the minds of many. While it was clear that tenants’ preferences were to stay where they were currently living, some did accept that in the future their needs may change and that this may not be possible without appropriate supports:

“Participant: I suppose one of the things that would be – well it’s certainly on my mind, and it would be the older I get – is independent living.”

Group: [murmurs agreement].”

Tenants were aware of their changing needs as they age, and many had a clear understanding of what adaptations needed to be made. One participant said that making appropriate and timely adaptations would ‘give [older] people more confidence in life.’

The most common adaptations needed were those concerning the bathroom, which was seen as the most dangerous room of a house for an older person. Many tenants

In total, 31 people participated in six focus groups, three groups each in sheltered and mainstream housing schemes.
were fearful of having showers and afraid of slipping and injuring themselves:

“Participant 1: It’s my sister’s just come over, anytime I want to have a shower, I have to have someone there, you know, because I’m afraid of my life I will slip.

Participant 2: It is, they’re very dangerous.”

Baths may be inappropriate for older people with health problems such as high blood pressure. Furthermore, walk in showers are essential, as stepping over the side of the bath to get into a combined shower was also dangerous. Other adaptations that tenants had made themselves, or needed to make in their bathrooms, included raised/adapted toilet seats, a seat in the shower, and grab rails around the toilet and the shower. A downstairs toilet was also important.

Outside of the bathroom, other adaptations were needed to ensure older people’s needs were met. Stairs were an issue for older people. Some felt a stair-lift would be beneficial. However, others suggested that even a handrail either side of the stairs would immediately make climbing it much easier and safer.

“Even for people going upstairs, just a smaller handrail on the opposite side, it’s other little things that other people mightn’t even be thinking of, we have to think of that.”

Many would have appreciated living in wheelchair friendly houses, not only for their own current or future needs, but also to facilitate visits of friends or neighbours who may use a wheelchair. Even minor aspects of the physical layout of the house may be dangerous for older persons; for example, high presses which necessitate climbing up on chairs to reach them, which can be dangerous.

Participants wanted adaptations made sooner rather than later for peace of mind. As one participant pointed out, ‘there’s nobody getting any younger’. Participants who lived in houses which had already been adapted took comfort from knowing that the adaptations are there when needed:

“Well I had to do a lot of work to my place a couple of years ago when my Betty was ill that time, she had cancer and died a couple of years ago, and I got a chairlift, the stair lift in and the bathroom fitted, fittings put in grab rails and stuff like that. But it was costly at the time but we needed it. But now I know myself that it’s there for me, you know.”

While adaptations were seen as critical, they were seen as expensive or ‘astronomical’ for older persons with lower incomes. Grants were fragmented and sometimes difficult to obtain.

In one group, tenants spoke of how adaptations had been dismantled after a couple moved out. This was seen as wasteful as future tenants may be able to benefit from these adaptations. However, the group did concede that this way of thinking is changing, and that the importance of adaptations is being realised.

“Participant 1: [The couple living] above me moved out, they got a house and he paid about 3 or 400 quid and Clúid paid the rest. When he moved out there, his wife, they got house, well then Clúid said remove that, Ted removed it and flung it in the skip.

Participant 2: A couple thousand quid’s worth.

Participant 1: Leave it there.

Participant 2: That’s a shame isn’t it?

Participant 3: You never know who comes after you.

Participant 2: In fact, the <unclear> who moved in afterwards, he could have used it.

Participant 1: I know, he has very bad hips.
Participant 2: He probably would have used it, you know.

Participant 1: It’s probably all changed now."

It is clear from these discussions that living in well-designed homes with appropriate adaptations can improve the perceived safety and independence of older people. There is a wealth of research to substantiate this, linking the quality of the built environment to physical, cognitive, emotional, and social health in older adults. The timeliness of adaptations is critical to avoid admissions to hospital or long-term care facilities.

Outdoor Space
Participants valued outdoor space where this was available, such as a courtyard or a low maintenance garden. Somewhere to sit outside the home was important for social contact, where neighbours passing by might stop for a chat, and also as a neutral space to meet neighbours without having to invite them into the home:

“We have benches [in other apartment complex]. We have five or six benches and I have only to open me door, I’ve a bench before there and I’ve all flowers and everything.”

In one focus group, tenants lived in an apartment complex with a shared courtyard. However, as the ground floor apartments opened out into this courtyard, tenants from higher floors sometimes were not comfortable going down to use the courtyard feeling that they were in their neighbours’ space.

The literature supports that private outdoor space is important for older people for a number of reasons, including exercise and hobbies (e.g. gardening), for health (e.g. exposure to vitamin D), for social gains (as a space to interact with others), and for emotional health (to avoid feeling confined, especially those with limited mobility).

Heating
Fuel poverty affected some of the participants in these focus groups. The price of fuel was the primary factor, with storage heaters particularly expensive. One participant described her experience of fuel poverty:

“So you couldn’t afford to have the heat that we had before and I had to get a stove because it ended up that at about 8 o’clock at night that it just got so cold that I just had to go to bed. And I went to bed so many nights just to keep warm. And I did get a box stove myself and it has made a big difference, but the houses are cold.”

Tackling fuel poverty is critical as it is linked with adverse outcomes, including morbidity and mortality in older people (NPAS, 2013).

Social and Transport
A key issue identified as affecting older people was loneliness. Participants agreed that getting out of the house regularly was very important for mental and physical health. The group also identified that some people will be less outgoing than others and may need encouragement, or people calling to the house to check on them, to keep up social contact.

Neighbours were a very important social support. In all of the groups there was a strong sense of community support where neighbours looked out for each other. It gave individuals peace of mind to know that if they were not seen for a day or two, or, for example, did not open their curtains in the morning, that somebody would call to check on them. Some gave a trusted neighbour a key in case of emergency.
A group most vulnerable for social isolation were those living on their own who had no family living close by. One gentleman worried:

“My personal concern would be, I have health problems and as I’m getting older my own family are quite a bit away from me.”

Such people living on their own are ‘very much dependent on some sort of kindly neighbour.’

Another key person in the community is a caretaker. Two groups had lost their caretaker in recent years. However, the group with an active caretaker was very appreciative of him for both practical and social reasons. One woman described how the caretaker worried if she was not seen for a few days:

“Participant 1: I was away last year for a couple of weeks and it was good enough of the caretaker here. My car was parked outside, he saw the build-up of post and he rang me. He was worried that I was in the house! And that I hadn’t been seen.

Participant 2: Ah, isn’t that good to know that they are looking out.

Participant 1: It was just so good to know and I mean when I came back I told Clúid about it because I felt it was really considerate, and anything could have happened! I could have fallen in the house, and I could have been gone!”

One group were in the process of setting up an official neighbourhood watch scheme. This gave the residents peace of mind, with defined channels to follow in case of an incident. Neighbourhood watch signs displayed in windows and extra security cameras were also seen as an excellent deterrent to anti-social behaviour.

A neighbourhood with a mix of ages was also seen as a benefit. The literature would also suggest that intergenerational programmes, or even informal connections, are beneficial to both young and old. In these focus groups, younger neighbours were good to check in on older neighbours, help with household tasks, or provide transport:

“The neighbours are absolutely fabulous. The younger ones are, they really look after us, you know.”

Older tenants also appreciated having children (with some exceptions concerning noise and antisocial behaviour) in the neighbourhood as they ‘bring life to’ the area:

“Also we have the advantage of having young families also living in around us and you get the children about and it gets you a bit of life.”

As loneliness is one of the major issues affecting over two-thirds of older people, (Golden et al., 2009) having an integrated social network including all of the individuals listed here is very important for social, emotional and physical health.

Safety and Security

Most participants worried about their safety and security to some extent, and these were seen as major issues for all older people. Older people who were living alone were also more vulnerable with regards to their personal safety. As seen in the survey, those living in mainstream accommodation felt particularly unsafe. Feeling vulnerable was a persistent theme across the groups:

“We’ve a nice ageing community together so we need to be protected.”

Falls were of major concern to many older people, even those with relatively good health and mobility. This is consistent with national Irish data showing that 40% of those aged over 75 have a fear of falling (TILDA, 2011). Some people managed their safety by always keeping their mobile phone on their person. Personal alarms were seen as very useful, even ‘necessary for older people’. However, the expense of this equipment was a barrier to many. Furthermore, these
required an active landline in the home, which some did not have. Some wondered if Clúid could provide alarm systems similar to those in the sheltered schemes with switches on the walls that would put you through to a person who would be able to call emergency services on your behalf:

“When you’re living alone, it’s comforting to know someone is always there.”

Participants suggested that Clúid should keep a set of keys for their tenants’ homes, as well as contact information for next of kin and important medical needs in case of emergency.

Participants worried about the security of their homes. It should be noted that many worried about security issues and felt vulnerable although they had never actually experienced a serious incident. Installing appropriate security and safety features is very important for peace of mind. Some worried about potential break-ins, in particular, where the front door had glass panels so you could not check who was at the door without being seen. Others were more worried about the area outside the home, such as the streets or their garages:

“Participant 1: As far as I know but, eh, the gates, I don’t take my car out in the evening, I take a taxi because I won’t go into the garage in the evening. It’s too dark, they open and anyone can follow you in …

Participant 2: When I get a taxi I tell him wait until I’m in.”

Participants felt that automatic gates, fob keys and security cameras at entrances would all help to improve their sense of security.

**Information needs**

Access to information and entitlements came up frequently, reflecting the survey result that 29% of people wanted further information about initiatives and services for older people in their area. Participants in the focus groups felt that older people needed to stay informed of their rights and options as they age. Some who were comfortable with technology recommended key websites, such as ‘Age Action Ireland’.

Many felt that Clúid have a role in communicating this information. Appropriate channels included local message boards and meetings, and national information leaflets and booklets posted to homes:

“Now the information… I would take hope that Clúid at some stage would be able to appoint somebody to be able to coordinate all of this information for everybody across the whole group and have it there and maybe even produce a booklet maybe once every couple of years. Printing can be expensive, I know … but just a booklet every couple of years with all this updated information about what you’re entitled to, where to go about it, where to get it, what courses you can do, what’s suitable, what holidays, where you go to get nice cheap holidays, all that kind of thing.”

**Clúid housing**

Participants had lived in a myriad of different types of accommodations previously, and most were happy with their current homes. Participants appreciated the support provided by Clúid, for example, with organising repairs which they may not be able to sort for themselves:

“I’m very happy with Clúid, myself. I’m very happy to be in there. I think myself, they’re fantastic. Any jobs that need doing, they are good. There are people who work for Clúid down there, contractors, they come out do the work for you, no trouble. I say that they’re a great organisation.”

In the survey, a key benefit of living in Clúid social housing was the extra support. Staff members were seen as friendly, and overall there was a perception that the organisation
‘cared’. One woman said ‘when I needed a place in the beginning they were there to look after me’. Tenants felt overall that their views were being listened to, and especially appreciated filling out surveys which showed that Clúid were interested in their views and valued their input into their own housing needs. Tenants also appreciated that Clúid were willing to work with them in times of difficulty, and that they would not be immediately evicted if they ran into trouble:

“They have good ways and good techniques where people get into difficulty and think if you talk to them they sort it out. There won’t be an immediate out.”

One issue that was raised in both mainstream and sheltered schemes was that some participants disliked the more informal mechanism of the call centre in Dublin that lacked ‘local knowledge’. It did not seem to matter that their queries would still be seen to efficiently, which they were; it was more a dissatisfaction with a perceived lack of friendly interaction/contact from Clúid representatives. This seems to have been a change in more recent years:

“Participant 1: Well, I think it [social contact from Clúid] did exist going back a lot of years; you used to see regularly someone from Clúid coming round for different things. But obviously Clúid itself is getting bigger …

Participant 2: But I think she should pop around once every month. They’ve got the keys.

Participant 1: They would also get to know us more so than us knowing them. Because each one of us has our own individual problems.”

Results – Sheltered

Experience of moving into sheltered housing

The majority of tenants who took part in the focus groups were overall very happy with their move to sheltered accommodation, mirroring the survey results. Tenants felt that they were ‘very lucky’ and ‘over the moon’ to have gotten into the schemes, and some compared it with ‘winning the lotto’. Tenants saw their sheltered scheme homes as ‘a wonderful place to live’.

Prior to the move many tenants were unsure about what their options were. They felt that the process of being on a list and acquiring social/sheltered housing was not transparent. One gentleman summed up the group feeling by saying “the system is not right at all”. There were perceptions that those who did not fulfil a certain status (being single for example) would never get a house. Tenants felt that it was due to luck and chance that they got into the accommodation. Tenants did not fully understand the process of acquiring social housing, with one woman’s experience being typical of many:

“I was registered with them and one person came to me in [town] and said why don’t you try the RS... eh… Rental Scheme Allowance or something like that. Whatever that was, I had no idea what that was and still don’t, however.”

Most tenants had not heard of Clúid prior to being approached, and many did not know what a sheltered housing scheme was. Tenants heard of Clúid through informal channels such as from friends, or, in one case, following a suggestion from a doctor, or often when Clúid first contacted them through their name being on a waiting list for council housing.

For many, financial reasons were a factor motivating their move. The primary reasons cited for moving to sheltered accommodation specifically were security and peace and quiet, again reflecting the survey findings:
“I had a three bedroom house with a garden on my own … Saturday night kids [might throw] a bottle or something if they saw your face at the window … It can be a bit nerve wracking living in a house on your own because people can come in back or front of the houses over in [other estate].”

It is apparent that while tenants are overall happy in sheltered accommodation, they did not previously have a lot of information about their housing options, including sheltered housing. Simply, this lack of information and understanding may explain the significant numbers of older people with high needs who say they do not wish to move to sheltered housing, or at all. Conversely, most of those surveyed and interviewed were now content in their move.

Advantages of Sheltered Housing

Quality-of-life
Most tenants reported an improvement in overall quality-of-life following their move into sheltered accommodation. Many were happier now:

“Researcher: So would you say your overall quality-of-life is better?

Participant 1: Oh, mine is way better. I’m far more happier [sic.] in myself.”

Others saw improvement in health-related quality-of-life, with perceived benefits for long-term health:

“Researcher: What difference has living in sheltered accommodation made to your overall quality-of-life?

Participant 1: Well, it’s marvellous. I can’t complain.

Participant 2: We’re living longer here.”

While many remarked that they had moved from worse standards of accommodation, some were accustomed to bigger houses. One tenant, who had lived in a large home with a beloved garden, still felt that on balance his quality-of-life had improved by the move:

“I think the quality-of-life is way better as Neill said. We were in a three bedroom and we had a garden and a couple, workshop etc. but we just said goodbye to all that and I mean that’s the way it goes. We’ve got a little what we would call a cubby hole now that we call our shed. Once we got used to the downsizing, you know. It’s definitely better quality-of-life.”

For another tenant, sheltered accommodation is costing him more than rented accommodation, but he feels the extra expense is worth the improvement in his quality-of-life:

“Well, I was on the council list for years. I lived in private accommodation, which private accommodation to me is absolutely appalling. They’re getting away with blue murder. It was nothing to do with the money, lady. It was cheaper for me living in this private landlord’s accommodation than coming here. But the difference between Clúid’s housing and private housing is like a Mini and a Rolls Royce. That’s the difference. And that’s the reason why I’m very satisfied with Clúid housing. I think it’s excellent. The accommodation, the heating, the layout and the gardens are tremendous and I’m delighted to be in here.”

Tenants felt that Clúid cared about them, and felt like they had more support living in sheltered accommodations. Many survey respondents also listed their scheme manager as being a benefit of living in sheltered housing:

“I think Clúid looks after us very, very well.”
“There’s a caring kind of an attitude with Clúid and I like that.”
It is clear that sheltered accommodation promotes a good quality-of-life for those who have ‘down-sized’ in the move and for those who were living in poorer circumstances previously. Sheltered housing can contribute to quality-of-life through promoting independence, safety and security, the extra support provided from on-site and off-site staff, etc.

Physical home and facilities
Tenants were happy with the overall quality of the homes, especially when compared to their previous accommodations. Most felt that the rents were affordable and fair. Important aspects of the built environment related to tenant satisfaction were private outdoor space, homes which were easy to heat, and being close to amenities:

“I’ve often said if I did win the lotto I probably wouldn’t give the place up. It’s fabulous.”

Tenants viewed their accommodation as their ‘home’, and this was closely linked with their ability to personally decorate and make changes in their homes:

“We’re allowed paint our own apartment and we’re allowed decorate. That’s great.”

While there were some building problems discussed, in comparison to previous homes these were usually minor. This comparison may go some way to explain the very high levels of satisfaction with sheltered homes:

“So because, I mean, you look at the way other people live, you realise how lucky we are. We really are very lucky.”

An important factor in promoting independent living was the provision of key facilities on-site:

“Participant 1: We’re lucky, like, there’s a touch button for the heating and hot water, there’s a laundry over there and dryer. I mean, everything is there. All you need is food.

“Participant 2: Everything is laid out for us.”

Social and Community
Loneliness was seen as one of the major issues facing older people, also supported by a large body of research. It follows that a major advantage of sheltered accommodation discussed by tenants across all of the focus groups was the company and social contact that it provided. Good community spirit was seen as important for a number of reasons. It was important to combat loneliness through day to day social contact with neighbours and friends, as well as organised events held in the common rooms, or day trips for special occasions. Neighbours looked out for each other, and would worry about each other’s safety if someone was not seen for a period of time:

“Participant 1: At the end of the day, we all kind of look after one another, don’t we? [Agreement from group]

“Participant 2: We’re there, that’s right.”

Some people spoke of the community in sheltered housing as a ‘family’. Many people who were living alone and were bereaved, or living a great distance from relatives, were at risk of experiencing loneliness and were especially grateful for the company and support of neighbours in the schemes:

“We’ve got a little family here, you know, and we look out for each other, you know.”

This substantiates the survey results which showed that people living in sheltered housing had relatively more social contact, and engaged in more social activities than their peers living in mainstream houses. This is also reflective of past research where tenants felt that sheltered housing was a good place to make friends (Pannell & Blood, 2012).

Safety and security
As stated, the issue of safety and security was most often the primary motivation for moving into sheltered accommodation and was seen as a primary advantage by those living there.
Safety features that were seen as particularly beneficial were those inside the individual homes, such as personal alarms and falls alarms. Some people had no experience of using the alarms. However, knowing that they were there provided a sense of safety. Others had experienced falls or accidents and felt that they were saved by having these alarms:

“The monitors we had as well ... I had a fall inside in the kitchen and I broke my ankle but I had to crawl out. I couldn’t move and I hit these buzzers and in seconds they were onto me saying “Jack, are you ok?” and I said “No, I’m after breaking my leg”, ‘cause I knew it was broken. So they said “Can you manage to open the door?” and I said “It’s open already” and they said “We’ll have an ambulance now” and two guards came with them. There were two guards came as well ’cause they told me the reason they came was to make sure cause they asked me was there anyone else in the flat and I said “No” and they wanted to make sure [it wasn’t] assault or anything like that.”

Having an on-site manager to provide an extra level of personal support, as well as the alarms, was also seen as critical. Conversely, it was also important that these extra supports could be opted-out of; this contributed to a sense of sheltered housing being about independent living with extra support for only those who wanted / needed it, and distinguished it from formal residential care.

Some of the ‘younger’ old had an attitude of ‘it won’t happen to me’. However, they were still assuaged to know that the safety and security features were there if needed:

“If you ever need to, pick up the phone if you’ve got a problem. And there’s kind of an opt out too as well, if you wanted them to call in the morning. “Is everything OK Mr. Flannery?” I think that’s great. We don’t avail of it at the moment but the time may come and could choose and there could be a time that we may need it.”

In their UK-wide review, Pannell and Blood (2012) found that safety and security are seen by residents as the most important benefits of living in sheltered housing. Croucher et al. (2008), in their Scottish review, noted that it is the support element that makes sheltered housing attractive to tenants, and yet it is the support element that is being eroded through cut-backs and reduced staffing.

Other support
There were further supports that increased tenants’ quality-of-life. Some of these were internal, such as scheme managers advising on rights and entitlements. Others were outside supports including charities that stayed involved with individuals as long as they were living independently within a sheltered scheme:

“It’s not someone telling you what to do, it’s just coming in to see are you alright and do you need anything. See, I’m still with the [local] charity.”

Recommendations to Improve Sheltered Housing
While most people were very happy with sheltered housing overall, tenants had some criticisms and recommendations for how these schemes could be improved to better meet the needs of older tenants. These centred on the physical environment, bathroom adaptations, distinction from residential care, access and transport links, pets, security, and healthcare services.

Physical environment
Appropriate physical design of the home can have a significant influence on older people’s sense of safety and self-determination in their home. Tenants had some criticisms of the built environment. These included: windows which were hard to reach or that did not open easily; shelves and presses which were too high and could only be accessed by standing on a chair; plugs which were hard to reach; floor level as opposed to eye level ovens which are unsuitable for older people
who cannot easily kneel; doors which are heavy and/or swing closed too quickly; and a landline phone port next to the bed for nighttime emergencies.

Similar suggestions were reported by older people in other sheltered housing schemes in the North of Ireland (Hadjri, 2010). Improving home environments can enhance the performance of daily activities, improve safety, and ultimately restore dignity. As a result, this increases user satisfaction and reduces the level of difficulty with these aspects of independent living (Johansson et al., 2009).

**Bathroom adaptations**

“**The most important part of the apartments as far as I’m concerned for the old person is the bathroom. That’s where an old person is the most vulnerable.**”

This quote captures the views of the majority of residents; bathrooms that are adapted to meet the needs of older people are essential to their health and safety. The most important adaptations were wet-rooms, or at least having a walk-in shower in place of a bath, a seat in the shower, raised toilet seats, grab rails around the shower and toilet, and non-slip floor surfaces. Those living without these adaptations spoke of the worry they faced:

“**I was in fear as well. I was in fear. I was afraid I’d slip.**”

The timeliness of such adaptations to promote ageing-in-place was stressed by many:

“**And there’s no use upgrading when it’s too late. Now is the time to upgrade, looking to the future. We’re not going to get fitter and you would feel more secure when it’s there.**”

As with the physical design of homes, bathroom adaptations are also, if not more so, important to promote independence and maintain safety of older people. This was a key issue facing older people across the mainstream and sheltered schemes.

**Pets**

Pets were not allowed in any of the sheltered housing schemes. Tenants viewed this as a major disadvantage, especially as pets were seen as being very important to combat loneliness in older people, especially those living alone. Pets and companionship was a frequent theme in the survey also:

“**I think this is of paramount importance for old people. An animal is a great thing for an old person, particularly if they are by themselves. It’s therapeutic, it’s….well, first, it relieves loneliness, secondly, it’s responsibility, and finally it’s something to worry about, ‘If the cat is missing’ so forth and so on. So, it takes away thinking about themselves and what they’ve got, and what they may have and what the future may be.**”

Some tenants suggested having a shared pet such as a cat or dog for the entire scheme, which tenants could interact with in the shared outdoor areas.

Research with older people supports a plethora of health and social benefits of pet ownership. Ormerod (2012) argues that veterinary practices can be influential in advising housing providers about the benefits of pets, and encourage them to adopt positive pet policies.

**Distinction from residential care**

Another issue of concern to many was to avoid introducing regulations that would make the sheltered accommodation feel like a residential care home. Following a natural disaster at one site, there was discussion of flood walls being erected. However, some worried that having ‘a wall all around people’ would make the accommodation feel like a ‘prison’ or an ‘institution’.

Others missed the ‘freedom’ of having a garden; a lack of private outdoor space may lead to those with reduced mobility to feeling confined.
Any stigma attached to the term ‘sheltered accommodation’ was not discussed outright. However, there were some allusions to this concept. For example, one gentleman spoke of how appropriate housing was more important than having a prestigious address:

“I’m not a person that’s worried about stigma, snobbishness or any of that nonsense that goes a long way to people who are living in appalling conditions but they won’t leave because the address is good.”

This links with the previous discussion about being offered the option of opting out of extra care, to distance the concepts of sheltered housing and residential care homes.

**Access and Transport links**

The ease of access to the building was closely tied with feelings of safety. One scheme reportedly had poor access for larger emergency vehicles. Tenants also spoke of an incident where a medical professional could not gain access to the building because of not having the appropriate access code. However, these issues have to be balanced with fears about the security implications of sharing such a code with any individual beyond those living on site.

For others it was difficult to avail of the local amenities and facilities due to poor transport links. For those with disability or poor mobility, even a 10 minute walk to the closest bus stop may be an impediment. In another scheme, the footpaths were in poor condition and not wheelchair friendly. Tenants acknowledged that this was primarily a council issue:

“Anybody who is in a wheelchair or a mobility scooter trying to get into the village has always been an issue. The footpaths have not been, they don’t cater for wheelchairs at all. It’s a shame, you know.”

This finding is supported in the literature which suggests that placement of a scheme, including easy access to local facilities and services, is critical to the quality-of-life of the tenants. For example, Croucher et al. (2008) found that the primary reason for sheltered tenants wanting to move was to have better access to mainstream facilities, or to get closer to family members.

**Security**

While security was seen as a major benefit of sheltered housing, and tenants in sheltered housing felt safer than their peers in the community (survey results), tenants had proposals for how security could be further improved. Tenants appreciated the presence of scheme managers, and ideally would like them working seven days a week, or even 24 hours every day. Weekends and bank holidays, when managers were often not working, were seen as times when something was more likely to go wrong. This reflects previous research findings which showed that tenants in sheltered housing feel most vulnerable at night and at weekends (Pannell & Blood, 2012; Croucher et al., 2008). Notably, tenants were also unhappy with the limited availability of scheme managers for reasons other than security; for example, having to wait to get a token for the washing machines.

One security problem that was a worry in all of the schemes was tenants letting people into the house who were not supposed to be there. As one man said ‘Sometimes you will get some people letting people in and we don’t know who they are’. Others suggested automatic gates to dissuade strangers from entering the premises. Some wanted more security cameras to cover all of the premises.

It should be noted that while security was a concern to most tenants, few serious incidents were reported. Tenants, however, were very much heightened to the threat of crime; ‘Today now there’s a lot of crime. We have to be protective, you know what I mean.’

Research shows that many older people have a fear of crime that is not linked to their actual statistical likelihood of being a victim of crime; psychologists argue that...
perceptions of risk are linked to a person’s understanding of the social and physical make-up of their neighbourhood (Holloway & Jefferson, 1997, as cited in Shannon, 2012). For this reason, preventative security features such as cameras and intercoms placed prominently at all main entrances are especially important to assuage fears.

Healthcare services
Some tenants suggested that it would be useful to have a nurse call around once a week, or to have a nurse on site, to check in on older residents. Some had expected to have a nurse on site when they moved in. Tenants were unsure about their entitlements, for example, whether HSE nurses could call to them as they would to anyone else who is ‘living in the community’:

“There’s a few people here that for different reasons. Like, we have a few people who might end up in hospital for different reasons. They’re not as mobile as others and then you hear “Did you hear so and so is in hospital?” and then “That person’s out” and then you have someone else, so there’s that as well. So, people like that definitely would and even people like me. Like, I don’t really need one but it’s nice to know there’s a nurse checking on us. The community nurse.”

However, some felt that having live-in nurses would make the scheme feel like a residential care home, and others worried that they may be footing the bill for this supplemental healthcare: ‘It comes down to money; is it going to come out - are Clúid going to increase the rent?’

Privacy
Only one tenant raised the issue of a lack of privacy being a disadvantage of sheltered schemes. However, past research suggested that privacy was a common concern of sheltered housing tenants, and it was mentioned in a small but notable number of the surveys. It may be that this was not an issue in the schemes included in this study, or it may be possible that those who took part in the interviews were more sociable and out-going and that those more concerned with privacy did not tend to take part. Nonetheless, clear distinctions between communal and private spaces within the building, sound-proofing, and private entrances, may all help to maintain tenants’ privacy.

Final word
Finally, while there were some disadvantages and criticisms of sheltered housing discussed, it is important to note that many of these were seen as minor issues in the bigger picture, and the majority of tenants were very happy with where they were living, and would highly recommend sheltered housing to other older people:

“I think every one of us... alright, we might have our teething problems and all this but we’re overall, in general, we’re all happy here. It’s a lovely place to live to be honest with you. I’d recommend it to anyone, you know, definitely.”

Summary
The focus groups met the stated aim of offering further insights of tenants’ needs to complement the survey results. As in the survey, the majority of older people in both mainstream and sheltered housing are very happy with their home. Those in mainstream housing were happy with the overall quality of their home and support from Clúid staff. Few wanted to move. Those in sheltered housing had even higher levels of satisfaction and attributed this to a number of benefits of sheltered accommodation (discussed below). Past research on UK sheltered housing schemes also found that the majority of tenants are happy in their home (Croucher et al., 2008). However, advantages and disadvantages of both housing schemes were discussed.

Most of the major issues affecting older people in mainstream housing in this sample are reflective of the previous literature (Croucher et al., 2008; Cullen et al., 2007;
Boyle, 2012; Pannell & Blood, 2012). The main issues affecting tenants in mainstream housing were: the need for adaptations, particularly bathroom adaptations, which could be expensive and difficult to obtain; the need for outdoor areas; fuel poverty; social contact and support, especially for those living alone; and accessibility. Safety and security was a key issue, which most tenants worried about, irrespective of their actual risk for crime. Age mix was also seen as a benefit.

In the survey, it was noted that though mainstream tenants often had high support needs, few wanted to move. The reasons for this reluctance were explored here, and it is apparent that the process of moving is seen as stressful. Furthermore, tenants had little information about their housing and support options, and misperceptions of sheltered housing were common. Indeed, ‘information need’ was a key theme arising from the analysis of the focus groups.

Tenants in sheltered housing discussed a number of advantages of the schemes: improvement in health-related and overall quality-of-life; the houses are generally adapted for older and disabled people; the increased social contact; support from local Clúid staff; and increased safety and security with the individual home, housing complex, and neighbourhood. Tenants were also particularly satisfied with homes where they had an input into the design or decoration. Any criticisms centred on: poorly planned buildings, for example, high presses; need for further adaptations; not being allowed to keep a pet; poor access to local facilities; need for further security enhancements; possibly the need for an on-site nurse (not universal); and possibly limited privacy.
Recommendations

Well-designed homes, with appropriate supports, can positively impact on the quality-of-life of older adults and promote independence. This facilitates ageing-in-place and can delay or mitigate the need for a move to residential care.

Based on the findings of the literature review, survey, and focus groups studies, we would make a number of recommendations or suggestions to meet the housing needs of older people. Recommendations are related to one of four areas, with differing budget and financial implications: recommendations relating to planning and development of schemes; to management, maintenance, and adaptations; to social and other support interventions; and to sheltered housing specifically.

Planning and development of schemes

Include the tenants in the design process

- The participants who took part in this research all felt it was important that they were being consulted and would be interested in further involvement from Clúid staff in relation to decisions that affect their lives. They do not see themselves as passive recipients and dislike what they often see as the “doing to” approach of existing services, which does not inevitably develop their wellbeing but rather highlights dependency. As an alternative, they want to contribute to improving their own and other people’s wellbeing, and value an ‘involvement-led’
approach. There is scope to include the participation of a small group of residents in steering groups or on the board of Clúid. Such an approach would ensure that future developments remain relevant to residents of Clúid, support collaboration, strengthen integration, and define need on the ground. Clúid has a chance to integrate the lessons learned from this research in its own future operation. This could lead to a new participatory approach to older people’s wellbeing that has potential wider significance nationally and internationally. In emphasising this matter, the research demonstrates that commitment by Clúid to continuing to listen directly to the voice of their older residents will ensure that partnership and communication is central to future planning.

Plan appropriate built environments
- For tenants with illness or high need, a downstairs toilet is important. A second bedroom is important to facilitate family or paid carers to provide care in the home when necessary.

- Accessibility should be a basic feature of all homes, not just the homes of those with current mobility issues. This is to anticipate future need and also to facilitate older, less mobile people visiting the homes of friends and neighbours to prevent isolation.

Follow principles of universal design
- It is important to note that while this report focuses specifically on the needs of older people, ageing-in-place strategies are not just for the elderly. There should be an emphasis on ‘universal design’ principles which is based on the assumption that good housing design enhances the lives of all residents. Designs should be created for people of all ages and allow for multiple uses as needs differ or change over time.

Locate schemes near services / facilities
- Location of the home, in both mainstream and sheltered housing, was important for a good quality-of-life. For sheltered housing schemes in particular, location is important to ensure that the scheme is embedded in the local community. Future homes should be acquired / built close to key health and social facilities, linked with public transport routes, and accessible external paths.

- For mainstream housing tenants, it is particularly important to be situated in a neighbourhood with a large age-range of tenants, as intergenerational support was highly valued by older tenants, especially those living alone.

Design flexible housing options
- There is no ‘one size fits all’ home design. Planners should consider flexible housing designs. For example, in a new complex, one home may have more storage space, another may have a larger garden. Tenants may be willing to pay more or less rent for a home that is suited to their needs and lifestyle.

Provide suitable outdoor space
- It is very important for older tenants to have access to safe outdoor space. This is important for hobbies, health, and increasing social contact. Those with limited mobility may feel confined if they cannot step outside safely. Ideally, private outdoor space such as a garden, patio, or balcony should be provided, but communal space is also appreciated once this is well-maintained.

Management, maintenance, and adaptations

Provide / facilitate adaptations as needed
- Home adaptations are of critical importance to facilitate ageing-in-place in both mainstream and sheltered housing. The most critical of these adaptations involve the bathroom, and may include: a walk in shower; a shower seat; a raised toilet seat; grab rails around the toilet and shower; and non-slip floor surfaces.

- Accessibility of the home is also very important, as is ease of mobility within the home. Other adaptations should be made
to the stairs, including handrails or possibly a stair-lift. Wide-doorways, lever door handles, ramps instead of stairs, should all be planned in home design, or adapted for those already living in an unsuitable home.

- Home adaptations should be made before a serious need arises, to facilitate ageing-in-place and to alleviate worries about the future. This is related to the universal design approach (see bullet point on Universal Design above).

Allow pets
- Pets should be allowed in housing for older people, wherever possible, owing to the health and social benefits of pet ownership, and the strong feedback from the tenants on this issue. Clúid should work with vets and voluntary animal rights organisations to develop a positive strategy for facilitating older people to keep their pet when moving home whether within mainstream schemes or to sheltered housing.

Continue to combat fuel poverty
- While it is noted that there have been recent efforts to improve energy efficiency in Clúid houses, this report found that a sizeable proportion of older people are experiencing fuel poverty. Older and expensive forms of heating (storage heaters) should be replaced, and home insulation should be improved. It may be necessary for some to receive further grants and allowances towards heating their home.

Maintain safety and security
- Older people can feel vulnerable to crime, even when the statistical likelihood or actual incidence of crime is very low. For this reason, increased security features, such as security cameras, intercoms and peepholes, are important in both mainstream and sheltered housing facilities.
- Tenants in sheltered housing, specifically, valued having an on-site scheme manager.

This increased feelings of safety, and was much preferred to other options such as call centres, which were seen as effective, yet disliked as they were impersonal and not local. An on-site or local scheme manager should be available every day, including weekends when sheltered tenants may feel particularly vulnerable.

Invest in assistive technologies when needed
- Assistive technologies may be of use to older people, and should be considered. However, those living in mainstream housing may be more willing to invest in learning such technologies. These technologies should not replace human assistance, but supplement it.

Maintain affordable rents and charges
- Some of the participants in this research felt that the service charges were expensive, and few felt ‘well-off’ on their current income. It is important that older people have income matched to their outgoings to ensure a suitable quality-of-life and negate related issues such as fuel poverty.

Social and other support interventions

Provide relevant information
- It is clear that older people need more information about the housing and support options available to them, to empower them to make the most appropriate choices about their own housing needs, particularly as they age. Older people in all tenures should be able to access quality information about the housing and sheltered options available to them. As different mediums will be preferred by all, information should be delivered through Clúid in a number of formats, locally and nationally, including through the scheme managers and through newsletters.
- In particular, the concept of sheltered housing was commonly misunderstood or unknown to people. A comprehensive booklet should be developed explaining what sheltered housing is, how to apply,
what tenants can expect living there, and containing a clear breakdown of service charges.

**Provide relevant social supports**

- Some tenants would be interested in volunteer / friendly call services as they age. These programmes should be developed at local community levels. Where these services already exist, it should be a priority for Clúid to develop links with them. Such services should be made available and accessible to all older tenants.

- A type of ‘informal’ volunteering / ‘neighbourhood keepers’ was evident from participants of the focus groups. Individuals were very much aware of neighbours who were at risk of social isolation or in need of extra support. Social isolation and loneliness was identified as one of the main issues for residents as they age. Good neighbours were a strong feature within the focus groups. Those who reported having close relationships with their neighbours described a sense of belonging and keeping connected in their communities, and this helped to maintain their quality-of-life. A formal programme that supports such relations should be considered to enable and foster such relationships to develop further; this may be especially needed by tenants in mainstream housing who experienced lower levels of social integration. A strategy for older people should be developed under the social interaction theme; to enhance the health and well-being of older people in Clúid. There are possibilities to develop and implement a programme to recruit older people as volunteers to assist with future projects.

- It is important that all staff receive training and feel confident to support older people. Specialised training, such as the needs of people with dementia, should be considered. Tenants in this research particularly valued the support from local Clúid staff where this was provided.

**Provide opportunities for engagement in education / courses / activities**

- Older people valued courses and activities provided through Clúid. The United Nations Principles for Older Persons state that ‘older persons should have access to the educational, cultural, spiritual and recreational resources of society’. Ongoing feedback from the tenants should be used to inform continued targeted provision of courses.

**Support tenants in accessing relevant external services**

- It is important for housing associations such as Clúid to maintain external links with organisations that may support their tenants. Tenants in this study reported finding it difficult to obtain information about grants, dealing with their bills and contracts, relevant charities, and dealing with other external agencies. For this reason, many tenants did not receive all of the supports that they needed. Tenants were also unsure if they would get the appropriate supports they would need in the future. Clúid may be able to facilitate access to these supports by putting their own organisational relationships in place.

**Sheltered housing**

- Sheltered housing is positively experienced by its tenants. Older people particularly value the combination of support and freedom which this arrangement provides. There is a focus on a broad range of housing types and strategies, including ageing-in-place, and sheltered housing will not be the optimum living arrangement for all older people. However, sheltered housing should not be overlooked as a positive model of housing for older people. This research supports that sheltered housing still has a role to play in supporting the independence and well-being of older people, and should continue to be developed in addition to other types of housing for older people.
As a final note, we recommend that there must be a continuing commitment to acknowledge the diversity of older adults among the places in which they live (socio-economic status, health, ethnicity, gender, sociocultural, length of tenures). While this research has reviewed selective literature which proposes certain approaches/indicators to an age-friendly design, there is not one single approach/checklist to gauge the appropriateness of a house/area in which an individual lives. It is important to recognise that many policies looking at the environmental dimensions of housing neglect elements of respect and inclusion. This links back to continuing involvement of residents in decisions that affect them, avoiding a top-down approach where attention is given to strategic stakeholders rather than the views of older adults themselves (Buffel, 2012). The process of building a vision of how residents would like their house/future to look would offer an important learning experience not only for Clúid but also for public and private stakeholders.
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Notes
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